

Cystectomy with Ileal Conduit Urinary Diversion

Being educated before your surgery and proactive about your recovery is perhaps the single most important way to a successful surgery.

General Information

Name and date of surgery _____

Name(s) of surgeon _____

Phone Numbers

- Urology Clinic: **716 845-3159** Clinic hours: Mon – Fri, 8:00 a.m. – 5:00 p.m.
- After hours, weekends, and holidays (24/7) Roswell Park: **716-845-2300**

Arrival Time

The day before your procedure, or on Friday if you are having surgery on a Monday, a staff member from the Ambulatory Surgery Center (also called 3 West) will call you between 1:00 p.m and 3:00 p.m. with your arrival time.

If you do not receive a call by 3:00 p.m., please call **716 -845-8476** for your arrival time.

How to Prepare for Surgery

Ostomy Marking: You will meet with the ostomy nurse on your pre-operative visit, the nurse will show you the ostomy supplies and mark the site on your abdomen where the ostomy will be. **The Ostomy Support Group meets on the 2nd Wednesday of every month from 12:30-2pm in the Jacobs Conference Room** (1st floor of the main hospital across from the pharmacy).

Incentive Spirometry/Leg Exercises: The spirometer is used to exercise your lungs and help prevent pneumonia. Starting before surgery will give you an idea of your lung capabilities so that you will know what to aim for after surgery. Leg exercises keep your blood circulating and help prevent blood clots.



Apple Juice: Ninety minutes (1 ½ hours) before your arrival time, **drink** the container of apple juice we gave you.

Valuables: Leave all valuables at home.

What to Expect: Before Surgery

When you arrive at the hospital, go to the third floor and check in at the Ambulatory Surgery Center/ 3 West. The nurses in the ASC will give you medications (pills) that will help control pain after the surgery.

You will put on a hospital gown and wear it (and nothing else) into surgery. The nurse will start an IV in your arm. This allows us to give you, if needed:

- extra fluids
- antibiotics to prevent infections
- pain medication

What to Expect: After Surgery

You will have an **ileal conduit or urostomy**. The surgeon uses a portion of the small intestine to make a pipeline (conduit) so urine will pass out of your body through an opening on the outside of the body. The opening is called a stoma. The stoma is shiny, wet, and red in color, like the inside of the mouth. It is round to oval in shape and usually placed above the groin on the right side of the abdomen. Initially, you will have 2 small tubes (stents) coming from your stoma. These are only temporary and will be removed by your doctor at your post op visit. It is OK if they fall out before your visit. You will wear a flat, disposable, watertight bag to collect your urine. An **ostomy nurse** will visit with you during your hospital stay to teach you how to change the bag.

At first, your urine may have a slight reddish color. After a few days, it will return to its normal color. When you look in the pouch, you will see mucus in your urine. The mucus comes from the intestine tissue that was used to make your conduit.

SCDs: You will have Sequential Compression Devices (SCDs) wrapped on your lower legs. They connect to a machine at the end of your bed and gently squeeze and release your legs to stimulate blood flow and prevent blood clots (DVT). These will be removed when it is time to go home. At home, continue to do leg exercises and get up and walk at least 3 times a day. Each walk should be the equivalent of a lap around your house.

Diet: After surgery, you will start with a clear liquid diet and slowly progress to solid foods.

IV: Your IV remains in your arm until you are discharged.

Incentive Spirometry and Leg Exercises: Continue to use your spirometer. It is especially important the first 24-48 hours after your surgery to prevent lung infections and help your body clear the groggy effects of anesthesia. The leg exercises will help prevent DVT (blood clots) from forming in your legs. Persons who have abdominal surgery and are not up and walking around normally have an increased risk of blood clots.

Drains and Tubes

- You will have a drainage tube on the side of your abdomen called a **Blake Drain**. The drain is connected to clear plastic tubing that is usually sutured to the skin where it leaves the body. The tubing is connected to a bulb reservoir. The bulb, when squeezed empty, applies constant suction to the drain and pulls the fluid out of the body. The drain is removed when the excess fluid has stopped draining from the body. You may have leaking around the tube where it enters your body - a dressing or a bag may be used to collect the leaking fluid.
- Initially, you will have a **catheter** (a flexible tube) to drain excess fluid from your pelvic cavity, where your bladder once was. (You may have some drainage from around the tube as well.) After the tube is removed, you may continue to have some drainage from your penis, perianal area, or vagina.
- You may have a **nasogastric tube** (NG Tube) in your nose to help prevent bowel complications while you recover. The NG tube will be removed once your bowel function returns.
- You may receive oxygen through a thin tube (**nasal cannula**) that passes into your nose.

Wound care: You will have 7 stab wounds on your abdomen where the laparoscope was used. They will be closed with a glue-like substance called dermabond. There may be bruising around the wounds. You can shower after surgery and wash these areas with soap and water. **DO NOT** soak in a bath or hot tub.

Pain Control: You may have a patient-controlled analgesia pump (PCA Pump) to control your pain. A PCA delivers pain medications, either intravenously (a needle inserted into a vein) or as an epidural (a catheter inserted into the space around your spinal cord). A nurse sets the pump's controls to deliver pain medication as prescribed by your doctor.

Discharge Medications: These medications will be prescribed when you are discharged home.

- **Lortab**, a pain medication, is prescribed every 4 hours if needed.
- **Colace**, a stool softener to take 2 times a day. All pain medications are very constipating, so remember to take the stool softeners. Drink 2-3 quarts of water a day unless your doctor tells you to limit your liquids. If you do not have a bowel movement in 3-4 days, call the Urology Clinic.

What to Expect: At Home

Ostomy Care: You will have a nurse come to your home to teach you ostomy care.

Wound Care: If you do not have a dressing on your incision clean it daily with soap and water.

Activity Restrictions: Do not lift anything greater than 5 pounds.

Medications: Take any medications that the doctor prescribes as directed. Discuss with your doctor when to resume your normal medications including aspirin, ibuprofen/ Motrin®, vitamins, and supplements.

Write down any questions that you have for your doctor. This will improve communication between you and your healthcare provider.

When to Call Us

Call the urology clinic right away if:

- your temperature is greater than **100.4°F (38°C)**
- your pain is not relieved by the medication
- your incision becomes red, swollen, painful, feels hot to the touch, or has pus or foul smelling drainage
- your urine is cloudy or foul smelling, or you have large blood clots
- you are vomiting for greater than 24 hours
- you have diarrhea for greater than 24 hours
- you have new swelling in your legs

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- After hours, weekends, and holidays (24/7), call your clinic or **716-845-2300** or toll free at **1-800-ROSWELL (1-800-767-9355)**, and our Call Center and Nurse Triage staff will assist you.
- If it is determined you need to be seen, you may be asked to come to our Assessment & Treatment Center (ATC), which is open 24/7. You need to be referred to the ATC by your Roswell Park provider (or the provider on-call); it is not a walk-in clinic.