



Radical Cystectomy & Continent Diversion Care Guide: What to Expect

UHN

Patient Education
Improving Health Through Education

	Out Patient Preparation
1. Pre Admission Visit	<ul style="list-style-type: none"> • The Preadmission Department is located on the Ground Floor, Eaton Wing, Toronto General Hospital at 200 Elizabeth St. • Please review the pamphlet "Cystectomy and Continent Diversion" and this care guide. Write down any questions you may have and bring them with you to your preadmission appointment. • Please bring someone with you to your appointment. • If you have had any previous tests or have seen a specialist (for example a cardiologist for your heart) please bring copies of their reports with you. • Make sure that you bring your health card and any other insurance cards with you. You will need the policy number of your extended health insurance if you have one. • The admitting clerk will register you. • Blood work is done. • If ordered, ECG and CXR will be done. • The Nurse will enter your health history information in the computer. • The nurse in preadmission will give you an in depth assessment to help us manage your stay safely and effectively. • You may have an appointment with the anesthetist if ordered by your surgeon. We will arrange this 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 had a history of complex medical issues or any other issues your surgeon may want to address.

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Author: Leah Jamnicky

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University Health Network
Toronto General Hospital | Toronto Western Hospital | Princess Margaret Hospital

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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> <ul style="list-style-type: none"> • We will review information about the bowel preparation with a laxative. • We will talk with you about your choices for dealing with pain after your surgery (ie. Epidural/ PCA) • No heavy lifting after surgery - nothing greater 5kg or 10 lbs for 6 weeks. An example of this would be a bag of groceries. • You will meet the Urology Clinical Nurse Co-ordinator who will talk to you about the surgery. • She will give you information about your surgery with instructions to follow at home before and after surgery. • She will also review the possible risks and side effects as well as how to deal with them. This may include : <ul style="list-style-type: none"> ○ DVT, blood loss, infections and blockage of continent diversion ○ For men, the possibility of erectile dysfunction and information about when to start penile rehabilitation after surgery. ○ Return to work recommendations will depend on your situation. ○ The process of looking after and managing the drainage tubes when you go home. ○ Follow up appointments ○ Your commitment to managing your continent diversion ○ Plans for your return home after surgery. <p>You will also meet the Enteral Stomal Nurse Therapist (ET) who will mark you for continent diversion stoma. She will also follow up with you on the nursing unit after your operation.</p>
3. Day of Surgery	<ul style="list-style-type: none"> • Arrive 2 hours before your scheduled surgery time at the Surgical Admission unit 2nd floor NCSB • Prepare for surgery, start PIV, shave will be done, IV AB given, heparin given and Mucomyst to help decrease mucous • Surgery • Wake up in Post Anesthetic Care Unit / Recovery room • Transfer to nursing unit 6A West <p>Your Surgeon and surgical team will follow your progress everyday while you are in hospital.</p>



Recovery and Follow-up	In Patient and Follow-Up
<p>4. Post op: Day 1</p>	<ul style="list-style-type: none"> • You will have blood work done everyday for about 2 to 3 days after surgery. • You will have 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. Once we are sure it will be stopped. • You may have a central line (CL, intravenous) in your neck for 2 to 3 days. • You may have a nasogastric tube (NG) for 1 to 2 days. • You will have a foley catheter. This is used as a drain and removed 2 to 4 days after your surgery. • You will have a Suprapubic catheter (SP). This is removed about 2 weeks after your surgery. You will also have a Jackson Pratt (JP) drain in the lower part of your abdomen for 2 to 3 days. • You will have ureteric stents through your continent diversion leaving from the stoma. They may stay longer if you had chemotherapy or radiation in the past. • If you are female, you will have vaginal packing, which is usually removed in 1 to 2 days. <p>Your nurse(s) will watch and assess you regularly. 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 you to do range of motion exercises to keep circulation moving in your legs. ○ Check how much pain you are feeling to make sure you are comfortable. ○ Check your pulse and blood pressure regularly. ○ Monitor your urine flow. ○ Check your incision (cut). ○ Check for bowel sounds to see when you can start drinking and eating. <p>Nurses will go over teaching with you everyday.</p>

Recovery and Follow-up	In Patient and Follow-Up
<p>5. Post op: Days 1 - 6</p>	<ul style="list-style-type: none"> • On the first day after your surgery, you may be allowed to take sips of water; your diet is advanced to clear fluids when passing gas and if you handle your diet well, we can increase you to a regular diet with solid foods on the 3rd or 4th day. • A nurse will help you walk on the morning after surgery. This is very important because it helps to clear your lungs and increase your circulation. Slowly you will progress to walking by yourself. • You will have blood tests done everyday for 3 days. • We will remove your PIV and CL when you are drinking well (usually 3 to 4 days after surgery). • Your Epidural / PCA will be stopped 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 be started on stool softners when you are eating and drinking. • Your incision is left open to air on the second day after your surgery. • You will be taught how to irrigate the catheter to flush out mucous. We will give you a time schedule and information sheets that explain how to do this.

Recovery and Follow-up	In Patient and Follow-Up
6. Discharge Planning	<p>A discharge teaching checklist will be reviewed with you before you leave the hospital which includes:</p> <ul style="list-style-type: none"> • Increasing activity as you can tolerate it • Diet as tolerated and increasing the fluid you drink • How to care for your incision • Irrigating the foley catheter and suprapubic catheter • Lifting and straining limitations • Reinforcing the signs and symptoms of: <ul style="list-style-type: none"> ○ infection ○ skin breakdown ○ kidney infection and ○ blocked continent diversion ○ DVT (blood clot) • Making sure you have home care supplies • Progressing your activities to regular walking (2 to 3 walks outside or you may use a treadmill) • Improving the feeling of fatigue • Your follow up appointment will be in about 14 days in the Cystoscopy department located on the 2nd floor, NCSB • You will get prescriptions for pain medication, stool softners and Pharmanac to decrease mucous. Pharmanac is a vitamin that is carried at the 3 UHN hospital pharmacies.
7. Cystoscopy Appointment	<ul style="list-style-type: none"> • Cystoscopy Department is located 2nd floor NCSB, Toronto General Hospital • The nurses in Cystoscopy will go over teaching at this appointment. • You will be taught how to catheterize your new continent diversion. This is done every 2 to 3 hours to drain the urine. • Irrigation of the continent diversion is done 1 or 2 times a day until the mucous starts to decrease. The nurses will go over this. <p>Continue to take Pharmanac for 6-9 months after your operation.</p>
8. GU Clinic at PMH 4th floor	<ul style="list-style-type: none"> • Your Pathology results will be reviewed with you during this appointment. • If you are having sex and wanting to start the penile rehabilitation, we will give you a prescription for ED medication.

