

Laparoscopic cystectomy

**Understanding NICE guidance –
information for people considering the
procedure, and for the public**

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called laparoscopic cystectomy. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether laparoscopic cystectomy is safe enough and works well enough for it to be used routinely for the treatment of invasive bladder cancer, or some other bladder problems (see below).

To produce this guidance, NICE has:

- looked at the results of studies on the safety of laparoscopic cystectomy and how well it works
- asked experts for their opinion
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About laparoscopic cystectomy

The bladder is the hollow organ where urine is collected and stored. An operation to remove the bladder is known as a cystectomy. Because the bladder is removed, the urine needs to be collected and passed from the body in a different way. In a cystectomy, the tubes that carry urine from the kidneys to the bladder (the ureters) have to be connected elsewhere to redirect the urine to another outlet. Sometimes urine is passed to a bag worn on the outside of the body, or parts of the bowel can be used to make an artificial bladder. This is called urinary diversion.

Cystectomy is used to treat invasive cancer of the bladder, which is cancer that has started to grow through the bladder wall. It can also be used for people who have lost bladder control because of paralysis but who have problems using a catheter (a thin tube that is inserted into the bladder to carry urine to outside the body). It is also used for people for whom previous urinary diversion methods have not worked.

A laparoscope is a thin flexible telescope that is inserted through a small cut in the patient's abdomen. Surgical procedures can be carried out using instruments put through the tube of the laparoscope. In laparoscopic cystectomy the surgeon uses this equipment to take out the bladder. In women, the bladder is removed

through the wall of the vagina. In men, the surgeon removes both the bladder and the prostate gland through a small cut in the wall of the abdomen.

How well it works

What the studies said

Only a small number of studies were available and the number of people who had the procedure was very small. The studies did not report how well the procedure worked over a long period of time, including how often the cancer came back.

What the experts said

Because there was a lack of good long-term studies for this procedure, the experts thought it was too soon to be sure of how well it works.

Risks and possible problems

What the studies said

The most common complications seen in the studies were problems with the bowel. In one study, 3 people out of 11 who had the procedure had bowel complications. In one study of 10 people, one person died from blood loss.

What the experts said

One expert noted blood loss, damage to the bowel and recurrence of cancer where surgical instruments had been inserted as potential problems. The experts agreed that only very experienced surgeons who have been specially trained should perform this procedure.

What has NICE decided?

NICE has decided that, if a doctor wants to carry out laparoscopic cystectomy, he or she should make sure that the patient understands what is involved and that there are still uncertainties over the safety of the procedure and how well it works. There should be special arrangements in place so that the patient only agrees (consents) to the procedure after this discussion has taken place. There should also be special arrangements in place for monitoring what happens when a person has laparoscopic cystectomy.

NICE has also noted that there is a need to make sure that doctors wishing to undertake this procedure are specially trained. The British Society of Urological Surgeons will be issuing training standards for doctors.

What the decision means for you

Your doctor may have offered you laparoscopic cystectomy. NICE has considered this procedure because it is relatively new. NICE has decided that there are uncertainties about the benefits and risks of laparoscopic cystectomy which you need to understand before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these benefits and risks may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on laparoscopic cystectomy is on the NICE website (www.nice.org.uk/IPG026 guidance), or you can order a copy from the website or by telephoning the NHS Response Line on 0870 1555 455 and quoting reference number N0379. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on invasive bladder cancer, a good starting point is NHS Direct, telephone 0845 4647, or NHS Direct Online (www.nhsdirect.nhs.uk).

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