

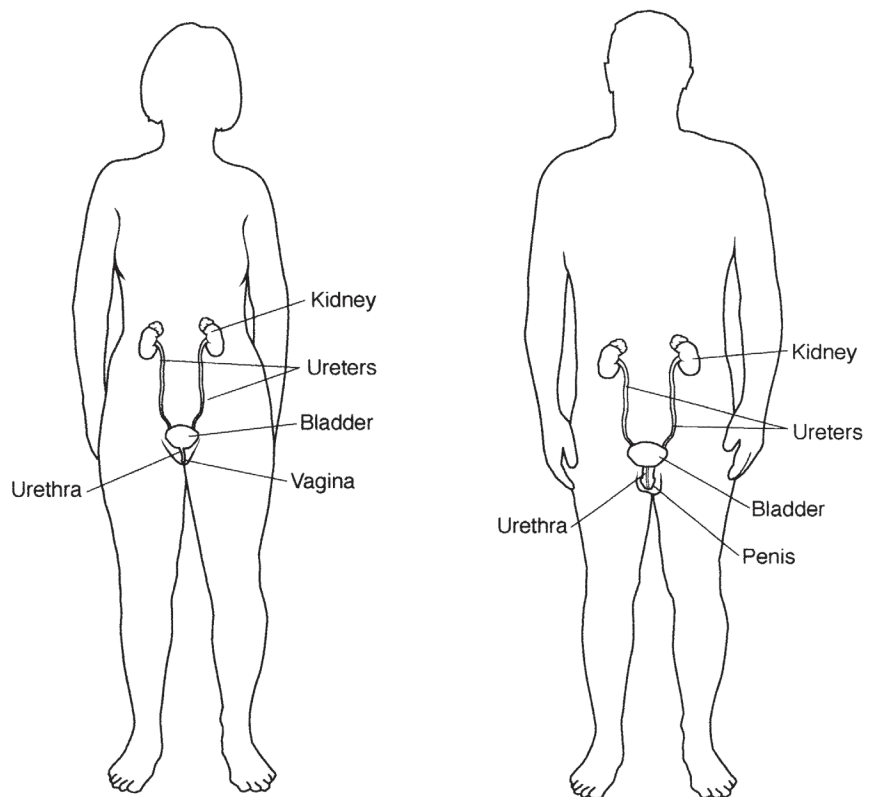
Cystectomy (bladder removal) with Ileal Conduit Urinary Diversion

Here is important information about your treatment for bladder cancer. Your doctor has recommended surgery to remove your bladder. This handout gives you information about your surgery.

What does my urinary system look like?

The urinary system has two kidneys, two ureters, one bladder and one urethra. The kidneys are bean shaped organs that filter your blood and removes water and waste through the urine.

Connected to each kidney are narrow tubes called ureters. Ureters carry urine to the bladder. The bladder stores urine until you are ready to urinate. Urine leaves the bladder through a narrow tube called the urethra. The female urethra is just above the vagina. The male urethra passes through the prostate gland and penis.



This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

Cystectomy (bladder removal) with Ileal Conduit Urinary Diversion

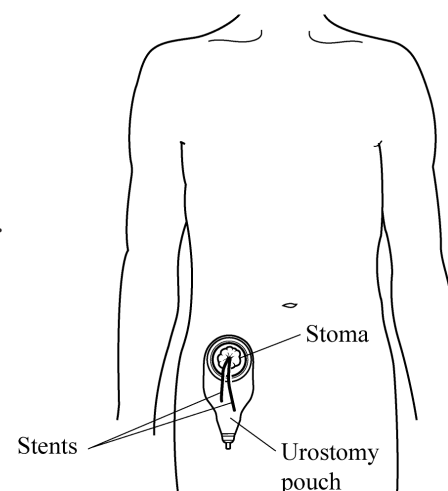
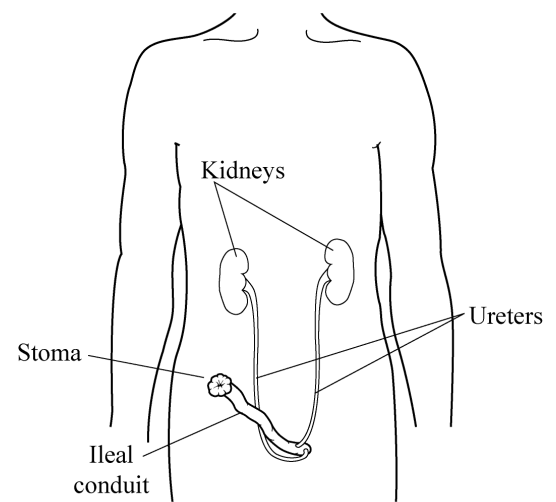
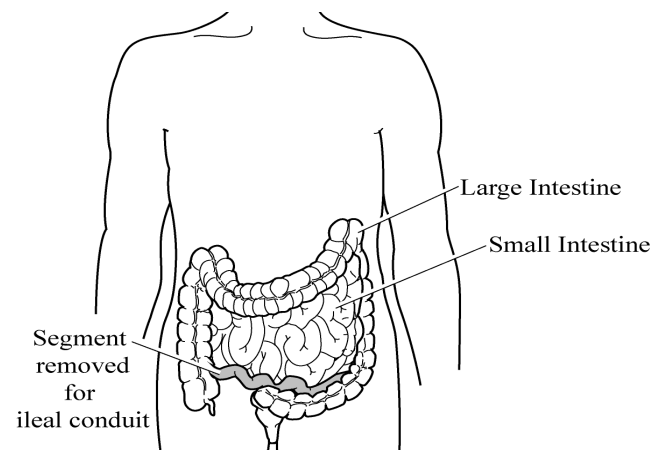
A cystectomy is surgery to remove the bladder. **In men**, the prostate, seminal vesicles and lymph nodes may also be removed. **In women**, the ovaries, fallopian tubes, uterus, cervix, vagina, urethra and lymph nodes may be removed. Your doctor will talk with you about the surgery and what is best for you.

After the bladder is removed, your doctor will make a new urinary system. One option is an ileal conduit, also called a urostomy. This will direct your urine to drain through a small opening in your abdomen (belly) called a **“stoma”**. During surgery, a short piece of the small intestine (ileum) is used and connected to the ureters at one end. The other end will be pulled through the skin of your abdomen to make the new stoma. This stoma will be used to drain your urine for the rest of your life.

After surgery, the stoma will be swollen and may take several months to shrink to a permanent size. The stoma does not have nerve endings, so it should not be painful to touch. It is normal to see a small amount of mucus around the stoma.

After surgery, a small plastic pouch will be attached to your abdomen around the stoma. This pouch will need to be changed weekly.

After surgery, there will be two small, thin temporary tubes, called ureteral stents that will come out of the stoma. The stents drain urine from the ureters into the pouch. After you recover from your surgery, your stents will be removed. There is a spout at the bottom of the plastic pouch to empty out the urine.



Before Surgery

Talk to your health care provider about any medicines you take to thin your blood, prevent clots or manage your diabetes. These medicines may need to be adjusted before your surgery. Call your health care provider if you have any questions.

If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery.

If your surgery is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

Day of Surgery

Before your surgery, a nurse will ask you questions about your health and your surgery. These questions may be asked in the pre-operative care areas several times by different members of your health care team.

- You will be asked not to wear or to remove these items the day of surgery:
 - ▶ Nail polish
 - ▶ Make up
 - ▶ Jewelry
 - ▶ Hair clips
 - ▶ Dentures or partial plates
 - ▶ Hearing aids
- You will meet a Wound, Ostomy and Continence (WOC) Nurse before your surgery. This nurse specializes in the care of patients with ostomies or stomas. The WOC nurse will mark your abdomen for the stoma placement.
- You may have 1 to 2 family members visit you in the pre-operative area.
- The nurse will answer any questions you or your family may have and tell your family where to wait while you are in surgery.
- You will meet your anesthesia team before surgery.
- You will have an intravenous (IV) catheter put in your arm in the pre-operative area.

During Surgery

- Surgery may take 4 to 8 hours. Your doctor will tell you how long your surgery may take.
- If your surgery takes longer than you were told, it does not mean anything is wrong. Your family will be updated on how you are doing. After your surgery is over, the surgeon or an assistant will call or come to the waiting area to talk with your family in a private room.
- Your family members will be able to leave the surgery waiting area while you are in surgery.
- Your vital signs (blood pressure, temperature, pulse and breathing rate) will be watched closely.
- You will be positioned on the operating table after you are asleep.
- Special boots will be placed on your legs to help prevent blood clots.

After Surgery

Once your surgery is done, you will move to the Post Anesthesia Care Unit (PACU) for 2 to 3 hours. You will be connected to monitors, drains, and tubes.

The following is a list of what to expect after surgery:

- Your pulse and the amount of oxygen in your blood will be checked. You will be given oxygen through small tubes in your nose.
- You may feel cold. This is normal after general anesthesia.
- Tell your nurse if you have pain, and medicine will be given to you to help make you more comfortable.
- You will be taught how to use a breathing exerciser (incentive spirometer) to help keep your lungs clear after surgery.
- You will have an IV in your arm until you are able to drink fluids. You will start sipping liquids the day after your surgery and slowly advance your diet.
- Your nurse will help you get out of bed after surgery. Activity is strongly encouraged and important because it helps your bowels start to work again. Walking also helps decrease gas pains.
- Chewing gum can also help your bowels start working again.
- You will have a drain to help remove fluid from the incision area. It is put in during surgery and held in place by stitches. The drain will stay in place until you leave the hospital.

- You may have multiple incisions or one large. Your nurse will teach you how to care for your incision before you go home.
- **During your hospital stay, the WOC nurse will teach you and your caregiver how to manage and care for your urostomy at home. Your pouch will need changed every 3 to 5 days.**
- **You will be given a blood thinner in the hospital to help prevent blood clots. If you need to continue this medicine after you leave the hospital, your nurse will teach you how to take it.**

Discharge from the Hospital

- When you leave the hospital, you will have enough supplies to change your dressing and urostomy bag a few times.
- Your WOC nurse will give you instructions on how to care for your urostomy at home.
- Your WOC nurse will also give you prescriptions for ostomy supplies.
- Your Patient Care Resource Manager (PCRM) will set up a home health care agency nurse to visit you at home if needed.
- Your nurse will give you the following information before you leave the hospital:
 - ▶ A follow-up appointment to see your doctor
 - ▶ Important phone numbers
 - ▶ Home health care agency information
 - ▶ Signs and symptoms of infection and when to call your doctor
 - ▶ Instructions on wound and drain care
 - ▶ A list of your current medicines and prescriptions
 - ▶ Activities you can or cannot do while healing from your surgery

Care at Home

You will be given instructions on how to care for yourself at home. Get plenty of rest and do not overdo it. A good rule to follow is if you do not feel up to it, do not do it. Here is some important information for when you go home:

- Your nurse or doctor will tell you when it is okay to drive. This is usually when you are able to comfortably wear a seatbelt, press the gas/brake pedals, and drive defensively. This may be 6 weeks or longer after surgery. You may not drive while taking narcotic pain medicines.

- A Wound Ostomy and Continence (WOC) nurse will be available at your clinic visits to support you in managing the care of your urostomy.
- Do not lift anything over 10 pounds for 2 months.
- Do not do strenuous activities or exercises for 2 months.
- You may tire more quickly than before your surgery. Try to increase your activity level a little more each day. Go for short walks. Start with short distances and gradually increase how long and how fast you walk.
- You may take a shower. Pat the incision dry. Do not use hot tubs, take tub baths or swim. Your doctor will tell you when you may take a tub bath.

Call your doctor if you have any of the following:

- Redness or swelling of incision area(s)
- Skin pulling apart at the incision(s)
- Increased pain in or around the incision(s)
- Pus from the incision
- Fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher
- Cold or flu symptoms
- Pain, warmth, tenderness or swelling in your legs
- Problems with low or no urine from your urostomy
- Problems with the stoma or skin around your stoma
- Problems with bowel movements
- Nausea or vomiting