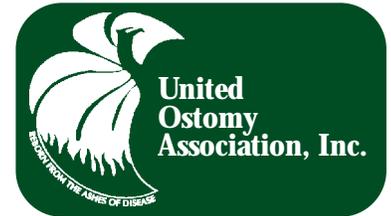


ORTHOTOPIC NEOBLADDER

A SURGICAL OPTION FOR BLADDER DIVERSION

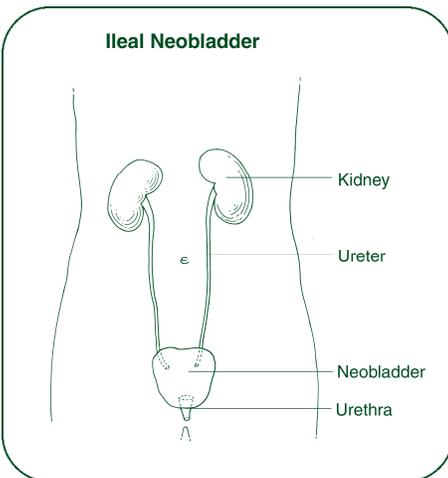
The UOA is a volunteer-based health organization dedicated to providing education, information, support, and advocacy for people who have had or will have intestinal or urinary diversions.



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WHAT IS AN ORTHOTOPIC NEOBLADDER?

“Orthotopic” means “in the same place” and “neobladder” means new bladder. So an orthotopic neobladder is a substitute or “new” bladder that is placed in the same location as the “old” bladder.



HOW IS THE ORTHOTOPIC NEOBLADDER CONSTRUCTED?

The neobladder is made from loops of the intestine. First, the surgeon removes a section of intestine. He then reconnects the bowel so there are no changes in bowel function.

The piece of intestine that was removed is cut open to create a “flat piece” instead of a hollow tube. The flat piece of intestine is sewn together to form a pouch. The ureters (kidney tubes) are connected to one end of this pouch, the other end of the pouch is connected to the urethra.

Urine will drain from the kidneys through the ureters and into the new “bladder.” The new bladder will store the urine and the individual will void through normal channels.

DOES THE NEOBLADDER WORK JUST LIKE A REGULAR BLADDER?

The neobladder is a bladder substitute; it does not work just like a regular bladder.

A normal bladder does two things: it stretches to store and it contracts (squeezes) to empty urine. A neobladder will stretch to store urine, but it does not have the ability to contract (squeeze).

This means that an individual will urinate in a slightly different way. The “new” bladder is emptied by relaxing the sphincter muscle and contracting the abdominal muscles.

When the abdominal muscles are contracted, pressure is put on the bladder and this helps to push the urine out.

WHO IS A CANDIDATE FOR THE NEOBLADDER PROCEDURE?

Candidates for the neobladder procedure are individuals who need to have the bladder removed but who do not need the sphincter muscle removed.

If a tumor is very close to the sphincter muscles and the sphincter has to be removed, the individual would not be a candidate for the neobladder procedure. This is because the sphincter muscle is necessary for continence following bladder removal.

ADVANTAGES OF THE ORTHOTOPIC NEOBLADDER

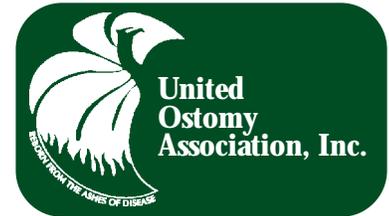
The major advantages of this procedure are:

- An external collection pouch is not required.
- An abdominal stoma is not required.
- Most individuals are able to empty the neobladder by urinating.

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DISADVANTAGES OF THE ORTHOTOPIC NEOBLADDER

- Some patients are unable to empty the neobladder completely; if this happens, the patient will need to pass a catheter through the urethra to empty. Some people have to do this every 3-4 hours; others do it only once or twice a day.
- Many patients have problems with urinary leakage; this is most likely to occur at night because the sphincter muscles relax during sleep. This usually gets better over the first few months, but some people continue to have “night leakage” for several months after surgery.

WHAT ARE THE ALTERNATIVES TO THE ORTHOTOPIC NEOBLADDER?

Patients who must have their bladders removed usually have three “options” for urine elimination. One is the orthotopic neobladder. The others are:

1) Ileal Conduit (urostomy)

The bladder is removed or bypassed. A conduit is made out of a section of small intestine or colon that carries the urine to an opening on the abdomen. The urine is collected in a drainable pouch that is secured to the abdomen.

2) Continent Urinary Diversion

This involves the creation of an internal pouch from loops of intestine that is connected to the surface of the abdomen. There is a “one-way” passage between the opening on the abdomen (stoma) and the internal pouch so that urine is contained in the pouch. The urine is drained by passing a catheter through the stoma and into the pouch every three to four hours.

WHICH PROCEDURE IS BEST?

There are advantages and disadvantages to each of the three procedures. Talk with your doctor and/or ostomy nurse (WOC/ET nurse) to help determine the best choice for you.

You may also obtain additional information about urinary diversions from the United Ostomy Association.



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