

Cystectomy Neo Bladder Care Guide:

A checklist of what to expect



UHN

How to prepare for your operation as an Out Patient	
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 Neo Bladder" 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 is done. • If ordered, an ECG and CXR will be done. • The Nurse will enter your health history information 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 history of complex medical issues or any other issues your surgeon may want addressed.

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How to prepare for your operation as an Out Patient	
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, ureteric stents, suprapubic and incentive spirometry.</p> <p>We will:</p> <ul style="list-style-type: none"> • Review information about bowel preparation with a laxative. • 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 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, infections, blockage of neo bladder ○ Possibility of erectile dysfunction and information about when to start penile rehabilitation after surgery ○ Return to work advice will depend on your situation ○ How to take care of and manage the drainage tubes when you go home ○ Follow-up appointments ○ Your commitment about how to manage neo bladder ○ Plans for your discharge home after surgery ○ Information on Pharmanac <p>Where to buy Pharmanac:</p> <p>Pharmanac is available at TGH Pharmacy Department located on the 1st floor of the Norman Urquart Wing in the New Clinical Services Building (just off of University Avenue).</p> <ul style="list-style-type: none"> • You will also meet the Enteral Stomal NurseTherapist (ET) who will mark you in case the neo bladder cannot be created.
3. Day of Surgery	<ul style="list-style-type: none"> • Arrive 2 hours <u>before</u> your scheduled surgery time at the Surgical Admission unit - 2nd floor NCSB • Prepare for surgery • Surgery • Wake up in 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 the hospital.</p>

Recovery and Follow-up	What to expect as an In Patient
<p>4. Post Op: day 1</p>	<p>You will have:</p> <ul style="list-style-type: none"> • Blood work everyday for about 2 to 3 days after your 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. Then it will 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 that is removed in the cystoscopy department about 2 weeks after you are discharged home. • A Suprapubic catheter (SP) that is removed about 1 week after the catheter is removed in the Cystoscopy department. • A Jackson Pratt (JP) drain in the lower part of your abdomen for 2 or 3 days. • Ureteric stents in your new bladder 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 regularly while you are in hospital • 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	What to Expect as an In Patient
<p>5. Post op: Days 1 - 6</p>	<ul style="list-style-type: none"> • First day after your operation: you may be allowed to take 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 walk on the morning after surgery. This is very important as 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 3 days and as needed. • 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 are eating and drinking. • Your incision will be left open to air on the second day after your operation. • We will teach you how to irrigate the foley catheter and Suprapubic catheter to flush out any mucus.
<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"/> How to take care of your incision <input type="checkbox"/> Irrigating your foley catheter and suprapubic catheter. <input type="checkbox"/> Lifting and straining limitations. <input type="checkbox"/> Watching for signs and symptoms of: <ul style="list-style-type: none"> ○ infection ○ kidney infection ○ skin breakdown ○ blocked neo bladder <input type="checkbox"/> Making sure you have home care supplies. <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 in about 14 days in the Cystoscopy dept. located - 2nd floor NCSB. <input type="checkbox"/> 2nd follow up in Cystoscopy dept. 1 week after foley catheter is removed. <input type="checkbox"/> Making sure you have bought Pharmanac before you leave the hospital for home.

Recovery and Follow-up	What to Expect as an In Patient
7. Cystoscopy Appointment	<ul style="list-style-type: none"> • Your follow-up appointment will be in the Cystoscopy department, located on the 2nd floor NCSB at Toronto General Hospital. • The nurses in Cystoscopy will reinforce teaching at this appointment. <p>During your first appointment:</p> <ul style="list-style-type: none"> • Your catheter will be removed. • You will be taught the "Valsalva" technique, to empty neo bladder. We will go over a regular schedule. • We will give you instruction sheets. <p>During your second appointment:</p> <ul style="list-style-type: none"> • Your suprapubic catheter is removed. • We will teach you how to catheterize your new bladder. This is done 1 to 2 times a day depending on the amount of mucous you have. • Nurses will reinforce teaching.
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.