

An orthotopic neobladder is a new bladder built from a piece of your own bowel and connected to your urethra, so you can urinate the natural way — with no bag — after the bladder is removed or no longer works. It takes time and practice to learn to empty it well and to regain control.

## About This Procedure

About **16–24 inches of small intestine** is opened and refolded into a low-pressure pouch, then connected to your **urethra**; the ureters (tubes from the kidneys) drain into it. There is **no stoma and no bag**.

Because the new bladder is made of bowel, it does **not** give the same “got-to-go” signal, so you learn to:

- Empty on a **schedule** — by relaxing your pelvic floor and gently bearing down — including **waking at night**.
- Use a catheter to drain it at times if it does not empty fully (more common in women).
- Do **pelvic-floor exercises** to build control.

Control improves over **months**; some leakage, especially at night, is common early on. Not everyone is a candidate — it depends on your urethra, kidney function, and ability to manage the routine.

## Is It Safe?

It is a well-established option that gives the most “natural” result. It is a larger, longer operation than a conduit and needs more learning and aftercare. Risks include surgery risks (bleeding, infection, a leak), daytime or nighttime leakage, incomplete emptying needing a catheter, mucus, urine infections, and long-term salt/vitamin/kidney changes watched at follow-up.

## LEARN THE TERMS

### Neobladder

A new bladder made from a piece of bowel.

### Orthotopic

Placed in the normal spot and joined to the urethra, so you urinate the usual way.

### Urethra

The tube urine passes through to leave the body.

### Ureters

The tubes that carry urine from the kidneys; they drain into the neobladder.

### Timed voiding

Urinating on a set schedule (day and night) rather than waiting for an urge.

### Self-catheterization

Passing a thin tube yourself to fully empty the neobladder when needed.

### Pelvic floor

The muscles you train to help hold and release urine.

### Mucus

Slippery fluid the bowel makes; strands in the urine are normal.

**WILL IT HURT?** The surgery is done under general anesthesia, so you feel nothing during it. Afterward, expect belly soreness, and the bowel takes a few days to “wake up.” You wake up with a catheter in the new bladder (it stays about 2–3 weeks) plus soft stents. Most people stay in the hospital about 5–8 days; the surgery itself is long.

## How to Get Ready (Before Surgery)

- Done under **general anesthesia** — follow all surgery instructions (fasting, hold blood thinners as told). You may have a **bowel prep**.
- Understand the commitment: **timed voiding day and night**, possible **self-catheterization**, and pelvic-floor exercises.
- **Do not smoke**, and arrange help at home afterward.

### Tell your team ahead of time if you:

- Take a **blood thinner**, or have a current infection
- Have **bowel disease** or kidney problems, or prior abdominal surgery or radiation

## What Happens During Surgery

- 1 You are asleep under anesthesia and antibiotics are given.
- 2 A piece of bowel is set aside and the rest of the bowel is reconnected.
- 3 The bowel is opened and folded into a pouch, then sewn to the urethra.
- 4 The ureters are connected to the pouch; a catheter and soft stents are placed while it heals.

## After Surgery

- You go home in about **5–8 days** with a **catheter for ~2–3 weeks**; you may flush it to clear mucus.
- A **healing X-ray** of the neobladder is done before the catheter is removed.
- Then you learn **timed voiding** (set an alarm at night), pelvic-floor exercises, and **self-catheterizing** if it does not empty fully.
- Expect **leakage early** (especially at night) that improves over months. Mucus is normal; drink fluids; lifelong follow-up (incl. vitamin B12).

### Call your care team or seek care if you have:

- A fever or chills
- You **cannot urinate** or the catheter **stops draining**
- Severe belly pain, vomiting, or **no gas or stool**
- Heavy bleeding, wound redness or drainage, or flank pain

## THREE THINGS TO REMEMBER

1. A neobladder is a new bladder made from bowel and joined to your urethra, so you urinate the natural way with no bag.
2. It needs practice: timed voiding day and night, pelvic-floor exercises, and sometimes self-catheterizing. Control improves over months and early leakage is normal.
3. Prepare by following fasting and bowel-prep instructions and not smoking. Keep the catheter until your team removes it after a healing X-ray, and call right away if you cannot urinate or the catheter stops draining.