



# The cutting edge – bladder replacement surgery

**I THOUGHT** it would be pertinent to provide a little background information about bladder cancer before sharing the insights I recently gained about bladder cancer treatment.

Bladder cancer is the fourth most common cancer in men but it's the eleventh most common cancer in women. It is more common after middle age and is most common among the elderly. Recent statistics would suggest that over 10,000 people will be diagnosed with this condition in Britain every year.

Like many cancers, bladder cancer is often graded according to its level of advancement or severity. Thankfully, statistics suggest that the majority of bladder cancers are of the less invasive nature and many are detected while still restricted to just the bladder lining. For less advanced cancers radical surgery, such as the total removal of the bladder, is seldom required and there are a variety of methods being used successfully to manage such conditions – including surgical excision of bladder tumours, chemotherapy and radiotherapy.

For more detailed information about bladder reconstruction surgery I spoke to the pioneering Hertfordshire surgeon Manoh Pancharatnam.

**Idai Makaya: Mr Pancharatnam, please explain how the Neo Bladder procedure is carried out.**

**Manoh Pancharatnam:** I make the new bladder by isolating a 55cm length of the patient's small intestine (with great care taken to keep its entire blood supply intact) and I reshape it to create the Neo Bladder. The normal tubes which carry urine from the kidneys (called ureters) are attached to this new organ so that urine drains into it in

the same way it would with the original bladder. The outgoing urinary tube (or urethra) leading out of the body is also reconnected to restore the original anatomy.

**Q: What led you to develop this impressive reconstructive procedure?**

**A:** Back in 1986 I attended a presentation in Saudi Arabia given by an eminent Egyptian surgeon who had developed a surgical technique to create an internal 'pouch' to serve as a new bladder. At the time (as is often still the case nowadays) the most common option for radical bladder cancer surgery was to remove the entire bladder and connect the urine-carrying tubes to an external opening leading to an external pouch (called a 'Urostomy bag'). In Saudi Arabia this option was regarded as unacceptable – for religious reasons – which had led to the first developments of internalised pouches and bladder-like structures.

Because of the life-changing nature of bladder cancer treatment and the seriousness of the condition I was extremely motivated to further develop what I had learned in Saudi Arabia and in 1995 I carried out the first bladder replacement in Hertfordshire. Over the years I have refined the procedure further, so that I can now make new bladders which are shaped more naturally and function very much like the original organs they replace. I truly hope that some day soon we'll be able to

*The treatment of bladder cancer can sometimes involve the complete removal of a patient's bladder. Many such patients will rely on an external bag to collect and dispose of their urine for the rest of their lives. This week Idai Makaya looks at a fascinating, innovative and life-altering bladder replacement treatment called the Neo Bladder – with special feedback from a bladder cancer patient who has actually undergone this radical procedure and with supporting information from the pioneering Hertfordshire surgeon Manoh Pancharatnam – who developed the 'Neo Bladder' technique for bladder reconstruction surgery.*

use genetically engineered tissues to grow a complete new bladder, which would almost exactly match the original.

**Idai Makaya:** Intrigued by this information I then traced one of Manoh Pancharatnam's patients, to get first-hand information from someone who has actually undergone a bladder reconstruction. The patient I spoke to is Cliff Salter, who had surgery in 2003 at the age of 51. Here's what we discussed:

**Idai Makaya: Cliff, please let readers know the circumstances which led to your cancer diagnosis and treatment.**

**Cliff Salter:** In early 2003 I had two incidences where I noticed a little blood in my urine. It was very slight and it only ever happened twice. There's an important message here, which I'd like to convey as a result of these initial experiences. I may not have followed this up at all had I not been seeing my GP for unrelated tests to check if I had diabetes. I probably would not have even spoken to my wife about it. Therefore, quite by accident, I did enter into a series of tests (over a period of about five months) which eventually led to a diagnosis of bladder cancer. Luckily the cancer was contained just to the bladder. The time lapsed between first noticing blood in the urine and my surgery was about nine months. If I had not acted I may not be alive today – so please do let readers know the importance of getting any suspicious incidents looked into.

**Q: When diagnosed with bladder cancer what happened next?**

**A:** I saw Mr Pancharatnam and we discussed options. I was only 51 at the time and the option of a Urostomy bag (external urine pouch) was simply not ideal for me. I wanted

to have as close to normal a life as possible with so much of my life still left to live. So we agreed to the Neo Bladder procedure – which I underwent on November 5, 2003.

**Q: What was your recovery like and your life afterwards?**

**A:** I must say this procedure has been absolutely fantastic. By March 2004 I was already on holiday in Portugal and I soon returned to my normal activities, such as golf and going on walks, etc. Life was different initially – I needed to learn that I could no longer sense my bladder fullness just after surgery. So I knew to go to the loo every four hours or so; without needing to be prompted. My routine has become quite normal now.

**Q: Mr Pancharatnam informs me some patients, after a few years, will relearn how to sense when their bladders are filling – because the brain learns to interpret pressure signals via the tissues surrounding the Neo Bladder. Has this been the case for you?**

**A:** Yes, I do now sense pressure to remind me to use the loo. It was initially that I went by the clock (and I still do at night, setting an alarm clock) – but now during the day I can sense a need to go.

**Q: What else is different in your life now?**

**A:** I have been having routine monitoring every year, as a precaution (as is the case with most cancer treatment and follow up). Initially, I needed check ups every six months. After five years this has altered to once-yearly checkups. But I feel great. I feel pretty much the same as I did before this all happened. The only thing that may be different is that a part of my thighs has become less sensitive to touch (possibly from nerve disruption during surgery) but that's minor and doesn't hamper my life in any way.

**Idai Makaya: Thanks for sharing your story Cliff; I appreciate you taking the time.**

It turns out Cliff Salter was so pleased with the success of his treatment that he became one of the founder members of the Hertfordshire Neo Bladder Group, which is an advice and support group for bladder cancer patients. Cliff chairs the group and helps provide patient advice and support – especially for patients who have recently undergone surgery.

In summary – as with any cancer, early detection is essential for a more predictable and successful treatment outcome for bladder cancer. Part of this will involve looking out for any suspicious symptoms – such as haematuria (blood in the urine), changes in urinary habit (feeling like urinating much more often than you are used to), or an inability to urinate when it feels like you need to (and sometimes even a burning sensation when urine is passed). It's also been shown that people who are developing bladder cancer often experience a rise in urinary tract infections.

Because no single symptom I've just mentioned is particularly specific to bladder cancer, it's also worth remembering not to panic if ever you are afflicted with any of those symptoms – just make a convenient appointment with your GP.

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● Manoh Pancharatnam is a Consultant Urological Surgeon based in Hertfordshire and he can be contacted at Spire Harpenden Hospital on [www.spirehealthcare.com/harpenden](http://www.spirehealthcare.com/harpenden) or 01582 714 420. Mr Pancharatnam carries out the Neo Bladder procedure at Spire Harpenden Hospital, where he runs Urgent Haematuria Clinics to investigate urinary tract abnormalities and cases involving blood in the urine.

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