Cystectomy Surgery

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing

UVA Health
University Medical Center

_____

Patient Name

_____

Surgery Date/Time to Arrive

_____

Surgeon

We want to thank you for choosing UVA Health for your surgery. Your care and well- being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook is intended to guide you through your recovery and help answer any questions you may have. We welcome your feedback on how we can improve your experience.

Please bring this book with you to:

- ❒ Every office visit
- ❒ Your admission to the hospital
- ❒ Follow up visits

Contact Information

Main Hospital Address:
UVA Health
1215 Lee Street
Charlottesville, VA 22908

Contact	Phone Number
Urology Clinic at Fontaine	434.924.2224
Fontaine Clinic Fax	434.297.6555
Urology Clinic at Emily Couric Cancer Center (ECCC)	434.924.9333
ECCC Clinic Fax	434.244.7526
Preoperative Anesthesia Clinic	434.924.5035
If no call received by 4:30pm the day before surgery, please call	434.924.5035
Hospital Inpatient Unit: 5 Central	434.924.5238
Main Hospital	434.924.0000 (ask for Urology resident on call)
Wound Ostomy Clinic	434.982.1017
Discharge Lounge	434.243.7068
MyChart Assistance	434.282.1749
Lodging Assistance	434.924.1299
Parking Assistance	434.982.1600
Interpreter Services	434.982.1794
Patient and Guest Services	434.956.6789
Cancer Peer Support Program Cancer Peer Support: You're Not Alone | UVA Health (www.uvahealth.com/support/cancer/peer-program)	434.243.5620 Email: cancerpeersupport@uvahealth.org

Important Appointments

Before Surgery

Appointment	Date & Time
Medical Clearance with Primary Care Provider	
Urinary Diversion Marking Appointment	
Preoperative visit	
Preoperative Anesthesia Clinic Visit	
Cardiology Clearance	

After Surgery

Appointment	Date & Time
First Infusion Visit	
First Postop Visit	
Second Postop Visit	
Third Postop Visit	

Table of Contents

Introduction to Cystectomy Surgery

Why do I need this surgery?

If you have bladder cancer that has grown into the muscle of the bladder wall or is at high risk of growing into the muscle, your doctor may do a surgery called a **cystectomy**. This surgery removes a portion of the bladder or the entire bladder. Your surgery may be minimally invasive (laparoscopic or robotic- assisted) or done as an open approach with a long open abdominal incision.

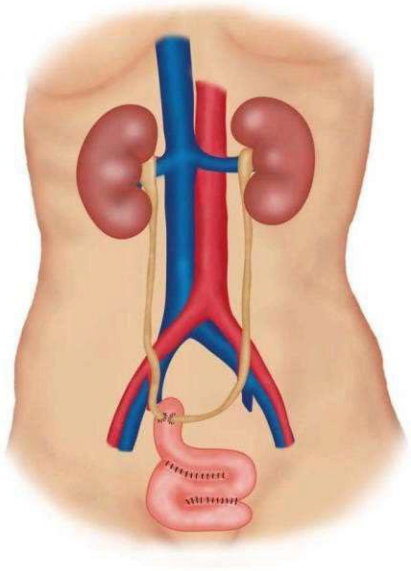
If the cancer has spread into the muscle of the bladder, the best chance for a long-time cure is a **radical cystectomy** (removing the entire bladder). Your surgeon may also remove the surrounding lymph nodes to help prevent the cancer from returning.

- A cystoprostatectomy is performed for men. The surgeon will remove the prostate and seminal vesicles (the glands behind the bladder that make sperm).
- For women, the surgeon may remove the uterus, ovaries, and part of the vagina. Some women are eligible for having their ovaries and vagina spared at the time of cystectomy.

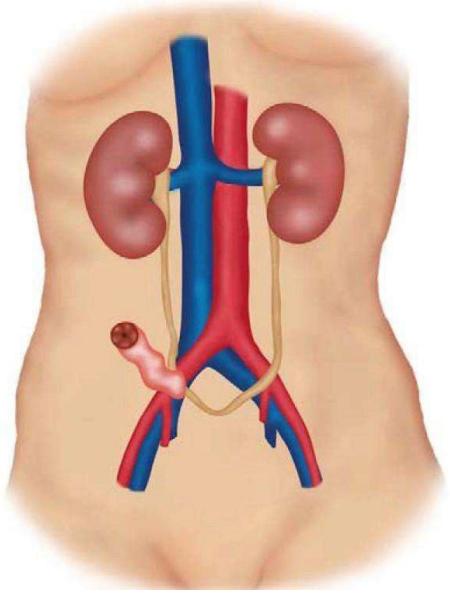
Urinary Diversion

After your bladder is removed during a radical cystectomy, your surgeon will make a new way for urine (pee) to leave your body. This is called a urinary diversion. The new way may be in the form of a neobladder, an ileal conduit, or an Indiana pouch. You and your doctor will determine which option is best for you.

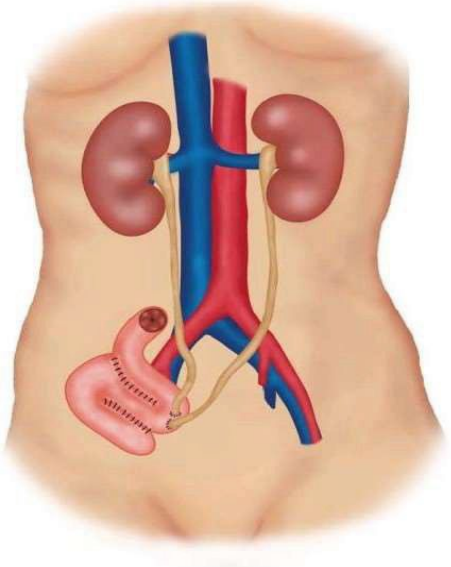
Neobladder (new bladder) – This is built from part of the small intestine and is connected to the urethra (the tube where your urine leaves your body). Some people with a neobladder can urinate normally, but it does not work exactly like a normal bladder. You may need to self-catheterize to drain urine from the neobladder. If your surgeon is unable to form a neobladder during the operation because the blood supply of your small intestines cannot reach your urethra or there is microscopic cancer at your urethra, they will create an ileal conduit.



Ileal Conduit – Your surgeon may remove a small section of the intestine called the ileum. One end of the ileum will be attached to tubes that carry urine from the kidneys to the bladder (the ureters). The other end will be attached to a stoma your surgeon creates on the outside of your body. Urine will flow through the ileal conduit into a bag outside of the body.



Indiana Pouch – This is a small pouch that is made from your bowel and is connected to a stoma on your abdomen. You will need to insert a catheter into the stoma to drain your urine into a bag multiple times a day.



Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery After Surgery?

Enhanced recovery is a program designed to help patients who need major surgery feel better faster. ERAS helps patients recover quickly so they can get back to normal life as soon as possible. The ERAS program focuses on making sure patients play an active role in their recovery.

There are 4 main stages in the ERAS program:

1. **Planning and preparing before surgery –** Giving you all the information you need so you feel ready.
2. **Reducing the stress of the surgery** – Allowing you to drink fluids up to 2 hours before your surgery.
3. **Pain relief plan** – Making sure you get the right medicine to stay comfortable during and after surgery.
4. **Getting up and moving after surgery** – Helping you get out of bed and walk as soon as you can.

It's important to know what will happen before, during, and after your surgery. Your care team will work closely with you to plan your treatment. You are the most important part of the team.

You should actively take part in your recovery and follow the ERAS program. By working together, we hope to make your hospital stay as short as possible and help you heal quickly.

Before your Surgery

Clinic

During your clinic visit, we will see if you need surgery and what kind of surgery it will be. You will work with our whole team to get ready for the surgery.

Our team is made up of:

- The surgeons, who may have fellows, residents, or medical students working with them
- Nurse practitioner (NP)
- Care coordinator (RN)
- Nurses and Medical Assistants
- Administrative assistants

During your clinic visit, we may:

- Ask questions about your medical history
- Perform a physical exam
- Ask you to sign the surgical consent forms
- Make sure you have a “stoma marking” appointment, if you are having an ileal conduit diversion
- Evaluate your nutrition needs, you *may* meet with a nutritionist

You will also receive:

- Instructions on how to get ready for surgery
- Special instructions if you take blood thinners
- Instructions on quitting smoking if you smoke
- Special antibacterial soap to use when you shower the night before and the morning of surgery

Over the Counter Medications to Stop Prior to Surgery

- Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.
- Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.
- Aspirin: Stop one week before surgery; resume 48 hours after (If you have heart stents, check with your cardiologist about stopping prior to surgery).
- You may continue to take acetaminophen (Tylenol®).

Over the Counter Medications to Take Prior to Surgery

You will need to complete a **fleet enema** 30-60 minutes before you leave to come to the hospital on the morning of surgery. You can purchase a fleet enema over-the-counter at your local pharmacy.

Preoperative Anesthesia Clinic

The Preoperative Anesthesia Clinic will check your medical and surgical history to see if you need an anesthesia evaluation before surgery. This extra step helps the anesthesia team make sure you get safe care on the day of your surgery. If an anesthesia evaluation is needed, the Preoperative Anesthesia Clinic will let you know.

Then:

- An in-person or tele-med appointment will be scheduled for a visit a few weeks before your surgery.
- Your medications will be reviewed.
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests.
- **For questions, or if unable to keep the appointment with Preoperative Anesthesia Clinic, please call 434.924.5035.** Failure to keep this visit with the preoperative Anesthesia Clinic before surgery may result in cancellation of surgery.

Please note: If you were told by your surgical team that you did not need any testing or evaluation prior to surgery but receive a call to schedule with the Preoperative Anesthesia Clinic, this is because the anesthesia team feels it is in your best interest when they review your history.

Do you take anticoagulant/antiplatelet (blood thinner) medication?

If so, you will need to notify the doctor that prescribed it to you and let them know you will be having surgery. It is the prescribing provider's responsibility to provide instructions for how long you can safely be off this medication. Please be sure that your surgeon is aware as well.

☐ Instructions for _____

☐ Your last dose of blood thinning medication before surgery should be on:

_____

☐ We are recommending a bridge of this medication. Please refer to you After Visit Summary (AVS) for specific instructions about this medication.

Quitting Smoking/Nicotine Products Before Surgery

Why Quit Before Surgery?

To ensure optimal healing, do not use any nicotine-containing products for at least one month before and after your surgery. Quitting smoking and nicotine products is crucial for a successful surgery and recovery. Nicotine significantly hinders your body's ability to heal, increasing the risk of complications. Be sure to inform your care team if you use Nicotine products.

Quitting 4 weeks before surgery decreases surgical complications and risks by 20%-30%!

Complications related to Nicotine use and Surgery

- Increases wound complications
- Decreases oxygen which is needed for tissues to heal
- Decreases the amount of blood, nutrients, and oxygen that are able to get to the wound
- Decreases the ability of cells to kill bacteria and fight infection
- Constricts blood vessels that are needed to start the healing process
- Increases risk of hernias
- Significantly increases rates of deep site infections and having to have your surgery site re-operated on

Long-Term Benefits of Quitting

- Improved survival rates
- Fewer and less severe surgical side effects
- Faster recovery from treatment
- Increased energy levels
- Enhanced quality of life
- Reduced risk of certain cancers
- Reduced health risks to loved ones

Your Path to a Healthier Recovery

Preparing to Quit

- ☑ Smoke-Free Environment: All UVA facilities are smoke-free. You will not be permitted to smoke during your hospital stay.
- ☑ Medical Assistance: Speak with your healthcare provider about medications that can aid in your nicotine cessation.
- ☑ Trigger Identification: Recognize your smoking triggers and develop strategies to manage them.
- ☑ Alternative Activities: Plan alternative activities to replace nicotine use. Create a "quit kit" with helpful items.
- ☑ Continued Support: Maintain your quit plan after discharge and enlist the support of friends and family.
- ☑ Personal Reasons: Write down personal reasons for quitting.
- ☑ Inform Support System: Tell friends and family of your plans.
- ☑ Track Habits: Note when and why you use nicotine.
- ☑ Stress Management: Find new ways to handle stress.
- ☑ Medication Planning: Talk to your doctor about cessation medications.
- ☑ Clean Environment: Remove smoke smells from your home and car.
- ☑ Mindful Use: Pay attention to when you use nicotine and ask yourself if you really need it.

Quitting improves your overall health and allows you to focus on a successful recovery.

Remember: Quitting is a journey, and you are not alone.
Your health is worth it!

Smokefree.gov: 1-800-784-8669: www.smokefree.gov
American Lung Association: 1-800-548-8252, www.lung.org
Virginia Quit Line: 1-800-QUITNOW: www.quitnow.net/virginia
Quit Smoking Blue Ridge: www.vdh.virginia.gov/blue-ridge/tobacco-and-nicotine

STOP SMOKING AND STAY HEALTY

Preparing for Surgery

You should expect to be in the hospital for at least **5-7 days**. When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc. If possible, identify someone to stay with you the first week after discharge to help take care of you.

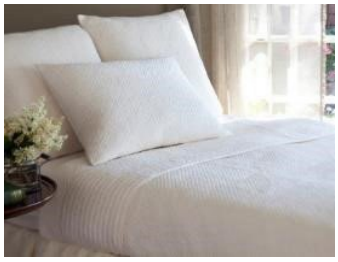
You can do a few simple things before you come into the hospital to make things easier for you when you get home:

- ✓ Wash and put away laundry.
- ✓ Put clean sheets on the bed.
- ✓ Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- ✓ Bring downstairs the things you are going to use often during the day. Remember, you WILL be able to climb stairs after surgery though.
- ✓ Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- ✓ Cut the grass, tend to the garden, and do all housework.
- ✓ Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- ✓ Eat healthy food before your surgery - this helps you to recover faster. If you are having trouble eating or are losing weight, try to increase your calories and protein. An easy way to accomplish this is drinking nutritional supplement drinks (such as Ensure Plus®, Boost Plus®, Equate Plus®, or Carnation Instant Breakfast®) in addition to your meals to help increase your nutritional intake prior to surgery.

- ✓ Get enough exercise so you are in good shape for surgery.

Over the counter medications we recommend you have at home after surgery:

- Tylenol (acetaminophen) 325mg tablets (for pain)
- Advil/Motrin (ibuprofen) 200mg tablets (for pain)
- Colace (docusate sodium) 100mg tablets (stool softener)
- Miralax powder or Senna and Probiotics (for constipation)
- Fleet Enema
- Magnesium Citrate



Pre-Surgery Checklist

What you SHOULD bring to the hospital

- ☐ A list of your current medications. Please leave your medications at home. They will be provided for you once you are in the hospital
- ☐ Any paperwork given to you by your surgeon
- ☐ A copy of your Advance Directive form, if you completed one
- ☐ A book or something to do while you wait
- ☐ A change of comfortable clothes for discharge
- ☐ Any toiletries that you may need
- ☐ Your CPAP or BiPAP, if you have one

What you SHOULD NOT bring to the hospital

- ☒ Large sums of money
- ☒ Valuables such as jewelry or non-medical electronic equipment

* Please know that any belongings you bring will go with your care partner or be locked away in "safe keeping"

For your safety, you should plan to:

- ☐ Identify a Care Partner for your stay in the hospital.
- ☐ Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.

Identify a Care Partner

Healing happens best when you have the comfort of a familiar face nearby. That's why we welcome a family member or trusted friend to serve as a Care Partner.

A patient can name 1-2 adults as Care Partners. The Care Partner can:

- ❒ Receive patient status updates over the phone
- ❒ Serve as an active member of the healthcare team, helping to manage the patient's care
- ❒ Learn to perform daily care tasks from the nursing staff
- ❒ Feel empowered to ask questions of the providers and staff and help facilitate communication between the patient and the healthcare team

- ❖ Please remember that the hospital is a place for healing and rest. Try to keep conversations quiet and, if sharing a room, please be respectful of other patients' need for rest or private time with their families. Also make sure that nurses and doctors can move freely around the bedside to provide care.

Being a Care Partner does not designate them as the patient's legal decision-maker or allow them to sign consent forms for the patient.

The Care Partner will be given a security code and an identification band. The code allows staff to give information and updates over the phone. Do not share the code or the status updates with anyone other than the designated Care Partner. The Care Partner identification band should be worn at all time.

Days Before Surgery

Scheduled Surgery Time
Please write the surgery date and arrival time on the first page of this notebook for easy access.

If your surgery is in the Main Hospital:
A nurse will call you the day prior to surgery and tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before.

If you do not receive a call by 4:30pm, please call 434.924.5035.

Eating and Drinking the Day Before Surgery

To help with Bowel Preparation, you must follow a clear liquid diet one day before your scheduled surgery. Please drink at least the following. You are welcome to drink more clear liquids than listed below.

*If you are diabetic, please contact the doctor that manages your diabetes for guidance on how to manage your blood sugar levels while preparing for surgery on a clear liquid diet.

- **Beginning at midnight (12am): only clear liquids after this time.**

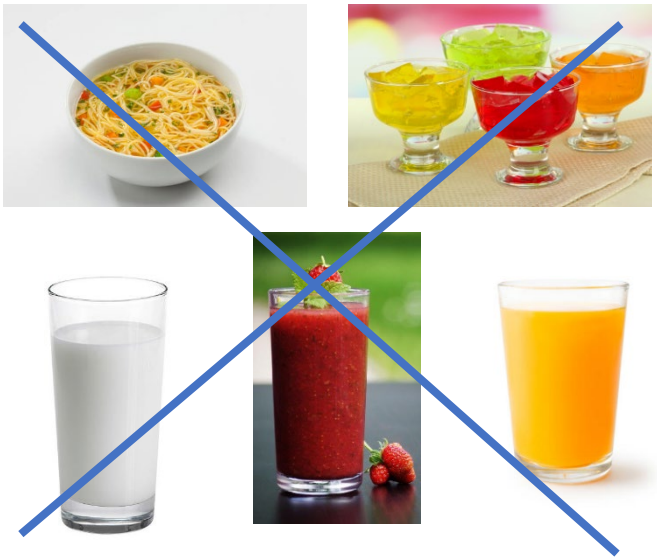
	8 am	Drink a clear liquid meal
	9 am	Drink 8 oz of a clear liquid
	10 am	Drink 8 oz of a clear liquid
	11 am	Drink 8 oz of a clear liquid
	12 pm (noon)	Drink a clear liquid meal **AND drink one 8 oz bottle of magnesium citrate (as instructed by your team)**
	4 pm	Drink 8 oz of a clear liquid
	5 pm	Drink 8 oz of a clear liquid
	6 pm	Drink a clear liquid meal

You may continue to drink clear liquid fluids throughout the night until approximately 2 hours prior to your surgery. The phone call nurse will provide you with instructions as to what time you have to stop drinking.

	Clear Liquids Allowed
✓	Apple Juice
✓	Cranberry Juice
✓	Cran-Apple Juice
✓	Grape Juice
✓	Water
✓	Lemonade made with lemon juice
✓	Powdered lemon-flavored drinks
✓	Carbonated drinks
✓	Gatorade
✓	Fruit flavored ices and popsicles

	Clear Liquid Meals Allowed
✓	Clear broth
✓	Consomme
✓	Bouillon Cube soup

	NOT ALLOWED
✗	No milk, dairy, or ice cream products
✗	No milkshakes
✗	No smoothies
✗	No noodles
✗	No orange juice
✗	Nothing with pulp



Instructions for Bathing

We will give you a bottle of HIBICLENS foam (body wash) to use the night before and the morning of your surgery.

HIBICLENS is a skin cleanser that contains chlorhexidine gluconate (an antiseptic). This key ingredient helps to kill and remove germs that may cause an infection. Repeated use of HIBICLENS creates a greater protection against germs and helps to lower your risk of infection after surgery.

Before using HIBICLENS, you will need:

- ☐ A clean washcloth and towel
- ☐ Clean clothes

IMPORTANT

- ☐ HIBICLENS is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, do NOT put any more HIBICLENS on.
- ☐ Keep HIBICLENS away from your face (including your eyes, ears, and mouth).
- ☐ Do NOT shave your surgery site or your pubic hair. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Directions for when you shower or take a bath:

1. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply HIBICLENS directly on your skin or on a wet washcloth and wash the rest of your body gently from the neck down.
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with HIBICLENS.
8. Dry your skin with a clean towel.
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using HIBICLENS.
10. Put on clean clothes after each shower.

Day of Surgery

Before you leave for the hospital

- Take another shower with the Hibiclens body wash, if provided and instructed to do so
- Remove nail polish, makeup, jewelry, all piercings
- Remember to brush your teeth
- You will need to complete a fleet enema 30-60 minutes before you leave to come to the hospital on the morning of surgery.
    - The enema will help to clean the lower bowel to prepare for surgery, to relieve distention, promote gas, and soften hardened stool for removal.
    - You can purchase a fleet enema over-the-counter at your local pharmacy. Follow the instructions on the packaging for how to perform the enema.
- Drink water or 20 ounces of Gatorade™ on the morning of your surgery and finish at the time instructed by the phone call nurse
- Do NOT drink any other liquids. If you do, we may have to cancel surgery

Hospital arrival

- Arrive at the surgery location on the morning of surgery at the time you wrote down on page 1. This will be approximately 2 hours before surgery.
- Check in at the location instructed by the phone call nurse
- Your family will be given a tracking number so they can monitor your progress

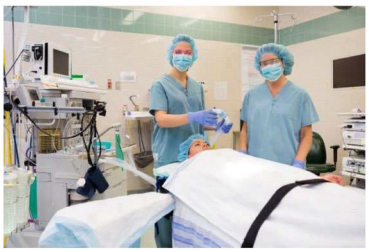
Surgery

When it is time for your surgery, you will be brought to the Surgical Admissions Suite (SAS)/preop area.

In SAS, you will

- Be identified for surgery and get an ID band for your wrist
- Be checked in by a nurse and asked about your pain level
- Be given an IV and be weighed by the nurse
- Be given medicines that will help keep you comfortable during and after surgery
- Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family can be with you during this time.

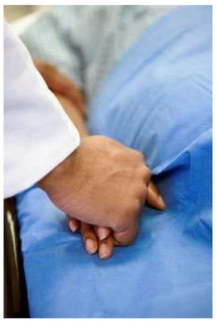
In the Operating Room



From SAS, you will then be taken to the operating room (OR) for surgery and your family will return to the waiting room.

The surgery itself will last several hours, but to you it will feel like only a few minutes have passed when you wake up in the recovery room. Some patients do not recall being in the OR because of the medication we give you to relax and manage your pain.

Once you arrive in the OR:



- ✓ We will do a "check-in" to confirm your identity and the location of your surgery.
- ✓ You will lie down on the operating room bed.
- ✓ You will be hooked up to monitors.
- ✓ Boots will be placed on your legs to help prevent blood clots.
- ✓ We will give you antibiotics, if needed, to prevent infection.
- ✓ Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- ✓ After you are asleep, a foley catheter will be placed to keep your bladder empty.
- ✓ Just before starting your surgery, we will do an additional "time out" to confirm the location of your surgery.

Depending on the type of surgery you are having, the anesthesia doctor may also place a small catheter (“epidural”) or a small injection (“spinal”) into your back just before surgery. Both of these options provide excellent pain relief with fewer side effects than other forms of pain medicine. These options also help us to decrease the amount of narcotic pain medicine you need after surgery which could delay your recovery.

Your anesthesiologist will talk to you about your options before your surgery. It is much easier for you to have the spinal or epidural placed before your surgery when you are not having pain. Having either one of these options does not mean that other pain-relieving treatments will not be used. After this, your surgical team will perform your operation.

During surgery, the Operating Room team will contact (call or text) your family every 2 hours to update them.

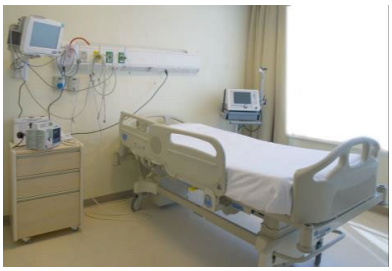
After Surgery

Recovery Room (PACU)
After surgery, you will be taken to the recovery room. Most patients remain in the recovery room for about 2 hours.

Once you are awake:

- ☐ You may be given ice chips or sips of water.
- ☐ You will get out of bed (with help) to start moving as soon as possible. This will speed up your recovery and prevent you from getting blood clots and p neumonia.
- ☐ The surgeon will also call your family after surgery to give them an update.

Hospital Inpatient Unit: 5 Central
Our hospital surgical units offer a mix of private and semi-private rooms for recovery. Sometimes, it can take more than 2 hours to get a room if the hospital is full and patients need to be discharged to make room for new patients. The staff in the family lounge will tell your family your room number so they can join you.



You may go to the Surgical Intermediate Unit (SIMU) or Surgical Intensive Care Unit (SICU), 5 North, for a brief time if you require a higher level of care.

Once to your room, you will:

- ☐ Have a small tube coming from your abdomen to drain any fluids inside. Your nurse will empty the drain a few times per day.
- ☐ Be given oxygen and have your temperature, pulse, and blood pressure checked after you arrive.
- ☐ Have an IV in your arm to give you fluid and medications.
- ☐ Be allowed ice chips and sips of water.
- ☐ Likely receive a blood thinner injection every day to help prevent blood clots.
- ☐ Be given an incentive spirometer (a lung exerciser). We will ask you to use it 10 times an hour to keep your lungs open to help prevent pneumonia.
- ☐ Be placed on your home medications, as appropriate.
- ☐ Get up and out of bed on the day of your surgery, with help from the nurse.

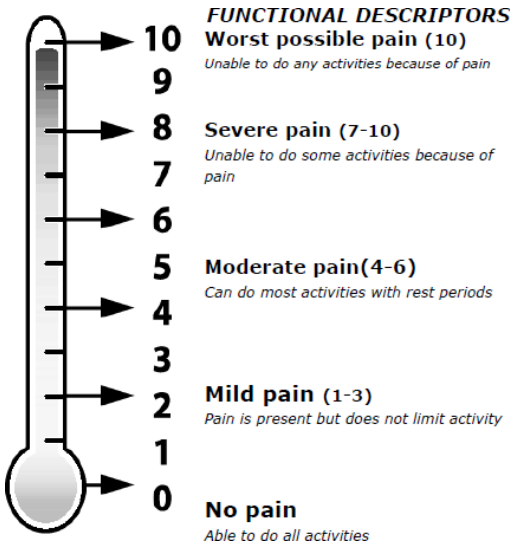
Your Care Team

In addition to the nursing staff, the Urology team will care for you.

This team is led by your surgeon, and includes a fellow or a chief resident along with residents, 1-2 medical students, Nurse Practitioners, and Physician Assistants.

There will always be a physician in the hospital 24 hours a day to tend to your needs.

Pain control following surgery



Managing your pain is an important part of your recovery. It is normal for you to have some pain for a few days after surgery. The goal is to lower the pain so that you can comfortably walk and take deep breaths effectively. We will ask you regularly about your level of comfort.

One way your care team will help you safely control your pain after surgery is by using *non-narcotic* medications during your recovery. The goal is to use as little *narcotic* medication as possible to control your pain. If you need stronger pain medication, it is OK. If your pain is worsening and it is not relieved with any medication, you should let your surgeon know.

☐ As part of your pain management plan, we will give you an injection of a long-acting numbing medicine called liposomal bupivacaine or EXPAREL®
- It is administered by your surgeon during your surgery to help with post-operative pain.
- EXPAREL® is long lasting and helps to reduce the need for narcotics after surgery.
- EXPAREL® will slowly wear off over 3 days.

☐ You will get several *non-narcotic* pain medications around-the-clock to keep you comfortable.
- Tylenol (acetaminophen) – is a pain reliever and reduces fevers.
- Celebrex (celecoxib) *or* Advil, Motrin (ibuprofen) – are medications that decrease swelling and pain after surgery. These medications are known as NSAIDs and are safe for short-term use after surgery (unless you've had gastric bypass surgery in the past).

☐ You may also have *narcotic* pain medication as needed for additional pain.
- Narcotics are powerful pain medications with many serious side effects. Narcotics (usually oxycodone) may be used after surgery only when needed for severe pain, but they should not be used first to treat mild or moderate pain.
- Side effects of narcotics include nausea, constipation, dizziness, headache, drowsiness, vomiting, itching, and respiratory depression.
- Prescription narcotic drug use may lead to misuse, abuse, addiction, overdose and death. Your risk of narcotic abuse gets higher the longer you take the medication.

☐ If you are on long-standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists

Splinting Technique

We will encourage you to use the "Splinting Technique" to minimize pain at your surgical site. To do this, press a pillow or your hand against your incision area and support it when you take a deep breath, cough, sneeze, laugh, move, etc.

Laparoscopic Gas Pain

You may have discomfort in your stomach, neck or shoulders for a few days after your surgery. This pain is because gas is used to inflate your abdomen during surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking around, using a hot compress (heating pad), and avoiding carbonated drinks.

Comfort Menu

Your comfort and pain control are very important to us. As part of your recovery, we want to give you different ways to manage your pain. Besides medication, we offer other options to help you feel more comfortable during your stay. We hope this comfort menu will help you and your healthcare team understand your pain and recovery goals better. Please let your care team know if you want to try any of these options to help with your pain and comfort.

- Distraction: focus your mind on an activity like creating art with our art supplies, doing puzzle books and reading magazines.
- Ice or Heat Therapy: ice packs and dry heat packs are available, depending on your surgery.
- Noise or Light Cancellation: an eye mask, earplugs and headphones are available for your comfort and convenience. We can also help you create a sleep plan.
- Meditation App: if you have a smart device, download free meditation apps for meditation and guided imagery. You can find them by searching in the app store.
- Prayer and Reflection: connect with your spiritual or religious center of healing and hope through prayer, meditation, reflection and ritual.
  Also, ask about our chaplaincy services.
- Controlled Breathing: taking slow deep breaths can help distract you from pain you are feeling. This can also help if you are feeling nauseated (upset stomach).Using the 4-7-8 technique, you can focus on your breathing pattern:
  - Breathe in quietly through your nose for 4 seconds
  - Hold the breath for 7 seconds
  - Breathe out through your mouth for 8 seconds
- Positioning/Movement: changing position in your bed/chair or getting up to walk (with help) can improve your comfort.
- Pet Therapy: hospital volunteers visit the unit with therapy animals. Ask about their availability.

Inpatient Expectations

First Day After Surgery

You will:

- ☑ Be transferred to an Acute Care Unit (5 Central).
- ☑ Be asked to get out of bed with help, walk the hallways 5 times, and sit in the chair for a total of 6 hours.
- ☑ Be encouraged to drink clear fluids.
- ☑ Have your IV turned off but not removed.
- ☑ Begin learning how to care for your urinary diversion.

Second and Third Day After Surgery

You most likely:

- ☑ May be able to eat soft foods. We will slowly advance your diet to solid foods.
- ☑ Will be asked to be out bed for the majority of the day and walk 5 times with help.

Fourth and Fifth Day After Surgery

You may be able to go home if you are:

- ☑ Off all IV fluids and drinking enough to stay hydrated.
- ☑ Comfortable and your pain is well controlled.
- ☑ Not nauseated or belching (burping).
- ☑ Passing gas.
- ☑ Not running a fever.
- ☑ Able to get around on your own.
- ☑ Have received education about how to care for you new urinary diversion.

Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day in the hospital.

Complications Delaying Discharge

Sometimes there are things that may happen after surgery which may keep you in the hospital longer. We do our best to prevent these from happening. These may include:

Ileus - This is one of the most common and frustrating complications following surgery. Ileus is the term for lack of movement in the intestines. Your bowel may shut down after surgery, which causes food and gas to have trouble passing through your intestines. We have designed the ERAS program to help lessen your chance of getting an ileus. If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid this from happening is to decrease the amount of narcotic pain medications you take, get up to walk as much as possible after your surgery, and eat small amounts of food and drinks.

Post-Operative Nausea & Vomiting - After your surgery, you may feel sick to your stomach. This is common and we give you medication to help you feel better. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.

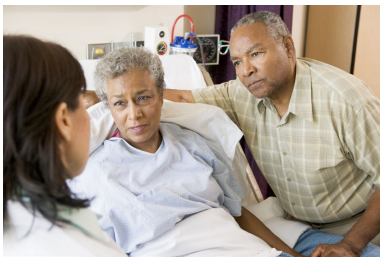
Wound infection – The surgery site might open up, become red, or drain fluid. You may need some antibiotics if your wound becomes infected. You may have an open wound that requires dressing changes at home. We will help arrange care for you in the event this happens before your discharge.

Leak – A leak might develop at the "anastomotic site." This is where your new connections are sewn together inside. Sometimes this may require another surgery to fix the leak.

Blood clots – Blood clots can be very dangerous. If a blood clot forms in the vessel, it can prevent blood from getting where it needs to go. Another problem with blood clots in veins is that they can travel to other parts of the body and clog blood vessels there. We encourage you to get up and walk around as much as possible to prevent blood clots from forming. Another way to prevent blood clots is blood thinner medication. While you are in the hospital, you will be on blood thinner medicine and will continue this medicine for 1 month after you go home.

Bleeding – There is always a risk of bleeding after surgery. We monitor you closely to watch for any signs of bleeding.

Pneumonia – We encourage you to do deep breathing exercises to prevent pneumonia. Walking is the best exercise, but using the incentive spirometer (lung exerciser) will also help to prevent pneumonia after surgery



Discharge

Before you are discharged, you will be given:

- ☑ A copy of your discharge instructions
- ☑ Ostomy supplies, if you have a new ostomy
- ☑ A prescription for a blood thinner to prevent blood clots
- ☑ A prescription for pain medicine
- ☑ Instructions on when to return to see your surgeon (usually 3-4 weeks), depending on your surgery. We may see you sooner if you have a surgical wound or drain.

We would like you to see your local doctor in 1-2 weeks after discharge from the hospital.

Before you leave the hospital:

- ☐ We will ask you to identify how you will get home and who will stay with you
- ☐ If you use oxygen, we will want to make sure you have enough oxygen in the tank for the ride home
- ☐ Be sure to collect any belongings that may have been stored in "safe keeping."
- ☐ Teach you how to change your dressing for your wound.
- ☐ Teach you how to measure, empty, and clean your drain (if you go home with one).

Supplies:
If you have private insurance or you choose not to receive home health services, you will be responsible for getting your supplies from a durable medical equipment (DME) company.

- ☐ The nurse case manager can help you find a DME that takes your insurance.
- ☐ You will be given a list of DME suppliers by your ostomy nurse.
- ☐ You may also contact your insurance company to find out which one is in your network.

Our Case Managers help with discharge needs. Please let us know the names of

Your home healthcare agency (if you have one)

_____

Any special needs after your hospital stay

_____

Your home pharmacy

_____

After Discharge

Blood Clot Prevention
You will be sent home on a blood thinner medication to prevent blood clots. Instructions on how to give yourself this medication will be provided while you are still in the hospital. It is very important to take this every day until it runs out.

Deep Breathing Exercises
You will be sent home with an incentive spirometer (lung exerciser). Please use your incentive spirometer 10 times per hour while awake. Walking is the best exercise, but deep breathing will also help to prevent pneumonia after surgery.

You can continue using your incentive spirometer at home for 2 weeks after surgery. Hugging a pillow against your abdomen while coughing and deep breathing can help with comfort.

When to Call
Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad. After you leave the hospital, you should call us at any time if you:

- Have worsening or new pain unrelieved by pain medication
- Have back or flank (side) pain
- Have a fever greater than 101°F or shaking chills.
- Are vomiting, nauseated, have frequent stools/diarrhea or stools that look lighter, or are abnormal in color
- Are unable to have a bowel movement for more than 3 days while using stool softeners and laxatives (Colace, Senna, Miralax, Milk of Magnesia)
- Have difficulty passing your urine, it becomes bloody or cloudy, or you are passing blood clots
- Have stents that fall out early
- Are not tolerating food, fluids or nutritional supplements
- Are sent home with a drain and it comes out

Please call us if your surgical site:

- Becomes bright red and painful, or redness starts spreading
- Starts to drain infected material that is not clear yellow or light red/pink
- Releases cloudy or foul-smelling fluid
- Starts draining more than normal

Contact Numbers
If you have trouble between 8am-4:30pm Monday-Friday, call the Urology nurse triage line at 434.924.9333

After 4:30pm and on weekends, call 434.924.0000. This is the main hospital number. Ask to speak to the Urology Resident on call. The resident on call is managing other patients in the hospital so please be patient and the resident will return your call as soon as possible.

Pain Management at Home

You *will* alternate NSAIDS (like ibuprofen) and acetaminophen (Tylenol) for improved pain control. Take these over-the-counter medications as prescribed.

Additionally, we may send you home with a prescription for pain medication (narcotic) for severe pain. If you would like this filled at the hospital pharmacy, please tell your nurse so it will not cause a delay in your discharge home.

Narcotic pain medications often cause nausea. To help reduce the risk of nausea, take your pain medication with a small amount of food.

Your health care team will work with you to create a treatment plan based on the medications you are prescribed. It's important to remember that misuse of narcotic pain medicines is a serious public health concern. If you take more of your narcotic pain medication then was prescribed or more often than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled.

Virginia has a Prescription Monitoring Program for these types of medications to help keep patients safe. Ask your health care team if you have specific questions.

Pain Medication Weaning

After surgery, you *may* be taking a narcotic medication to help you with your pain. You may find that the pain is well controlled by other medications like NSAIDs (ex: ibuprofen and Tylenol). As your pain improves, you will need to wean off your narcotic pain medication. Weaning means slowly reducing the amount you take until you are not taking it anymore.

Taking narcotics may not provide good pain relief over a long time and sometimes narcotics can cause your pain to get worse. Narcotics can have many different side effects including constipation, nausea, tiredness, and even dependency. The side effects of narcotics increase with higher doses. Gradually weaning to lower doses of narcotic pain medication can help you feel better and improve your quality of life.

To wean from your narcotic medication, we recommend slowly reducing the dose you are taking. For example, increase the amount of time between doses.

If you are taking a dose every 4 hours, extend that time:

- Take a dose every 5 to 6 hours for 1 or 2 days
- Then, take a dose every 7 to 8 hours for 1 or 2 days.

You can also reduce the dose:

- If you are taking 2 pills each time, reduce to only taking 1 pill each time. Do this for 1 or 2 days.
- Then, increase the amount of time between doses, as explained above.

If you are not sure how to wean off of your narcotic pain medication, please contact your family doctor.

Once your pain has improved and/or you have weaned off your narcotic pain medication, you may have pills remaining. The UVA Pharmacy is a DEA registered drug take-back location. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

Wound Care

- ☑ If you have staples and there is drainage, you can keep a dry clean dressing on the incision. Once the wound is no longer draining, you may leave it open to air.
- ☑ You may shower and let the soapy water wash over your incision.
- ☑ The wound may be mildly pink and have a thick firm ridge underneath it, this is normal, and is referred to as a healing ridge. The abdominal wound will "soften up" in several months.
- ☑ It is common to have lumpy areas in the abdominal wound at the ends of the incision(s).
- ☑ If you had abdominal drain(s) removed, the site will close up over the next 7 days. It/they may continue to drain clear drainage during this time frame and can be managed with gauze dressing changes or pouch bag(s). The drainage amount will decrease each day. Once the drain site is no longer draining, remove the dressing or pouch bag(s) and leave open to air to complete healing.

Things to Avoid

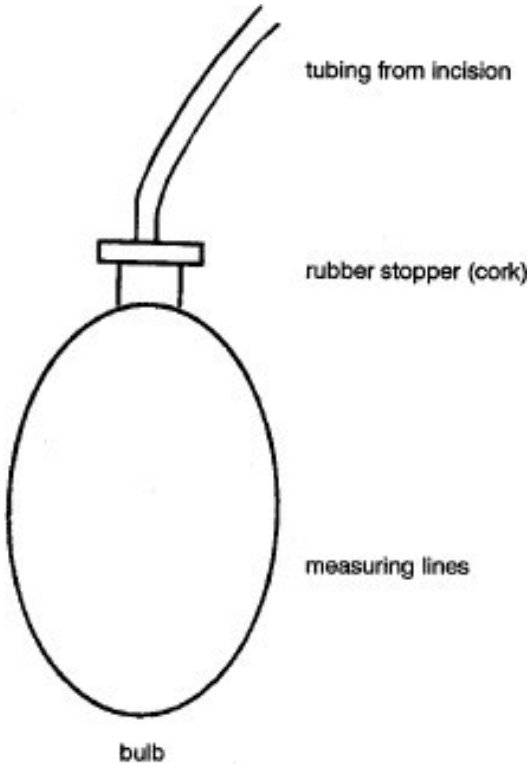
- ☒ Stay out of the sunlight and do not use tanning lamps for at least one year after surgery. You will need to wear sunscreen on your scar line for the first year.
- ☒ Avoid soaking in the tub, or submerging in any type of water (for example bath, pool, hot tub, lake, ocean) until your abdominal wound is completely healed and you have your Surgical Team's permission.

Going Home with a Drain

You may have had a drain stitched into your abdomen during surgery. This drain is called a Jackson-Pratt or "JP" drain. The drain gently suctions and collects fluid, promoting healing and reducing swelling and risk of infection.

How To Care for your drain:
Please refer to the **Care of the Jackson Pratt (JP) Drain Handout** and drain log included in your binder in addition to the instructions below:

- If you go home with a JP drain, you will need to empty and record your drain output 2-3 times per day. If there is barely any drainage, it is okay to empty the drain once a day or every other day.
- You must monitor and document your drain amount every 24 hours. Use the drain log.
- When your drainage amount is 30 milliliters or less for 3 days, your drain may be removed at your follow-up appointment in the Urology clinic. Please bring your drain log with you to this appointment.
- If your drain starts to leak around the site where the drain meets the skin, please call your doctor to see if you need to come into the hospital for a drain check.
- Change your bandage at the drain site once a day. Your nurse will talk with you about this.
- You may shower. You CANNOT have tub baths while the drain is in place.



Bowel Function

After your operation, your bowel function will take several weeks to settle down and may be slightly unpredictable at first. For most patients, this will get back to normal with time.

Constipation

As mentioned previously, you will be given a prescription for narcotic pain medicine when you are discharged from the hospital. Constipation is very common with the use of narcotic pain medicine.

It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery.

We will ask you to take a stool softener (Colace) and laxative medication (Miralax) to help prevent constipation once you are home. Please continue to take this each night until you stop your narcotic pain medication. If diarrhea occurs, please stop the laxative and stool softener medication. If you have not had a bowel movement after 2 days, take a suppository or an enema. If you are still having constipation, please call the Urology clinic to discuss with a nurse.

There are many ways to help prevent constipation and these include: drinking 6-8 cups of non-caffeinated fluids per day, walking and regular activity, and eating a high fiber diet (refer to page 36 for examples). You should limit sugary, fatty, and starchy foods.

Diarrhea may occur after surgery. These frequent, loose stools can result from a variety of reasons including certain medications and certain infections. Having diarrhea puts you at risk for dehydration or significant fluid loss. It is important to stay hydrated by drinking fluids. For ongoing or worsening diarrhea, please contact the Urology Clinic to discuss possible stool testing.

Urine Expectations

Some blood in the urine is expected for a few days after your surgery. It is important to drink plenty of fluids to keep your urine flowing and as clear as possible. You should drink 6-8 glasses of water a day.

Stents

You may go home with little tubes coming out of your stoma or within your neobladder. These are called stents. Your doctor will remove these in the clinic. You do not need to do anything to take care of them. Call your doctor immediately if they come out by accident.

Mucus Production

You may have a urostomy which is constructed from a segment of your small intestine. Because the cells lining the intestines produce mucus, you will notice mucus draining out with your urine. This is normal. It is important to drink plenty of fluids to dilute your urine to prevent urine from clogging the plug on the bottom of your ostomy pouch.

- When the pouching system is changed, the skin surrounding the stoma should be gently cleaned with plain water. If you choose to use soap for cleaning, it should be mild. We do not recommend using soaps that contain moisturizers or lotions. They can leave a residue on your skin that may interfere with the bag sticking to your skin.
- Rinse well and dry the skin before the new bag is replaced. After you apply your new pouching system, gently press to mold the skin barrier against your body for 30-60 seconds. The warmth and pressure of your hands will help form the adhesive. If your skin becomes red, irritated, sore, or your pouching system is not staying in place, call your home care nurse or call the Urology Clinic for help.

Ostomy Care

If you have an ostomy, you will be discharged with 1-2 weeks of ostomy supplies. If you have Medicare and are receiving home care services, your home health care nurse can order your supplies. Home care is responsible for providing you with ostomy supplies while you receive their services.

Urinary Diversion After Discharge

If you'vd had NEOBLADDER surgery

After your surgery, you may not be able to urinate right away. You might need catheters (tubes) to help empty your neobladder. One catheter goes into your urethra and one catheter goes into the right side of your abdomen; both work together to drain your new neobladder.

Since your neobladder was made from part of your intestine, it will make mucous. This mucous can build up if it is not flushed away regularly. Your surgeon will describe how often you will need to flush your catheter but it can range from every 4-24 hours. You will learn how to flush the catheter(s) before you leave the hospital.

Drinking plenty of water during the day and staying well hydrated can help keep your neobladder flushed. Your urine should be a pale yellow color if you are drinking enough water.

After you leave the hospital, you will have a follow-up visit at 2 weeks. It is important to flush your catheters until this follow-up visit. During this visit, you will have an X-ray of the bladder called a cystogram. A cystogram helps to evaluate if your catheter(s) can be removed.

Once your catheters are removed, you will not be able to tell when your neobladder is full right away. Your new neobladder is small and it will take time to expand in order to hold more urine. Your body will soon be able to recognize the signs that your bladder is full as it is re-learning how to empty. Until then, to prevent leaking urine, it is important to set a regular schedule to empty your new bladder regularly and completely. If you don't, it may get too full and may leak. This should be done every 3-4 hours. Before you go to sleep, you should set an alarm to wake up once or twice to empty your bladder.

In the first few weeks after your surgery, be prepared for incontinence (bladder leakage), especially at night. Use mattress pads to protect your bed. Use adult diapers and sanitary pads during the day and at night to stay dry and protect your skin. Always keep extra supplies with you - in your car, at work, and when you travel.

A urinary tract infection (UTI) can occur after your surgery. Symptoms may include cloudy, dark, bloody, or strong smelling urine. A UTI may also cause lower back pain and/or a fever.

(Remember mucus is not a sign of infection and your urine will always have bacteria in it because your neobladder is made of small intestines). You should contact your Urologist if you think you have a UTI so a urine culture can be ordered. You should not have a dipstick test because the result may not be accurate.

Your new neobladder will not work the same way as a normal bladder. You must train your muscles to put pressure on the neobladder to force the urine out. Bladder control depends on muscles working together. The bladder muscle should be relaxed when the bladder is filling and the pelvic floor muscles should be tight. The pelvic floor muscles surround the urethra (the tube that urine passes through). When they tighten they help prevent leakage. Strong pelvic floor muscles can help prevent leakage and calm the urge to pass urine.

Physical therapists can teach you specific pelvic floor exercises to strengthen your pelvic muscles and help with incontinence issues. Specifically, "Kegel" or pelvic floor muscle exercises help keep your pelvic floor muscles firm and reduce problems with leakage. It will take practice to learn how to control your pelvic floor muscles. When doing the exercises, relax your body as much as possible to concentrate on your pelvic floor muscles.

To strengthen your pelvic floor muscles, follow the steps below:

1. Squeeze your pelvic floor muscles for one second and hold. (These muscles are the ones you use to stop the flow of urine.)
2. Relax your muscles for two seconds.
3. Each time you squeeze and relax, it counts as one set.
4. Complete five sets.

When you do the exercises easily, increase to doing them 10 times per day. When that gets easy, try to squeeze and hold the muscles for three seconds and then relax the muscles for three seconds. As your pelvic muscles get stronger, you can progress to longer squeezes for about 10 seconds. Be sure to relax between squeezes so that your muscles can rest before squeezing again.

You should do these exercises in three different positions. Do 10 sets lying down, 10 sitting and 10 standing. You may want to do one set of 30 in the morning when you get up and another set of 30 at night. However, the exact time of day does not matter. It is important that you develop the habit of doing them every day. Pelvic floor muscle support usually gets better about six weeks after starting the exercises.

If you've had ILEALCONDUIT Surgery

After your surgery, you will have swelling at your stoma site. The size of your stoma will shrink as you recover and will change over the next 6-8 weeks. Be sure to check regularly to make sure your ostomy supplies still fit.

Before you leave the hospital, you will be fitted for an ostomy bag and will be given supplies to take home. Your nurse will teach you how to care for your ileal conduit.

Ostomy companies will send you samples of supplies so that you can try them out and see which ones you like best. They also have ostomy nurses that can help answer your questions. We request samples from 3 major vendors: Hollister, Coloplast, and Convatec.

Make sure your clothing is comfortable. After you heal, most people are able to wear the same clothing they wore before their surgery.

Leaks will still happen sometimes, so have a plan for what you will do in case of a leak. You might want to have a backup shirt at work or in your car. Always keep extra supplies with you - in your car, at work, and when you travel - in case you need to change your bag.

Once your stoma heals, if you notice bulging that is uncomfortable or makes it difficult to secure your ostomy appliance, speak to your urologist.

Talk to your ostomy nurse if you have issues with leakage or irritation with your bag. Maintaining your ileal conduit will become a routine part of your everyday life.

An upper urinary tract infection or kidney infection (also called Pyelonephritis) can occur. Symptoms may include strong smelling, cloudy, dark or bloody urine. You may also experience lower back pain and/or a fever. Mucus is not a sign of infection. You should contact your Urologist if you think you have an infection so a urine culture can be ordered. You should not have a dipstick test because the result may not be accurate.

Write anynotes here:

_____

_____

_____

_____

_____

_____

If you've had INDIANA POUCH Surgery

After your surgery, you will have catheters (tubes) to help empty your Indiana Pouch and allow the pouch time to heal. One catheter goes in your stoma and one catheter goes in the right side of your abdomen to drain the pouch. You will learn how to flush the catheters before you leave the hospital.

You will use saline water to flush your catheters and you will need to flush your catheters every 4-6 hours, even at night. This helps clear out any mucus and prevents the catheter from clogging. At your follow-up visit, you will have an X-ray of the bladder called a cystogram. A cystogram helps to evaluate if your catheters can be removed.

Learning to use a catheter to empty your pouch is easy and painless (the stoma channel has little to no feeling). Keep a kit with you so you can catheterize and drain the pouch whenever you need to.

The kit should contain:

- ❒ A couple of catheters
- ❒ Lubricant (K-Y gel to allow the catheter to slide easily into the pouch)
- ❒ Hand wipes
- ❒ Mini-sanitary pad (attach to your underwear over the stoma to catch any leaks)

Make a schedule to drain your pouch at specific intervals, even at night. Be patient when it is draining. In the beginning, you will drain your pouch at one or two hour intervals. The pouch must be allowed to stretch. The goal is for your pouch to hold 13-16 ounces of urine.

Drink plenty of water. The pouch produces mucus, since it used to be a piece of your intestine, and the mucus can build up. If you drink lots of water, it dilutes the mucus. When well hydrated, your urine will be pale yellow.

Leaks will still happen sometimes, so have a plan for what you will do in case of a leak. You might want to have a backup shirt at work or in your car. Always keep extra supplies with you - in your car, at work, and when you travel - in case you need to change your bag.

An upper urinary tract infection or kidney infection (also called Pyelonephritis) can occur. Symptoms may include strong smelling, cloudy, dark or bloody urine. You may also experience lower back pain and/or a fever. Mucus is not a sign of infection. You should contact your Urologist if you think you have an infection so a urine culture can be ordered. You should not have a dipstick test because the result may not be accurate.

Diet

Hydration
Many patients have trouble staying hydrated after surgery. Your doctor may arrange for you to get IV fluids 1 to 3 times a week for a month to prevent dehydration and kidney failure.

Appetite
Some patients find their appetite is less than normal after surgery. It is normal for you not to be as hungry after your surgery. It may take several weeks for your desire to eat to return. You may have a metallic taste in your mouth, have taste changes, or get full very quickly. Over time, the amount you can comfortably eat will increase.

You may find that for a few weeks following your operation you may have to make some slight adjustments to your diet. If you don't have an appetite, choose higher calorie versions and try to make the most of times when you feel hungry.

- Try eating 4-6 small meals throughout the day to reduce gas and bloating.
- You may need to drink nutrition supplements like Ensure, Boost Plus, Carnation Instant Breakfast, or Glucerna (sugar-free) until you can eat more at one time and maintain your weight. Any alternative brand works the same, as well as homemade smoothies.
- Drink plenty of fluids. Aim for at least 64oz per day - water, fruit juice, teas/coffee, and milk (regular milk is encouraged as a good source of nutrients to aid your recovery).
- Additionally, you should eat yogurt daily or take a probiotic (Lactobacillus) to promote healthy intestine bacteria.

Nutrition after Surgery
After surgery, your nutrition needs can change for several weeks. What you choose to eat and drink can affect your recovery. While healing, your body needs more protein to repair damaged tissue and wounds from surgery. It is also important to include fiber in your diet to avoid constipation. Eating nutrient-rich meals and snacks throughout the day helps to provide the vitamins and minerals your body needs to recover.

- **Protein**: Make sure you have a good source of protein with each meal. You may also need to have a snack containing protein in between meals. Protein supplements may be used if you are not able to get enough through your meals. The list below gives some examples of foods with protein:

Chicken	Eggs
Fish	Nuts & seeds
Beef	Tofu & Tempeh
Pork	Soy
Milk	Quinoa
Yogurt (Greek Yogurt)	Beans
Cheese	Peas
Cottage Cheese	Lentils

- **Fiber**: Most Americans do not get enough fiber in their diet. Fiber is important for lowering cholesterol and keeping bowel function regular. Make sure to drink more water as you slowly add more fiber to your diet. The list below gives some examples of foods with fiber.

Shredded wheat	Almonds
Bran	Squash
Oatmeal	Broccoli
Brown rice	Sweet potato
Flaxseed	Nectarines
Chia seeds	Pears
Barley	Blackberries
Beans	Prunes
Corn	Apples

- **Vitamins & Minerals**: All nutrients are important for healing after surgery. Make sure you are getting enough vitamins and minerals by eating a variety of fruits, vegetables, whole grains, legumes, nuts, seeds, dairy products, fish, poultry, and eggs each week. Your doctor will tell you if you need more specific vitamins and minerals after surgery. The list below gives some examples of specific nutrients that you may need more of.

Iron	Meats, beans, spinach, prunes, eggs
Zinc	Meats, seafood, dairy, beans
Vitamin E	Nuts, vegetable oils, milk, eggs, beef liver
Vitamin C	Citrus fruits, berries, potatoes, tomatoes, melons, peppers
Vitamin K	Green leafy vegetables, fish, liver
Vitamin D	Milk, fish, eggs, fortified cereals

This information should not replace previous diet instruction by your physician or dietitian, unless specifically stated

Returning to Normal Activities

You SHOULD:

- ☑ Plan to walk five times daily. Walking is encouraged from the day following your surgery.
- ☑ Be able to climb stairs from the time you are discharged.
- ☑ Return to hobbies and activities soon after your surgery. This will help you recover.
- ☑ Remember, it can take up to 2-3 months to fully recover. It is not unusual to be tired and need an afternoon nap 6-8 weeks following surgery. Your body is using its energy to heal your wounds on the inside and out.

You should NOT:

- ☒ Do any heavy lifting for 6 weeks. (no more than a gallon of milk = 10 lbs.).
- ☒ Perform heavy exercise or return to your exercise routine until 6 weeks following your surgery.

Driving

You may drive when you are off of narcotic medication for 24 hours and pain-free enough to react quickly. For most patients this occurs at 4 weeks following surgery. Your doctor will have to clear you before you drive.

Work

You should be able to return to work 8–12 weeks after your surgery. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a "Return to Work" form for your employer or disability papers, ask your employer to fax them to our office at 434.982.3652.

Online Resources

- American Cancer Society: www.cancer.org or 1.800.227.2345
- Bladder Cancer Network (BCAN): www.bcan.org or 1.888.908.BCAN
- United Ostomy Association of America: www.ostomy.org

Are you getting an Ileal Conduit?

Please join us for an informative class to learn more!

Wound Ostomy Continence (WOC) Nurse Service
To help prepare you for your stoma, the WOC nurse will provide education and support to you and your family. This will help you understand what to expect after surgery and learn how to care for your stoma.

- **Before Surgery**
  - Your healthcare team recommends you attend an Ostomy Class no more than 2 weeks before your surgery.
  - Our Ostomy classes are held on the 1st, 2nd & 3rd Wednesdays of each month from 11 A.M. – 12 P.M.
  - The class is located in the Digestive Health Classroom of the main hospital. During this class, the WOC nurse will mark your stoma site, which is shown to reduce ostomy-related complications. No registration is required, but you may call UVA WOC Nurses at 434.982.1017 to let us know you are going to attend.
- **After Surgery**
  - The WOC nurse will visit you throughout your hospital stay. They will help you become independent with caring for your stoma and discuss when to follow-up with your healthcare professional if you are experiencing difficulty. Remember, stoma care is a process and YOU CAN DO THIS!
- **After Discharge**
  - The UVA Ostomy Clinic, located in the West Complex, is held on Tuesday mornings and Friday afternoons for post-surgery follow up.

Please call 434.982.1017 with any questions or to schedule an appointment in clinic.

Cystectomy Surgery Pathway:

The Patient's Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

DAYS BEFORE SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	If you are on any blood thinner medications, follow any specific instructions that your nurse gave you regarding if and when to stop taking them before your surgery. If you have any questions, call your surgeon's office.	
Medications	Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery. Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.	
Actions	We recommend you have the following non-prescription medications at home before your surgery: o Tylenol (acetaminophen) 325mg tablets o Advil/Motrin (ibuprofen)200mg tablets o Colace (docusate sodium) 100mg tablets o Miralax powder or Senna and Probiotics o Fleet Enema (for morning of surgery, see page 21) o Magnesium citrate	
Actions	If you are getting an ileal conduit, we recommend that you attend our Ostomy Class no more than 2 weeks before your surgery. (See details on page 43)	
DAY BEFORE SURGERY	**ACTION**	**CHECK WHEN COMPLETE**
Medications	Make sure you have purchased a fleet enema at your local pharmacy to take the morning of surgery.	
Medications	Follow orders given to you for blood thinners and diabetes medications.	
Diet	Follow a clear liquid diet. (See details in section 1 of your handbook under Eating and Drinking the Day Before Surgery).	
Actions	On the evening before your surgery, take a shower with the soap provided to you. Use half of the bottle as instructed.	
Actions	Call 434-924-5035 if you don't receive a call by 4:30 PM with your arrival time.	

MORNING OF SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	Take any medication you were instructed to take the morning of surgery. Complete the fleet enema 30-60 minutes before you leave home.	
Actions	On the morning of your surgery, take a shower with the soap provided to you. Use the remaining half of the bottle.	
Diet	Do not eat the morning of surgery. Continue drinking water and/or Gatorade the morning of surgery. Stop at the time instructed by the phone call nurse.	
Actions	Bring your CPAP or Bi-PAP machine with you, if you use one.	
Actions	Bring an updated list of your medications.	
Actions	Bring this handbook and checklist in to the hospital with you when you check in for surgery. See the "Pre-Surgery Checklist" page in your handbook for some additional helpful items to bring with you on your day of surgery.	

AFTER SURGERY	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Get out of bed and walk as soon as possible after arriving on the floor after surgery.		
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.		
Diet	Take clear liquids as tolerated.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
POST-OPERATIVE DAY 1	**ACTION**	**CHECK WHEN COMPLETE**	**RN INITIALS**
Mobilize	Spend at least 6 hours out of bed. Plan to walk the hallways 5 times a day. State one benefit of mobility to your nurse.		
Urinary Diversion	Learn about how to care for your urinary diversion.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Diet	Tolerate liquids as part of your diet.		

POST-OPERATIVE DAY 2	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend the majority of the day out of bed. Walk 5 times in the hallway.		
Urinary Diversion	Learn about how to care for your urinary diversion. Learn how to flush catheters (tubes) and manage drains (if you have them) If you have an Indiana Pouch, learn how to use a catheter to empty your pouch. If you have an ileal conduit, learn how to manage your ostomy bag.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Wound Care	Demonstrate appropriate wound care. Identify signs and symptoms of wound infection		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		
POST-OPERATIVE DAY 3	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend the majority of the day out of bed. Walk 5 times in the hallway.		
Urinary Diversion	Learn about how to care for your urinary diversion. (details above, depending on your urinary diversion type)		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Wound Care	Demonstrate appropriate wound care. Identify signs and symptoms of wound infection		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		

POST-OPERATIVE DAY 4	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend the majority of the day out of bed. Walk 5 times in the hallway.		
Urinary Diversion	Learn about how to care for your urinary diversion. (details above, depending on your urinary diversion type)		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Wound Care	Demonstrate appropriate wound care. Identify signs and symptoms of wound infection		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		
POST-OPERATIVE DAY 5	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend the majority of the day out of bed. Walk 5 times in the hallway.		
Urinary Diversion	Learn about how to care for your urinary diversion. (details above, depending on your urinary diversion type)		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Wound Care	Demonstrate appropriate wound care. Identify signs and symptoms of wound infection		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		

OSTOMY	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Ostomy Instructions	Demonstrate understanding of how to empty and record ostomy output.		
Ostomy Return Demonstration	Demonstrate to wound nurse of bedside RN how to apply new ostomy bag.		
Ostomy Supplies	Assure that you have supplies for discharge. If you have private insurance or choose not to receive home health care services, you will be responsible for getting your supplies from a durable medical equipment (DME) company. The nurse case manager can help you find a DME that takes your insurance. You will be given a list of DME suppliers by your ostomy nurse.		
DISCHARGE	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.		
Discharge Instructions	Understand how to care for your drain(s) if you have them. Know how to measure drainage, empty the drain, and clean the drain. Understand how to flush your catheters (if you have them).		
Discharge Preparation	Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings that may have been stored in “safe keeping” during your hospital stay.		

JP DRAINAGE RECORD

DATE	TIME	AMOUNT	COMMENTS

COMPLETE THIS LOG AND BRING WITH YOU TO YOUR POSTOP VISIT