

Having Cystectomy and Ileo Conduit



UHN

Information for patients preparing for their operation

In this pamphlet, you will learn about:

- What happens before, during, and after these operations
- How to prepare and what to expect
- How to take care of yourself in hospital and at home
- What to watch for
- How to book your follow-up appointment

What is a Cystectomy?

A Cystectomy is an operation in which the entire bladder is removed.

For men, we may also remove your prostate and seminal vesicles.

For women, we may also remove your ovaries, fallopian tubes, uterus, cervix, and a part of the front of your vagina.

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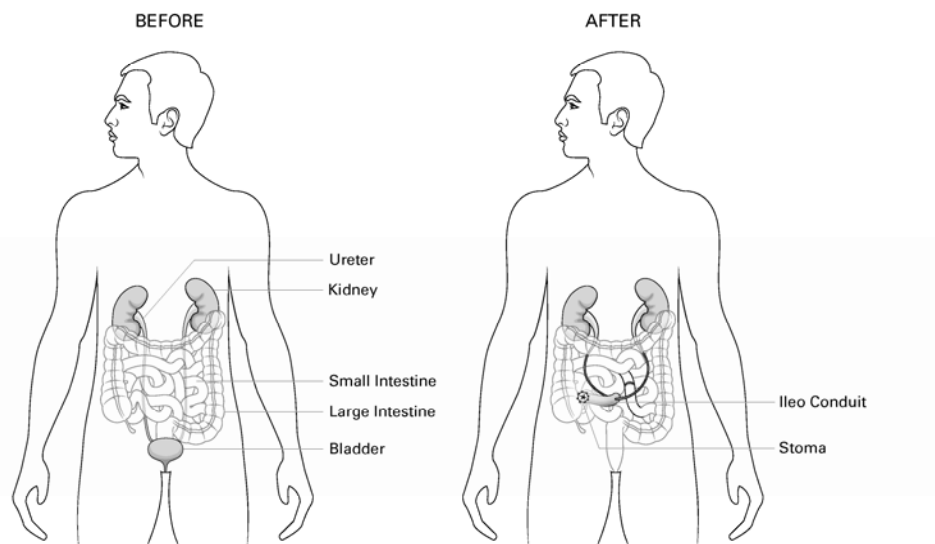


What is an Ileo Conduit?

In this operation, we create a passageway for urine to flow out of an opening on the skin of your abdomen (right side near your belly button area). The urine flows into a pouch.

Ureters are the tubes that carry urine from your kidneys into your bladder. When you have an ileo conduit, we connect your ureters to your bowel. Then we bring part of your bowel up to an opening on the surface of your abdomen. This new conduit for your urine is called a **stoma**.

Now the urine will flow from your ureters, through the stoma, and into a pouch on the outside of your abdomen. Urine is collected in a drainage bag and emptied regularly.



What happens before your operation?

- You will have an appointment in the preadmission department, located at the Toronto General Hospital 200 Elizabeth Street, Ground Floor Eaton Wing.
- We will test your blood, do an ECG (electrocardiogram) and/or a chest x-ray to prepare you for the operation.
- You will meet with an enterostomal nurse (a nurse who specializes in patients with stomas). The nurse will mark the

place for your stoma on the right side of your lower abdomen. The nurse will also talk to you about the supplies you will need after the operation.

- You might also see an anesthetist during this appointment.
- You will meet the Preadmission Nurse who will conduct an in depth interview and assessment to help us manage you safely.
- We will teach you how to do deep breathing and coughing exercises and a special exercise called Incentive Spirometry. Doing these exercises after your operation will help get air into your lungs and lower your chances of getting pneumonia.
- You will meet the Urology Clinical coordinator who works with the urologists and can answer most of your questions about the surgery.
- You might also see a medical doctor during this appointment.

What to do the day before your operation

You need to have a clean bowel that is clear of stool before your operation.

- The day before your operation, drink only clear fluids (liquids that you can see through such as apple juice, cranberry juice, ginger ale, jello, clear broth or tea).
- Give yourself the enema the evening before your surgery, usually around 6 pm or 7 pm.
- After midnight the night before your operation, DO NOT eat or drink anything. Your stomach has to be empty for the operation.

What to do the morning of your operation

- Go to the Surgical Admission Unit at Toronto General Hospital 2nd floor NCSB **2 hours** before your operation.
- A nurse will prepare you for surgery.
- We will give you an intravenous (IV). This is a small needle that we put in a vein in your arm. We use it to give you 1 or all of the following:
 - Fluids
 - Antibiotics
 - Pain medication
- If you choose to have an epidural to manage your pain, this is started before your surgery.

What to expect after your operation

You will wake up in the Post Anesthetic Care Unit (PACU). Once you are stable, we will take you back to the Nursing floor.

When you wake up, you will be attached to some tubes:

- **IV**
- **Central Line (CL)** – This tube is like an IV but it goes in your neck. It measures the blood pressure in the veins near your heart. We take this tube out while you are still in the recovery room or the day after your operation, when you are in the Nursing Unit.
- **Jackson Pratt (JP)** – The JP is a drain that we put in your abdomen (stomach area) to drain any extra fluid that you have there after your operation. We usually take it out in 1 to 3 days, when the drainage decreases.
- **Oxygen** – We usually give oxygen while you are still in the PACU. We use either nasal prongs or a clear plastic mask.
- **Nasogastric Tube (NG)** – This tube goes from your nose into your stomach and is used to drain what is inside your stomach. The tube is needed while your bowels are recovering from the operation. We take the tube out when you can pass gas.
- **Stent** – This is a tiny catheter (tube) that goes from your kidney to the pouch on the outside of your abdomen. It keeps your urine flowing freely while you are healing.
- **Staples** – You will have staples instead of stitches along the incision line (where we cut you). These staples are usually taken out 1 week after the operation.

How you will feel after your operation

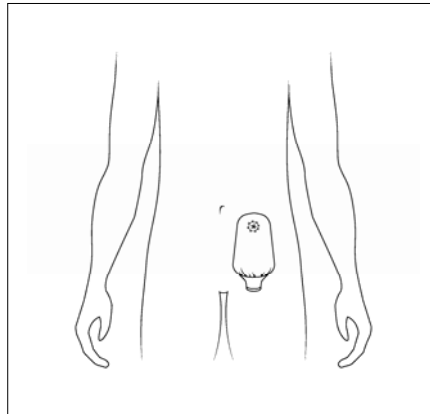
- We will help you to control your pain with medication. We will give you either
- Patient Controlled Anesthesia (PCA - this is a pump that you control yourself), **OR**
- Epidural (a needle that is put into your spine to give you medication). We have information pamphlets on these types of pain relief.
- A few days after your operation, you may have gas pain. The best thing to do is walk.
- You might have an upset stomach because of the drugs we give you for pain relief. We will give you medication for this nausea.

How to take care of yourself right after the operation

- The first day after your operation, start walking. The nurse will help you.
- Start some deep breathing and coughing exercises. You should also use the Incentive Spirometry, an exercise that the nurse will show you how to do.
- Wiggle your toes while you are in bed. This will help keep the blood flowing to your legs.

What to do before you go home

- While you are in the hospital, the enterostomal nurse will see you regularly. The nurse will go over how to care for your new stoma and how to change your new pouch.
- We will arrange for a nurse to visit you at home to continue this teaching. (This is arranged through a CCAC – Community Care Access Centre.)



How long you will stay in the hospital

You can usually go home in 5 to 7 days.

How to take care of yourself when you go home

- DO NOT lift anything heavier than 5 kilograms or 10 pounds for 6 weeks after your operation.
- Keep your bowels regular and prevent constipation by:
 - Eating foods that are high in bulk (for example bran, fruits, and vegetables). This will help to keep your bowels regular and prevent constipation.
 - Drinking lots of fluids.
 - Using mild laxatives like Metamucil, Prodiol, or Milk of Magnesia if you need them. You can buy them at a pharmacy without a prescription.
- You can go back to your regular activities when you feel able to.
Remember: you will get tired easily.
- Depending on your operation, your sexual function may be affected. Talk to your doctor for more information.



Your follow up appointment

You will have an appointment made for you in the Cystoscopy department, 2nd Floor NCSB.

Remember:

Bring a change of appliance with you, as the department does not have the appropriate appliances available.

Please Call your doctor or the 6A West Nursing station if:

- your temperature goes higher than 38° C and/or you feel chills
- your stoma seems to be shrinking into your skin, or sticking out, or breaking away from your skin
- you have redness or pain where your incision is
- you feel increasing or sudden pain or pressure in your abdomen, with or without back pain
- you have leakage from your incision area
- you have increased bleeding in your urine

Important:

- Go to your nearest emergency department if you have pain, redness, or swelling in your calf or leg.

How to contact us

6A West	416-340-3880
Urology Nurse Coordinator Leah Jamnicky	416-340-4666
Enterostomal Nurse	416-340-4399

Doctors' Office Numbers

Dr. Finelli	416-946-2851
Dr. Fleshner	416-946-2989
Dr. Jewett	416-946-2909
Dr. Robinette	416-340-3855
Dr. Trachtenberg	416-946-2100
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Dr. Zlotta	416-586-3910

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