



Jo Schoeman
FRACS, FCS (Urol) SA, MBChB

The Wesley Hospital
Suite 46 Level 4
The Wesley Medical Centre
24 Chasely Street
AUCHENFLOWER QLD 4066

Ph: 07)3371-7288
Fax: 07) 3870-5350
E-mail: jo@urojo.com.au
Emerg: 0403 044 072

www.drjoschoeman.com.au

Urologist



Dr Jo Schoeman
Specialist Urologist

PATIENT INFORMATION BROCHURE

*ROBOTIC- ASSISTED
BLADDER
DIVERTICULECTOMY*

See this live on:
vidscrip.com/urojo

Patient well-being is my first priority!

Robotic Assisted Bladder Diverticulectomy

Why is it done?

- This procedure is performed when all other treatment options are exhausted with recurrent symptoms
- Symptoms include: a weak stream, nightly urination, frequent urination, inability to urinate, sudden cut-off of stream, (LUTS), recurrent bladder infections, recurrent bladder calculi (stones).
- Medication such as Flomaxtra, Urorec Minipress etc. should always be given as a first resort.
- Step-up therapy should have been used for prostates larger than 35-50cc with either Duodart, Avodart or Proscar and can be used as a **first line in these huge prostates**
- A TURP may have been performed to dis-obstruct a huge prostate.
- Neurogenic causes of bladder dysfunction should be excluded by means of a Urodynamic study.
- Patient **informed decision** is vital
- It provides a quicker solution with more marked side-effects and risks



Controversial procedure for the excision of a bladder diverticulum .

How is it done?

- Patients will receive a general anaesthesia, unless contra-indicated.
- Prophylactic anti-biotics is given.
- An indwelling catheter is placed and the bladder is filled with saline.
- Can be done robotically Assisted.
- The retropubic space of Retzuis is entered
- The bladder is opened anteriorly in the midline.
- A Foleys catheter is placed in the diverticulum.
- The bladder incision is extended to the diverticulum. Diverticulum is excised.
- Special care is required for divericulae close to the ureters. Placement of ureteric catheters are done to prevent ureteric injury.
- Bladder is closed in 2 layers over a 3 way irrigation catheter
- A drain is left for a couple of days
- You may have continuous Antibiotics over the next few days.

What next?

- You will spend up to 5-7 nights in hospital.
- You will have a catheter for 14 days.
- A drain for 2-3 days.
- You will be discharged as soon as you are drain free, temperature free and have opened your bowels.
- You may initially suffer from urge symptoms caused by the catheter.
- There may be some blood in your urine. You can remedy this by drinking plenty of fluids until it clears.
- A ward prescription will be issued on your discharge, for your own collection at any pharmacy
- A follow-up appointment will be scheduled for 2 weeks for a cystogram.
- Should the cystogram confirm no urine leaks, your catheter will be removed.
- A review appointment is scheduled 6 weeks later
- Don't hesitate to ask Jo if you have any queries
- **DON'T SUFFER IN SILENCE, OR YOU WILL SUFFER ALONE!**

Side-effects

- Rarely blood loss requiring blood transfusion.
- Infection.
- Prolonged hospital stay.
- Urine leak requiring prolonged catheterization.
- NB! Each person is unique and for this reason symptoms vary!