HOSPITAL CASE OF THE MONTH

# Muscle-invasive bladder cancer: radical cystectomy with ileal conduit and laparoscopic cholecystectomy in a 74-year-old with cirrhosis

Managing a stormy post-operative course: the critical care and surgical team approach

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# Case summary

### Patient details

- 74-year-old male
- Dysuria and haematuria for 1.5 months, with passage of clots
- No fever, vomiting or significant weight loss
- Altered bladder habits; smoker, alcohol use, vegetarian
- No known allergies

### History of present illness

- Gradual, progressive dysuria and haematuria
- TURBT done on 02/09/2026
- Admitted 22/09/2026 for definitive surgery
- Known hypertension (telmisartan 40 mg) and PSVT (diltiazem CD 120 mg)
- Past surgery: haemorrhoid surgery 8 years ago

# Examination and investigations

### On admission

- BP 130/80 mmHg
- Pulse 80/min
- Temp 98 F
- SpO2 99%
- CNS, CVS, chest normal
- Abdomen soft, non-tender

### Imaging and baseline labs

- CT urography (28/08): heterogenous polypoidal wall thickening of left anterolateral bladder wall; cholelithiasis
- PET CT (19/09): FDG-avid wall thickening, max 18 mm, over 7.6 cm of left lateral wall, bladder dome and anterior aspect
- Later USG (30/09): mild b/l hydroureteronephrosis; coarse hepatic echotexture with irregular surface
- Admission labs: creatinine 1.0, bilirubin 0.3, albumin 4.0, ALP 106

# Diagnosis and surgery (24/09/2026)

**Transitional cell carcinoma of the bladder (C67.0), post TURBT. Clearances taken: PAC, pulmonology, cardiology.**

## Operative findings

- Enlarged bladder, palpable tumour on left lateral wall
- Bilateral dilated ureters
- No peritoneal, hepatic or omental metastasis
- Single large gallbladder calculus
- Liver cirrhosis

## Procedure under GA

- Laparoscopic cholecystectomy (critical view of safety)
- Radical cystectomy, extended bilateral pelvic lymphadenectomy; nerves safeguarded
- Ileal conduit (about 15 cm loop), ureters stented, stoma on right
- Re-laparoscopy, haemostasis, pelvic drain

# Hospital course at a glance

**22/09**
Admitted

**24/09**
Surgery, then SICU on inotropes

**26/09**
HDU for 9 days

**05/10**
Shifted to room

**07/10**
Hypotension, low SpO2, tachypnoea: back to HDU 3

**After 07/10**
Restless, disoriented: ICU

**14/10**
Discharged, medically fit

**Histopathology (06/10): tumour invades deep muscularis propria, no lymph node metastasis (pT2b pN0).**

# The difficulties in this case

### Cirrhosis and gallstone

Found at surgery; adds bleeding, infection and liver-failure risk

### Cardiac comorbidity

Hypertension and PSVT in a 74-year-old

### Haemodynamic instability

Needed inotropes after surgery; hypotension on 07/10

### Rising creatinine

Peaked at 4.1 mg/dL on 03/10 after a normal start

### Hyperammonaemia and confusion

Ammonia 465 with urea 124 on 07/10; restless, disoriented

### Nutrition and anaemia

Albumin fell to 2.15; Hb down to 9.2 with infection markers up

# How the critical care team managed it

### Stabilise and monitor

- SICU for 2 days after surgery; inotropic support
- Serial vitals, hourly urine output charting
- Incentive spirometry and chest physiotherapy
- Step-down to HDU on 26/09; early return to HDU 3 and ICU when he deteriorated on 07/10

### Treat the complications

- Nephrology opinion for rising urea and creatinine
- Raised ammonia treated with rifaximin and lactulose
- Nutrition: RT feeds, 5 bags of TPN
- 6 bottles of albumin; 1 unit packed red cells
- Antibiotics: piperacillin-tazobactam, levofloxacin, meropenem, metronidazole

# How the surgical team managed it

### Before surgery

- Full work-up: PET CT, CT urography
- PAC, pulmonology and cardiology clearance
- Plan combined with gallbladder removal

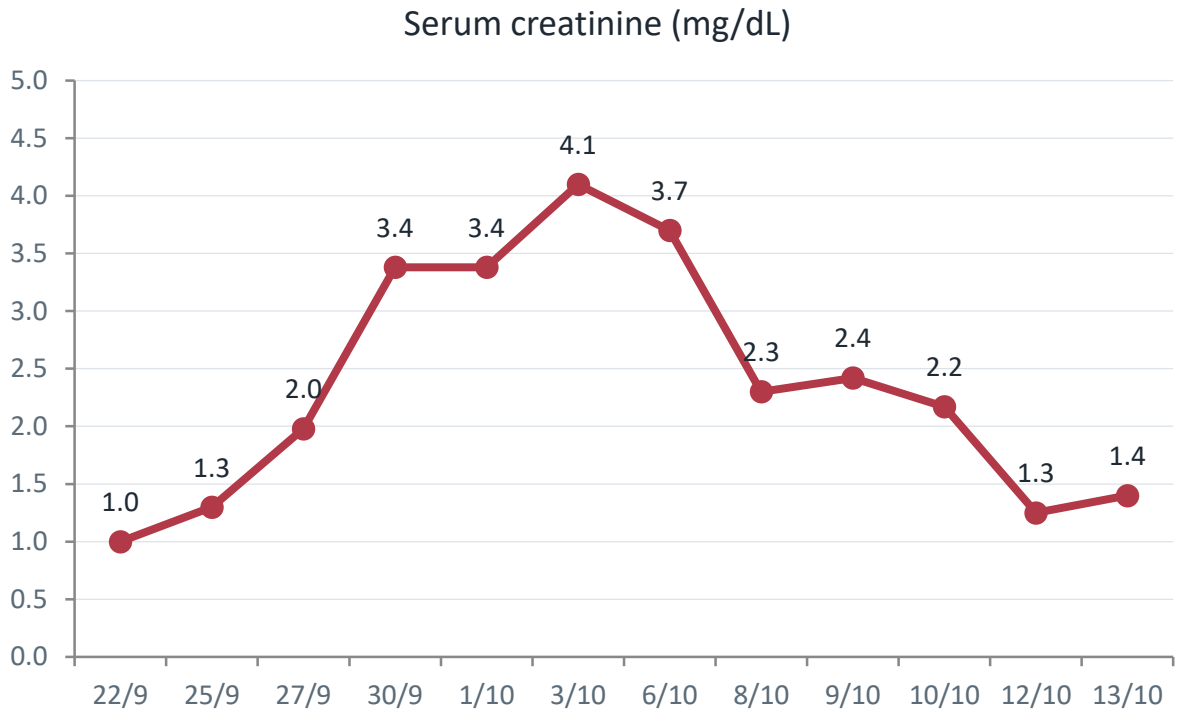
### During surgery

- Laparoscopic first: safe chole with critical view
- Nerve-sparing extended node dissection
- Ileal conduit with stented ureters; pelvic drain
- Haemostasis checked by re-laparoscopy

### After surgery

- Gastroenterology, nephrology and urology reviews, advice followed
- Drain, Foley, CVP and stoma monitored
- Dressings for bedsores; early ambulation

# Creatinine: peak and recovery




**4.1**

peak on 03/10 (admission value 1.0)

**1.4**

by 13/10, before discharge

# Outcome and follow-up

### At discharge (14/10/2026)

- Medically fit, stable and comfortable
- Accepting oral and RT feeds
- CVP, Foley and drain in situ
- Total stay: 22 days

### Advice

- Soft then normal diet; high-protein RT feed
- Foley care, bedsore dressing, ambulation
- Spirometry and chest physiotherapy
- Surgery OPD review on 20/10/2026
- Urgent care for pain or fever

# Key learning points

- Look for hidden comorbidity: cirrhosis and gallstones changed the risk of a bladder cancer operation
- Late deterioration after a smooth start needs fast escalation to HDU or ICU
- Kidney, liver and nutrition problems overlap: involve nephrology, gastroenterology and urology early
- Shared care between surgeons and intensivists brought the patient to discharge