

Cystectomy Ileo Conduit Care Guide:

A checklist of what to expect

UHN

| | How to prepare for your operation as an Out Patient |
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| 1. Pre Admission Visit | <p>Toronto General Hospital 200 Elizabeth St. Preadmission Department - Ground Floor, Eaton Wing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Review the pamphlet "Cystectomy and Ileo Conduit" and this care guide. Write down any questions you may have and bring them to your preadmission appointment. <input type="checkbox"/> Bring someone with you to your appointment. <input type="checkbox"/> Bring your health card with you and any other insurance cards. You will need the policy number of your extended health insurance if you have any. <p>During the Pre-Admission visit:</p> <ul style="list-style-type: none"> • The admitting clerk will register you. • Blood work will be done. • If ordered, ECG and CXR tests will be done. • The Nurse will enter information about your health history in the computer. • The Nurse in preadmission will do a detailed assessment to help us manage your stay with us safely. • You may have an appointment with the anesthetist if ordered by your surgeon. This is arranged if you have had previous heart problems, problems with anesthetics, or any other conditions your surgeon may want reviewed. • You may have an appointment with a medical doctor to review your health history if you have had a complex medical history or any other issues your surgeon may want to discuss. • You will meet the pharmacist who will go over your medications with you. |

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Created: 02/2008

Form: D-5492 (09/2011)



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| 2. Teaching | <p>Before your surgery, nurses will go over information about activity after your surgery including: foley catheter, J/P drain, PIV, DB&C, and incentive spirometry.</p> <p>We will:</p> <ul style="list-style-type: none"> • Review information about bowel preparation with a fleet enema. • Talk with you about your choices for dealing with pain after your surgery (i.e. Epidural or PCA). • Talk to you about NO heavy lifting after surgery (nothing greater than 5 kilograms or 10 pounds) for 6 weeks. <p>You will also meet the Urology Clinical Nurse Co-ordinator who will talk to you about about what to expect at home before and after your surgery. She will:</p> <ul style="list-style-type: none"> • Review possible risk and side effects and how to manage them. This includes: <ul style="list-style-type: none"> ○ DVT, blood loss and infections ○ Possibility of erectile dysfunction and information about when to start penile rehabilitation after surgery ○ Return to work advice will depend on your situation ○ Follow up appointments ○ Plans for your discharge home after surgery • The Enteral Stomal Nurse Therapist (ET) will teach you about your new stoma and mark you for your surgery. She will also give you information about Assistive Devices Program |
| 3. Day of Surgery | <ul style="list-style-type: none"> • Arrive 2 hours before your scheduled surgery time at the Surgical Admission unit at Toronto General Hospital, 2nd floor NCSB • Prepare for surgery • If you have chosen an epidural for pain management, this will be placed before the surgery • Surgery • Post Anesthetic Care Unit / Recovery room • Transfer to nursing unit 6A West <p>Your Surgeon and the surgical team will follow your progress everyday while you are in hospital.</p> |



| Recovery and Follow-up | What to Expect as an In Patient |
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| <p>4. Post Op: day 1</p> | <p>You will have:</p> <ul style="list-style-type: none"> • Blood work everyday for about 2 or 3 days after surgery. • A peripheral intravenous (PIV) for 3 to 5 days until you are drinking well. Then it may be capped off for a few days until we are sure you are drinking and eating well. It will then be discontinued. • A central line (CL - an intravenous in your neck) for 2 or 3 days. • A nasogastric tube (NG) for 1 or 2 days. • A foley catheter for 2 or 3 days. (The catheter acts as a drain.) • A Jackson Pratt (JP) drain in the lower part of your abdomen for 2 or 3 days • A drainage bag over your stoma. • Ureteric stents in your stoma which may be removed before you are discharged home. They may stay longer if you had chemotherapy or radiation. • For women: you may have vaginal packing which is usually removed in 1 or 2 days. <p>Your nurse will monitor and assess you on a regular basis.</p> <p>They will:</p> <ul style="list-style-type: none"> • Encourage deep breathing and coughing exercises and use of incentive spirometry every hour while you are awake. • Encourage range of motion exercises to keep circulation moving in your legs. • Check your pulse and blood pressure on a regular basis while you are in hospital. • Checking your pain status on a regular basis to make sure you are comfortable. • Monitor your urine flow. • Check your incision. • Check for bowel sounds to see when you can start drinking and eating. • Check regularly on your pain score to make sure you are comfortable. • Reinforce teaching everyday. |

| Recovery and Follow-up | In Patient and Follow-Up |
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| <p>5. Post op: Days 1 - 6</p> | <ul style="list-style-type: none"> • First Day after your operation: you may be allowed sips of water. You can have clear fluids once you are passing gas. If you handle your diet well, we can give you solid food 3 or 4 days after your operation. • The nurse will help you to walk on the morning after your surgery. This is very important because it helps to clear your lungs and increases your blood circulation. Slowly you will be able to walk by yourself. • You will have blood work done for 2 or 3 days. • We will remove your PIV when you are drinking well (usually 3 to 5 days after surgery) and CL will be removed when you are drinking well (usually 2 or 3 days after surgery) • We will stop your Epidural or PCA when you are drinking well and passing gas after surgery. We will order pain medication for you that may be taken by mouth. • You will start on stool softeners when you start eating and drinking. • Your incision will be left open to air on the second day after your operation. • We will teach you how to start looking after your stoma and change your new appliance (drainage bag) and how to empty you new appliance. • The ET nurse will follow up and keep teaching you until you leave the hospital. |
| <p>6. Discharge Planning</p> | <p>Here are the things we will review with you when you are ready to go home from hospital:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Discharge teaching checklist <input type="checkbox"/> Activity level <input type="checkbox"/> What you can eat and drink <input type="checkbox"/> Caring for you incision and stoma <input type="checkbox"/> Lifting and straining limitations. <input type="checkbox"/> Watching for signs and symptoms of: <ul style="list-style-type: none"> ○ infection ○ skin breakdown ○ stoma healing <input type="checkbox"/> Making sure you have home care supplies <input type="checkbox"/> Filling out your ADP forms. <input type="checkbox"/> Activity progresses to regular walking (2-3 walks outside or using the treadmill) <input type="checkbox"/> Feeling of fatigue improves <input type="checkbox"/> Follow-up appointment in the Cystoscopy department |



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| 7. Cystoscopy Appointment | <ul style="list-style-type: none"> • Your follow up appointment will be after about 14 days in the Cystoscopy department located on the 2nd floor, NCSB, Toronto General Hospital • The nurses in Cystoscopy will reinforce teaching at this appointment |
| 8. GU Clinic at PMH 4th Floor | <ul style="list-style-type: none"> • Your test results will be reviewed with you during this appointment. • If you are sexually active and want to start the penile rehabilitation, we will give you a prescription for ED medication. |