

BMDA 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.

Pulmonary Function Tests (PFT) – tests that check the health of the lungs and can detect any changes or

abnormality.

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

BUN and creatinine – blood tests to check your kidney function.

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.

Electrolytes – blood test to measure potassium, sodium, chloride and carbon dioxide in your body.

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 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.

Medicines

Stop taking aspirin, aspirin products and blood thinners (such as Coumadin[®], Plavix[®] and Lovenox[®]) 10 days before your surgery unless otherwise instructed. 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.

About Anesthesia

You will also see an anesthesiologist, a doctor who has special training in helping patients either sleep or experience a partial loss of feeling during surgery. This doctor will talk to you about

general anesthesia. General anesthesia is a drug-induced state that will affect your entire body causing you to sleep during surgery. You may receive a general anesthetic by inhaling it through a mask or tube, and you may receive it through a vein.

Your anesthesiologist may allow you to take your regular medicines with a small amount of water on the day of surgery. If you have questions about medicines, ask a member of your health care team.

Eating the Night before Surgery

Do not eat or drink anything after midnight 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.

Packing

Bring the following items with you to the hospital:

- This educational material
- Basic toiletries, such as comb, toothbrush and toothpaste
- Slippers and a robe
- Loose, comfortable clothing to wear when you go home.

Do not bring credit cards, money or jewelry. If you do bring valuables, ask family or friends to keep them until you return to your hospital room after surgery. The hospital cannot be responsible for lost or stolen valuables.

Bowel Preparation

Your doctor may recommend a laxative such as a Miralax and Gatorade mixture 24 - 48 hours 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 the Miralax and Gatorade mixture when directed to do so by your doctor or nurse. You can refrigerate the Miralax mixture, but **do not** add ice to it. Begin taking the drink at 3:00pm in the afternoon. 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

The laxative solution 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.

If you start to vomit the **entire** drink, call your doctor. He or she may suggest a different method to prepare your bowels. 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.

Skin Prep

Before your procedure, you will be washed with a solution called Hibacenz (chlorhexadine) If you begin to itch or develop a rash after the skin prep, tell your nurse. You may wash off the Hibacenz as soon after your surgery as you are able.

Day of Surgery

Report to the hospital as instructed. You will be assigned to your room after your surgery.

Before Going to the Operating Room

- **Do not** wear anything that can come off during surgery, such as dentures or plates, eyeglasses or contact lenses, jewelry, wigs or any removable prosthesis, such as an artificial eye or leg.
- Empty your bladder.
- Put on a hospital gown. It is the only thing you may wear in the operating room.
- An IV will be placed in a vein in your neck, arm, wrist or hand. An IV is a small tube that gives you medicine and fluids through your veins.
- While you are waiting, you may receive medicine to help you relax. You will be helped onto a stretcher and taken to the operating room.

In the Operating Room

- Most likely, you will receive an anesthetic that will make you sleep.
- The lower part of your body, including your abdomen, thighs and genital area, will be cleansed and prepared for surgery.
- A staff member will put a blood pressure cuff on your arm that constantly monitors your blood pressure.

News of Your Progress

Ask your family and friends to wait for your doctor in the specified surgery waiting room. Your doctor will talk with them as soon as your surgery is completed.

Recovery After Surgery

You will wake up in either a recovery area or the ICU (Intensive Care Unit). The Recovery area is an area close to the operating room to which surgery patients are taken while asleep and where they are monitored before being taken to their regular rooms. If your surgery takes a long time, you may wake up in the ICU. Most patients are assigned to a hospital room the next morning.

Because a protective lubricant is put in your eyes while you are in the operating room, you may not see clearly when you first wake up. Once you are well awake, the breathing tube in your throat will be removed so you will be able to talk. You may have a sore throat for a day or two, and your mouth will probably feel dry. You may be given small amounts of ice chips to rinse your mouth after the tube is removed. **Do not** swallow any fluids, including melted ice chips and water, until your doctor says you can.

You will have a central venous catheter (CVC) or an internal jugular catheter placed into a vein during surgery. These are long, flexible tubes through which you receive fluids (also called IVs). A CVC goes into a large vein under your collarbone. An internal jugular catheter goes into the jugular vein in the neck. The IV will remain in place until you are able to take enough fluids by mouth.

You will also have stitches (sutures) or metal clips (staples) to hold the edges of your incision together. Your nurse will check your incision regularly to make sure there is no bleeding. Although some of your

stitches will dissolve, other stitches and all metal staples will be removed seven to 10 days after surgery.

When you wake up after surgery, your ostomy appliance will already be in place. You will also breathe in oxygen through tubes in your nose. You may also have:

Nasogastric (NG) tube - a thin tube that goes from the nose to the stomach. It removes fluids from the stomach by suction and prevents nausea and vomiting.

Pulse oximeter - a device placed on your finger that monitors the oxygen concentration in your blood.

Abdominal drain - a device that drains fluid from the abdomen. **Pelvic drains** - a device that drains fluid from the pelvis.

Ureteral stent - a thin tube that goes from the kidney through the ureters to the stoma, to temporarily drain urine while you are healing.

Breathing and Coughing Exercises

You will learn how to perform deep breathing and coughing exercises using an incentive spirometer (a machine that measures the amount of air inhaled and exhaled). These exercises will help prevent complications, such as pneumonia, that may occur after surgery.

Your doctor or nurse will tell you how often to do these exercises and give you specific instructions. For more information, see your copy of “Breathing Exercise Using the Incentive Spirometer.”

It will be helpful to practice the coughing exercises before surgery. Your nurse will show you how splinting – using pillows to support your abdomen when you cough – can make coughing easier.

Pain Management

You will receive medicine that can help relieve or decrease your pain so that you can move around and recover faster. For the first few days you will receive continuous doses of pain medicine through an IV PCA pump or an epidural pump. An IV PCA (patient-controlled analgesia) pump provides small continuous doses of pain medicine plus extra doses of pain medicine you can give yourself when you feel you need them. When you get to your room, you will learn how to use the PCA pump, which is attached to your IV line. An epidural is a small tube in your back through which you receive continuous doses of pain medicine

Tell your nurse if pain interferes with your ability to walk or do the breathing and coughing exercises. Your dose of medicine can be adjusted to make you feel more comfortable.

If you experience nausea, ask your nurse for medicine. It is important for your health care team to know if you are having other reactions to the medicine besides pain relief. Many pain medicines are available, and knowing about any other symptoms you are experiencing will help your doctor prescribe the best medicine for you.

Tell your nurse if you:

- Have pain or nausea
- Feel pain and/or you see redness or puffiness at your IV site
- Notice any bleeding through your bandages
- Cough up anything red, rusty or brown
- Feel feverish or chilled or have trouble sleeping
- Have numbness below your waist from your epidural line

Surgical Site

Your nurses will regularly check the dressing over your surgical site to make sure there is no bleeding and no sign of infection. The fluid from your drainage tubes will be measured.

Circulation

You will wear compression boots while you are in bed for the first 24 hours after surgery or longer. Compression boots are inflating/deflating sleeves worn on the legs to improve blood circulation and prevent blood clots.

You will also wear compression stockings, or TED hose, on your legs to help improve your circulation and prevent blood clots. You must wear these elastic stockings while you are in bed.

After the stockings are removed, exercise your legs every hour between walks. **Do not** allow anyone to massage your calves.

As part of your recovery, you and your health care team will follow this plan of care.

	Health Care Team Will	You Will
Evening of Surgery	<ul style="list-style-type: none"> • Check your progress and monitor your condition. • Help you sit up on the side of your bed. 	<ul style="list-style-type: none"> • Tell your nurse if you have pain or nausea. • Sit on the side of the bed with help.
Each Day of Your Hospital Stay	<ul style="list-style-type: none"> • Inspect your incision and make sure it's healing properly. Also check the drainage tubes and stoma. • Monitor your fluid intake and output. • Take your vital signs. 	<ul style="list-style-type: none"> • Perform breathing exercise using your incentive spirometer. • Perform coughing exercise. • Get out of bed.
Post Surgery	<ul style="list-style-type: none"> • Give you the patient information sheet "Breathing Exercise Using 	<ul style="list-style-type: none"> • Perform breathing exercise using your incentive spirometer.

Patient Education

Day One	<p>the Incentive Spirometer”</p> <ul style="list-style-type: none"> • Draw blood for lab tests. • Give you fluids through your IV and will give you medicines. • Explain how to take care of your incision. • May remove your pelvic drains during the first few days after surgery. • May remove your NG tube. • If you are female, remove your vaginal packing. 	<ul style="list-style-type: none"> • Perform coughing exercise. • Will get out of bed and walk with assistance as tolerated. • Wear compression boots and stockings in bed.
	Health Care Team Will	You Will
Post Surgery Day Two	<ul style="list-style-type: none"> • Draw blood for lab tests. • Give you fluids through your IV and will give you medicines. • Instruct you on how to take care of your incision. 	<ul style="list-style-type: none"> • Perform breathing exercise using your incentive spirometer. • Perform coughing exercise. • Walk in the hall four to five times a day. • Begin a clear liquid diet as tolerated.
Post Surgery Day Three	<ul style="list-style-type: none"> • Draw blood for lab tests. • Give you fluids through your IV and will give you medicines. • Instruct you on how to take care of your incision. 	<ul style="list-style-type: none"> • Perform breathing exercise using your incentive spirometer. • Perform coughing exercise. • Walk in the hall four to five times a day. • Increase the time you spend in a chair. • Begin taking medicines by mouth. • Continue on a regular diet as tolerated.
Post Surgery Day Four	<ul style="list-style-type: none"> • Draw blood for lab tests if needed. • May remove your compression boots and stockings. • Review your discharge and home care instructions with you. 	<ul style="list-style-type: none"> • Perform breathing exercise using your incentive spirometer. • Perform coughing exercise. • Continue to eat a little more of your regular diet as tolerated. • Increase your walking and the time you spend sitting in the chair.
Post	<ul style="list-style-type: none"> • Draw blood for lab tests if needed. 	<ul style="list-style-type: none"> • Perform breathing exercise using

	Health Care Team Will	You Will
Surgery Day Five	<ul style="list-style-type: none"> • May stop the fluids from your IV with a heparin cap. A heparin cap is a small tube left in the vein, which allows occasional access for administration of medicines and fluids. The IV access will remain in place. If you need fluids again, it will not need to be restarted. • May remove your central line. • Review your discharge and home care instructions with you. 	<p>your incentive spirometer.</p> <ul style="list-style-type: none"> • Perform coughing exercise. • Continue to eat a little more of your regular diet as tolerated. • Increase your walking and the time you spend sitting in the chair.
Post Surgery Day Six, Seven or Eight	<ul style="list-style-type: none"> • Draw blood for lab tests if needed. • Review your discharge and home care instructions with you. • May discontinue your remaining IVs. • May remove your stent. 	<ul style="list-style-type: none"> • Perform breathing exercise using your incentive spirometer. • Perform coughing exercise. • Continue to eat a little more of your regular diet as tolerated. • Increase your walking and the time you spend sitting in the chair. • May be discharged on this day if your doctor feels you are ready. If you are discharged, you will receive your discharge instructions supplies for home and take-home prescriptions.

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

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 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 will go home with a stool softener. If your stools are hard or you become constipated, speak with your nurse or doctor.

Sexual Activity

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 resume sexual activity six weeks after surgery. You may wish to try new approaches. For example, erections may respond more to physical stimulation, such as touching than to mental arousal.

Several treatments are available to help with penile firmness:

- An external vacuum pump
- Injections
- Urethral suppositories
- Surgically placed prosthesis.

Additional Information

- Medication Sheets
- Hydrocodone/Acetaminophen
- Morphine Sulfate (by mouth)
- Ondansetron (Zofran[□])
- Promethazine (Phenergan[□])

Information Sheets

- Breathing Exercise Using the Incentive Spirometer
- Bowel Management: A Guide for Patients

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.

United Ostomy Associations of America

A volunteer-based health organization dedicated to providing education, information, support, and

Patient Education



advocacy for people who have had or will have intestinal or urinary diversions. www.uoaa.org

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