

Information for Patients with Orthotopic Neobladders

Mr / Mrs has an **Orthotopic Neobladder**

Patient Information:

- ❖ Consume adequate fluids (2-3l / 24 hours)
- ❖ High salt intake
- ❖ Regular, complete bladder emptying with help of abdominal contraction and pressure with the hands
- ❖ Pelvic floor / Urethral sphincter – Training
- ❖ No diet is necessary

In the case of nausea / vomiting or bladder problems, please contact the Department of Urology at the Inselspital Hospital regarding your orthotopic neobladder:

Information for the Carer

The neobladder was formed on theand consists of 50 – 55 cm of distal ileum.

Things to watch out for:

- ❖ Sufficient fluids with salt intake
- ❖ Frequent Emptying of the neobladder including at night.
- ❖ Changes in the bowel habit are possible. Always place a catheter pre-operatively into the neobladder. It must be irrigated 6-hourly with NaCl 0,9% to prevent catheter blockages.
- ❖ In the presence of nausea, vomiting and anorexia a metabolic acidosis needs to be excluded (check serum base excess)

Signs of saltloss:

fatigue
loss of weight
lethargy

or a metabolic acidosis due to saltloss with electrolyte disturbance Anorexia

Dyspepsia
Abdominal bloating
Nausea
Vomiting

Therapy:

- Placement of a catheter into the neobladder (drainage of urine to prevent absorption of metabolites)
- NaHCO₃, 2 – 4 g/day and rehydrate with Ringer solution.

Regarding questions or uncertainties concerning the orthotopic neobladder, please contact the phone numbers mentioned previously.

Information for the Doctor:

(please see previous page)

Dehydration due to saltloss syndrome

Transport of NaCl through the neobladder wall into the urine and reabsorption of metabolites from the urine via the neobladder bowel mucosa (e.g. NH₄⁺) drives a hypochloreaemic, hyperkalaemic, hypovolaemic acidosis. This results in nausea, vomiting, anorexia and weightloss (see Mills/Studer: Journal of Urology; 1999; 161; 1057-1066).

In the suspicion of a metabolic abnormality, the following parameters must be measured:

- Blood test (Na, K, Cl, creatinine, venous bloodgas)
- Postvoid residual urine

In the event of any major procedures or treatment with chemotherapeutic agents the patient requires a urinary catheter (Ch. 16/18). The neobladder needs to be regularly irrigated and aspirated (see previous page).

Any further questions or uncertainties please contact the following phone number:

Neobladder and Continence Nurse
Tel. ++41 (0)31 632 23 04
Fax. ++41 (0)31 632 21 80
Monday – Friday 08:00 – 17:00
Saturdays / Sundays / after working hours:
Tel. ++41 (0)31 632 21 11
to contact the urologist on call