

Cystectomy, Ileal Conduit

Throughout your treatment, you will follow a specific plan of care for your diagnosis. The following information provides an overview of your care path. Although this material covers standard procedures, each patient receives individualized care. Please talk with your health care team if you have questions.

About Your Surgery

Your doctor recommends that you have your bladder removed. The bladder is a hollow organ in the pelvis that collects urine from the kidneys and stores it until it is full enough to empty. If the bladder is completely removed, your doctor will create a diversion, which changes the path of the urine.

The most common method to create a diversion is to form an ileal conduit. During an ileal conduit (or urostomy) surgery – a portion of the small intestine, called the ileum, is surgically removed and used as a passageway between the two ureters to carry urine away from the kidneys and out through the stoma. The opening, or stoma, that the surgeon creates will help drain urine from the kidneys into a changeable, watertight bag, which is attached to the side of your abdomen.

The stoma is usually round or oval and shiny, wet and red in color, similar to the inside of your mouth. After surgery, the stoma will be swollen. Because there are no nerve endings, it should not be painful. The stoma will gradually shrink in size over a few months.

Taking the place of your bladder, the bag – called an ostomy appliance – will fill up with urine. Through a small tap attached to the bottom of the bag, you will need to empty the bag regularly.

Depending on your particular treatment, other organs may also be removed at the time of surgery. If you are female, this may include your ovaries, uterus and/or a portion of the vagina. If you are male, your prostate will be removed. Talk to your doctor for specific information about your case.

Your Health Care Team

Many different health care specialists will take care of you during your treatment. Your team may include several doctors and nurses, your care partner and others. You may also have a nurse on your team who is a Wound Ostomy Care Nurse (or WOCN). WOCNs are registered nurses

who have special training in caring for patients with a urostomy. Your WOCN will provide care before and after your surgery.

Preparing for Surgery

Your doctor may request a number of tests and laboratory studies before your procedure. Some of these tests may include the following:

Electrocardiogram (ECG) – a test that records electrical activity of the heart.

CXR – a chest X-ray for the purpose of ensuring that the lungs are clear.

Urinalysis – a test that checks for disease in the urinary tract.

Metabolic Panel– blood tests to check your kidney function and electrolytes.

Complete Blood Cell Count (CBC) – test that shows how many red blood cells, white blood cells and platelets are in a sample of your blood.

PT and PTT – blood tests that check how well your blood clots.

Type and Screen – blood tests to determine blood type and to screen for the presence of disease transmitted through the blood supply.



Stop smoking at least **two weeks before your procedure**. Smoking is associated with an increased risk of bladder and kidney cancers. Programs are available to help you and/or your loved ones to stop smoking. For more information, ask your doctor or nurse.

Consultations

Depending upon your test results and your general health, your doctor may request consultations or clearances from other services such as the Pulmonary (lung) and Cardiology (heart) departments.

Teaching

You and your care partner will receive information about how to prepare for your procedure and how to care for yourself afterward. Review the Enhanced Recovery After Surgery (ERAS) Strong Start and Strong Finish guidelines.

Medicines

Aspirin, aspirin products and blood thinners (such as Coumadin®, Plavix® and Lovenox®) will need to be stopped before surgery. Clearance will be obtained from your prescribing doctor. Also, be sure to tell your doctor and anesthesiologist about all other drugs you are taking, including over-the-counter medicines, vitamins and herbal supplements.

Bowel Preparation before Surgery

Since this surgery requires resection of the bowel, you will be given instructions for a complete bowel prep that will be started the day before surgery.

Your doctor may recommend a laxative such as Miralax or GoLytely® 24 before surgery. This will help clean out your bowels and make surgery safer for you. If you are unable to take either of these products or a generic version, please discuss this with your doctor or nurse. He or she may recommend an alternative.

Begin drinking Miralax when directed to do so by your doctor or nurse, following the instructions on the separate handout. You can refrigerate Miralax, but **do not** add ice to it. Stay close to toilet facilities, as you will experience loose stools for several hours after drinking the laxative. You should be able to drink an 8-ounce glass of Miralax every 15-30 minutes. The entire amount usually takes four to six hours to drink.

Possible Side Effects

Miralax can cause nausea and/or vomiting. If this occurs, stop taking the drink until your symptoms disappear. You can also drink other liquids at the same time for a change in taste.

Vomiting is **not** a common side effect. However, if you do vomit, contact a member of your health care team, because your surgery cannot be performed without cleansing the bowels.

If you do not pass clear stool after finishing the laxative, you should inform your health care team.

You will also take antibiotics on the day before surgery. The prescriptions will be sent to your pharmacy or provided in paper form.

The night before your surgery, you may brush your teeth and rinse your mouth with mouthwash, but you should avoid swallowing water or mouthwash. This will help prevent possible complications while you are under anesthesia.

Bowel Management

You should expect to have changes in your bowel movements after your surgery. A member of your health care team will speak to you about these changes. If you have questions, ask a member of your health care team.

Going Home

You will be in the hospital about 7-10 days. Usually, you will be ready to leave the hospital when:

- You do not have a fever.
- Your vital signs are stable and within your normal range.
- Your lungs are free of complications.
- Your incision is clean, intact and infection-free.
- You are eating a regular diet.
- You are passing gas or have had a bowel movement.
- You show an activity level appropriate for your condition, such as walking and sitting.
- You learn how to take care of your incision and ostomy.
- You understand instructions for taking prescriptions and other medicines at home.
- Your pain is under control.
- Your doctor feels you are ready

Home Care

When you go home, be sure to inspect your incision site daily. Report any of the following signs and symptoms to your doctor:

- Swelling
- Increased redness or heat
- Separation of the skin
- Increased drainage containing pus
- A bad odor
- Increased pain or tenderness
- Temperature of 101°F (38.3°C) or higher
- Nausea or vomiting
- Dark or foul-smelling urine
- Flank pain (The flank is the fleshy part of the back on the side between the ribs and the hip.)

- Problems with your stoma or ostomy appliance, particularly inflammation or pain.

If your incisions were closed with “glue” it will gradually come off with showering. If you have adhesive strips, they will gradually fall off and do not need to be replaced. When you take a shower, place soap and water **above** the incision and allow it to run down over the incision. Then rinse and pat dry. The edges of your incision may be slightly red. If redness extends beyond the incision line, contact your doctor. You may notice a very small amount of fluid from the incision. If you have a large amount of red or brown fluid, contact your doctor.

Activities of Daily Living

- Try to get up and walk at least four to five times per day. This helps to prevent blood clots in the legs. You may walk up and down stairs.
- If you have pain in your calves, do not rub them. Instead, contact your doctor or nurse for instructions.
- Avoid lifting anything heavier than 5 to 10 pounds (2.25 to 4.5 kg) for six weeks after surgery.
- Your doctor will instruct you as to when you can to drive again. Do not drive until after you have stopped taking pain medicine. Riding in a car after surgery is okay. However, during long rides, stop every hour and take a short walk.

Diet

- Drink eight 8-ounce glasses of a variety of fluids each day. Eat a well-balanced diet with adequate amounts of protein to promote tissue repair.
- After you have stopped taking pain medicine, you may occasionally have an alcoholic drink.
- Increase your intake of dietary fiber by eating oat bran, barley, beans, fruits and vegetables. This will help prevent constipation.
- You may go home with a stool softener. If your stools are hard or you become constipated, speak with your nurse or doctor.

Home Medications

Please review the medication list you received before leaving the hospital. Some medications that you took before surgery may have been altered for your recovery period. It is important to bring an updated medication list to each appointment that you have.

To decrease the risk of blood clots, you will be given a prescription for a blood thinning injection called Lovenox. You will use this for a total of 28 days, including the time you

Patient Education



were in the hospital. If you are on other blood thinners your surgeon may have a different plan for you (you may resume them instead of using the injections). You will be taught how to self-administer

Sexual Activity

You may resume sexual activity six weeks after surgery, however you may notice a change in your sexual ability and desire after surgery. Your doctor can suggest specific medicine and treatments to help. You may wish to try new approaches.

Follow-up Care

Your follow-up visit will be about 10- 14 days after surgery. Stents will be removed and pathology will be reviewed with your provider.

Emergency Center

In case of any emergency, call 911 or go to the nearest emergency center. *For non-emergencies during business hours, call our triage line at 904-202-7300 option 3.*

Resources

American Cancer Society

800-227-2345

www.cancer.org

The American Cancer Society (ACS) is a voluntary national health organization with local offices around the country. The ACS supports research, provides information about cancer, and offers many programs and services to patients and their families.

Cancer Information Service

800-422-6237

<http://cis.nci.nih.gov>

The Cancer Information Service (CIS) is a program of the National Cancer Institute (NCI). People who call the CIS speak with highly trained and caring information specialists who can answer questions about cancer screening tests, risks, symptoms, how cancer is diagnosed, the latest treatments and support organizations.

Patient Education



United Ostomy Associations of America

A volunteer-based health organization dedicated to providing education, information, support, and advocacy for people who have had or will have intestinal or urinary diversions.

www.uoaa.org

Bladder Cancer Advocacy Network

A national organization with information for patients, family, and providers regarding bladder cancer. Provides ways to connect with other bladder cancer survivors.

www.bcan.org

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