## Contact Information

### UROLOGIST

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<th>Name</th>
<th>Institution</th>
<th>Address</th>
<th>Appointments</th>
<th>Office</th>
<th>Fax</th>
<th>Email</th>
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</thead>
<tbody>
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### ONCOLOGIST AND RADIOLOGIST

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<th>Institution</th>
<th>Address</th>
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<td>Brady Urological Institute</td>
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<thead>
<tr>
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<th>PHYSICAL THERAPIST</th>
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<tr>
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<tr>
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<tr>
<td>Tanya Morrel, Ph.D., PA</td>
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<td>Phone: 703-573-8259</td>
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<td>Email: <a href="mailto:TrachmanM@aol.com">TrachmanM@aol.com</a></td>
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</table>
The Brady Urological Institute of The Johns Hopkins Hospital is dedicated to providing state-of-the-art medical and surgical care in all aspects of adult and pediatric urology.

The clinical faculty, under the direction of the chairman, Dr. Alan Partin, represents international leaders in the areas of prostate cancer, bladder cancer, renal cell carcinoma, testicular cancer, reconstructive surgery, impotence, endourology, laparoscopic surgery, kidney and ureteral calculi, incontinence, hypospadias, bladder extrophy, benign prostatic hyperplasia and bladder dysfunction.

The research faculty, under the guidance of Dr. Ken Pienta, represents international leaders in areas of molecular genetics, steroid receptors, nuclear matrix, DNA structure and function, telomeres, growth factors, tumor suppressors/oncogenes, cell adhesion molecules, nitric oxide, genitourinary neuroanatomy, gene therapy, novel chemotherapeutic approaches, smooth muscle physiology, tumor markers (PSA), cell motility, nuclear morphometry, video image analysis, surgical robotics, hereditary prostate disease, and chaos/complexity theory as it relates to genitourinary cancer.

http://urology.jhu.edu
# Frequently used Herbal Supplements

<table>
<thead>
<tr>
<th>HERBS</th>
<th>USE</th>
<th>SIDE EFFECTS</th>
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</thead>
<tbody>
<tr>
<td>Cranberry Pills</td>
<td>Decrease UTI’s</td>
<td>Chronic use may cause kidney stones</td>
</tr>
<tr>
<td>Saw Palmetto</td>
<td>Mild diuretic, reduce prostate swelling</td>
<td>GI upset, possible headaches</td>
</tr>
<tr>
<td>Lycopene</td>
<td>Lower incidence of some cancers, enhance immune function</td>
<td>None known</td>
</tr>
<tr>
<td>Green Tea</td>
<td>Cancer preventing</td>
<td>May deplete calcium</td>
</tr>
<tr>
<td>Chamomile Tea</td>
<td>Improve sleep, soothe sore throat</td>
<td>Avoid if taking blood thinners, allergy to daisies or pregnant</td>
</tr>
<tr>
<td>Cat’s Claw</td>
<td>Strengthens GI system</td>
<td>Constipation or diarrhea, Possible bleeding</td>
</tr>
<tr>
<td>Chondroitin</td>
<td>Osteoarthritis</td>
<td>GI upset, headache</td>
</tr>
<tr>
<td>Glucosamine</td>
<td>Osteoarthritis</td>
<td>GI upset, may increase insulin resistance, headache, drowsiness, skin reactions</td>
</tr>
<tr>
<td>Ginkgo</td>
<td>Improve memory, promote circulation</td>
<td>GI upset, headache, dizziness, do not take if taking blood thinners</td>
</tr>
<tr>
<td>Milk Thistle</td>
<td>Reduce cholesterol, prevent liver damage</td>
<td>Mild laxative, GI upset</td>
</tr>
<tr>
<td>Garlic</td>
<td>Lower blood pressure and cholesterol levels</td>
<td>Heartburn, nausea, may cause bleeding</td>
</tr>
</tbody>
</table>

We do not recommend the use of any herbal supplements.

* IF YOU ARE SCHEDULED FOR SURGERY, PLEASE DISCONTINUE ALL HERBAL SUPPLEMENTS AT LEAST ONE WEEK PRIOR TO YOUR PROCEDURE.

A study examining herbal therapy use among adults in the U.S. found almost 20% of adults use herbs for health treatment or promotion. More than half did not report this use to their medical professional.

Source: Alternative Therapies in Women’s Health
Blood Thinners

The following prescription medications are blood thinners. These medications generally need to be stopped prior to your surgery. Please contact the doctor that prescribed these medications to find out what needs to be done prior to any procedure.

Usually these medications are discontinued about one week before your surgery. Your doctor may prescribe another medication in its place.

- Aspirin
- Coumadin or Warfarin
- Heparin
- Plavix
- Lovenox

The following are herbal supplements that also act as blood thinners. These also need to be discontinued.

- Fish Oil
- Garlic
**Diagnosis and Treatment for Bladder Cancer**

**Invasive Bladder Cancer** - bladder cancer which is invasive to the bladder wall, lymph nodes or present outside the bladder.

**Information about Bladder Cancer in General:**
- Is the second most commonly occurring genitourinary cancer in adults
- Incidence increases with age
- 74,000 new cases of bladder cancer per year in the USA

**Diagnosis and Evaluation:**
- Cystoscopy
- Trans-urethral Resection (TUR)
- Biopsy
- Intravenous Pyelogram (IVP)
- Urine testing/cytology

**Treatment of Invasive Bladder Cancer:**
- Complete cystectomy and cystoprostatectomy
  - Ileal-conduit diversion
  - Catheterizable pouch
  - Neobladder
- Comprehensive Medical Care
  - Multidisciplinary care
    - Physician experts in bladder cancer
    - Marburg Inpatient Nursing Unit-Nursing expertise in post-operative urological care
    - Enterostomal nurse follow-up
    - Social work follow-up/ Cancer Counseling Center
    - Johns Hopkins Oncology Center medical consultation-chemotherapy or radiation therapy

**Exciting New Projects:**
- Development of diagnostic urine testing to detect bladder cancer
- Surgical innovations in management of invasive bladder cancer
- Protocols for invasive bladder cancer
- Bladder sparing program
The urinary system's function is to filter blood and create urine as a waste by-product. Organs of the urinary system include kidneys, renal pelvis, ureters, bladder and urethra.
Upon examination specific "landmarks" are used to describe the location of any irregularities in the bladder. These are:

- trigone: a triangle-shaped region near the junction of the urethra and the bladder
- right and left lateral walls: walls on either side of the trigone
- posterior wall: back wall
- dome: roof of the bladder

**Anatomy** The urinary bladder is a muscular balloon-like structure that lies in the pelvis. The ureters connect to the bladder at the ureterovesical junction (vesical means bladder). The ureters enter the back of the bladder surface and tunnel into the substance of the bladder at its base which prevents back flow of urine. The bladder is a thick walled structure. The inner lining of the bladder has three to seven layers and is composed of transitional cells which are thick compared to the wall of the ureters. Urine exits the bladder through the urethra.

**Function** The bladder typically holds 400-500 ccs (about 1 pint) of urine. The bladder expands and contracts according to how much fluid it contains. The muscles of the bladder wall allow the bladder to forcefully contract when a person urinates. This contraction which empties the bladder is under complex neurologic control that involves participation of centers in both the brain and the spinal cord.
A CHECKLIST FOR PATIENTS:

What you need to have completed to have a cystectomy at Johns Hopkins Hospital

Outside pathology slides submitted to the Pathology Department at Johns Hopkins Hospital for review

**Blood Work:**

- □ CBC and Diff
- □ Comprehensive Chemistry panel
- □ Hepatic Function

**Diagnostic studies:**

- □ CAT Scan of chest, abdomen, pelvis
- □ EKG

**Other Items to Complete:**

- □ Physical examination by a physician as medical clearance for surgery
- □ Consultation with the Anesthesia Department at Johns Hopkins Hospital
- □ Appointment with Joanne Walker Enterstomal Nurse Specialist
- □ Receive a copy of the Bowel Prep Instructions to be followed prior to surgery
To send consult slides mail to this address:

Forward slides by courier
or express mail to:

Johns Hopkins Medical Institutions
Department of Pathology
Anatomic Pathology Consultation Services
1620 McElderry St.
Reed Hall Room 315
Baltimore, MD 21205
Fax: (410) 614-7712
Phone: (410) 955-2405 / 8am - 5pm
Organs that are removed during a Cystectomy

<table>
<thead>
<tr>
<th>MEN</th>
<th>WOMEN</th>
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<tbody>
<tr>
<td>Bladder</td>
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</tr>
<tr>
<td>Prostate</td>
<td>Uterus</td>
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<tr>
<td>Seminal vesicles</td>
<td>Fallopian tubes</td>
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<tr>
<td>Pelvic lymph nodes</td>
<td>Ovaries</td>
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<tr>
<td></td>
<td>Anterior (front) part of the vagina</td>
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<tr>
<td></td>
<td>Cervix</td>
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<tr>
<td></td>
<td>Pelvic lymph nodes</td>
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TYPES OF BLADDER RECONSTRUCTION:
All three types of bladder reconstruction are similar in that the reconstructed bladder is made of intestine. Any time the bladder is removed there is an increase chance of urinary tract infection.

Ileal-Conduit

Simplest form of reconstruction

Routinely performed since the 1950’s

Small portion of the intestine (ileum) is disconnected from intestinal tract. One end is closed with sutures, the other end is attached to the skin on the right side of the abdomen.
A stoma is the open end of the conduit attached to the skin. An external appliance (ostomy bag) covers the stoma to collect urine. The ureters are implanted into the side of the ileal conduit
**Neo-Bladder (New Bladder)**

- Internal reservoir connected to urethra
- Need to relearn how to void by having appointments with a therapist that is trained in pelvic floor exercises
- Need to have a watch to remind you to empty bladder every 4-6 hours

**Side effects**
- incontinence chronic (15%)
- urinary tract infection (10%)
- failure to empty bladder (5% in male & 40% females) may require intermittent catheterization
- scar tissue formation at connection of urethra and new bladder (3-5%)
- Urinary diversion results in a continent reservoir or pouch that must be catheterized to empty urine

- Created out of ascending colon and portion of the small intestine, ureters are surgically removed from bladder and repositioned to drain into this new pouch. The end segment of small intestine is brought out through a small opening in the abdominal wall. This is called a stoma.

- No external pouch

- Need for intermittent catheterization (passing a small plastic tube into the pouch every four to six hours to empty pouch)

- Higher risk for complications requiring reoperation

- Longer surgery time
Abdominal Staples

After surgery you will have metal staples to close the incision. If these are not removed before you leave the hospital, please make an appointment to have them removed 7 – 10 days after surgery. Please call urology scheduling at 410-955-6100

If your incision becomes swollen, reddened or has drainage, please contact your surgeon.

Physical Therapy and your Neobladder

During the first post-operative visit your foley catheter will be removed and you will be taught how to catheterize yourself. Three weeks later you will start physical therapy with a therapist that has been trained in pelvic floor exercise for urinary incontinence.

Many patients are confused as to what the role of physical therapy could be for bladder surgery. There are actually muscles that travel from the pubic bone in the front, all of the way back to the tail bone in the back that are collectively called pelvic floor muscles. These muscles play an important role in bowel and bladder control. The job of the physical therapist is to help the patient use these muscles correctly so that they can have full bladder control and ease with emptying the neo-bladder.

There are physical therapists that specialize in pelvic floor muscle function. We have one at Johns Hopkins and one at our sister hospital Johns Hopkins Bayview Medical Center. There is a website that helps in finding a therapist closer to your home.

The evaluation of these muscles on the first visits may involve either a vaginal or rectal muscle assessment. The therapist will then be able to direct the patient in a specific pelvic floor muscle exercise program. These muscles are tricky and many people do not perform the exercises correctly if they do not have professional help. The therapist will use several tools to help evaluate the muscles and provide the proper exercises for you.
Bowel preparation for Cystectomy patients

1. Clear liquids starting 36 hours prior to surgery.
2. Saline fleet enema the evening before surgery (approx. 7pm.)

This is a saline enema that you will need to use prior to surgery. It is sold in most grocery or drugstores. For your procedure you only need to purchase one.

3. Nothing to eat or drink after midnight the night before surgery
Clear liquid diet

**THESE ITEMS ARE ALLOWED:**

- Water
- Clear Broths

**Juices**

- Apple juice or cider
- Grape juice
- Grapefruit juice
- Cranberry juice
- Tang
- Hawaiian punch
- Lemonade
- Kool Aid

**Sodas**

**Tea**

**Coffee**

**Clear jello (without fruit)**

**Popsicle (without fruit/without cream)**

**Italian Ices**

**Salt, pepper, and sugar may be used**

**THESE ITEMS ARE NOT ALLOWED:**

- Milk
- Cream
- Milkshakes
- Orange juice
- Tomato juice
- Cream Soups
- Any soups other than clear broth
- Oatmeal
- Cream of Wheat
Follow up care for cystectomy patients

*Schedules may vary if you are being followed for a research study*

What is the schedule for follow up care after being discharged from the hospital?

3 Weeks after surgery
- Outpatient visit with the urologist
- Conduit- exam by Enterostomal Nurse
- Neobladder – foley catheter removed
  - learn self catheterization
  - voiding trial

6-8 Weeks after surgery
- Renal ultrasound
- Laboratory studies
- Visit with the urologist

3 Months post op
- Outpatient visit with the urologist
- Heme 8, chem. 12
- Ct scan
9 Months post op

- If T1, CIS or Ta
  → CT of abdomen and pelvis
  → Heme 8, chem. 12

- Every year for the next five years:
  Ct scan of abdomen pelvis, hem 8, chem. 12, folate, vitamin b12

If T2 or greater

- CT of chest, abdomen and pelvis every 6 months for next 5 years
- Heme 8, chem. 12 every 6 months
- Folate and B12 annually