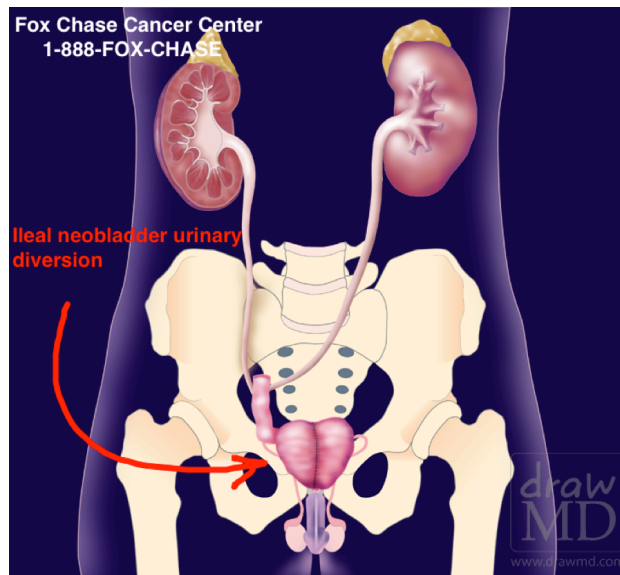


Cystectomy and Neobladder Urinary Diversion



Prior to Surgery:

Speaking to Other Patients Privately: your physician is always willing to ask patients who have a urinary diversion to call you. Please let us know if you would like to have someone who has gone through the experience to discuss your surgery with you.

What are my restrictions prior to surgery? Do not diet prior to surgery. The better nourished you are the better you will heal. If you are a smoker, stopping smoking is absolutely critical prior to surgery. Please let us know if you have trouble stopping – we can help! Remember to stay well hydrated by drinking at least 6 to 8, 8 ounces of water daily.

Hospital Stay:

Q: How long will I stay in the hospital?

A: The average hospital stay following a cystectomy and urinary diversion is 6-10 days; however, some patients need to stay longer.

Q: What can I eat after surgery?

A: Any surgery within one's abdomen slows down the intestines. This is especially true for an extensive surgery such as cystectomy with urinary diversion. Therefore, your diet after surgery will at first include only liquids and will be advanced slowly. Our physicians do not routinely use nasogastric (NG) tubes following surgery; however, a minority of patients will experience nausea and may vomit a few days following surgery, requiring temporary placement of such a tube into your stomach through the nose.

Q: How long will I stay in bed after surgery?

A: It is critical to be as active as possible while you are in the hospital. With the nurse's help you should plan to walk at least three times the day after surgery and to sit up in the chair as much as possible. Being active, not only prevents deconditioning, reduces chances of developing dangerous blood clots, but also possibly accelerates return of bowel function.

After Hospital Discharge:

Q: What happens to drains?

A: Generally all surgical drains (other than the catheter and ureteral stents – see below) will be removed prior to hospital discharge, albeit rarely some individuals may need to go home with a drain for one reason or another. The drain site may leak fluid for several days after removal and this is normal – visiting nurses or our team can help you manage the site if the drainage is getting in the way of your daily activities.

Q: What happens to my ureteral stents?

A: Ureteral stents are used to help heal the connection between the ureters and the neobladder. Nearly all individuals will go home with ureteral stents. These stents (thin, colored straws) will protrude from your abdominal wall near the incision and will be removed during a follow-up office visit (this is painless). A stoma bag will cover the stents while they are in place. Our team will give a script for antibiotics. You should start taking the antibiotics the day prior to your scheduled stent removal.

Q: How do I take care of my catheter?

A: You will receive a kit with flushing supplies upon discharge, your supplies will then be provided by your visiting nurse, when you are discharged from the visiting nurses services a medical supply company set up by a Fox Chase Case manager or Visiting Nurses will then mail your supplies to your home address. The catheter will need to be flushed with approximately 60cc of sterile fluid every 6-8 hours. It is critical to make sure that the catheter is draining at all times. If the catheter becomes clogged and you are not able to relieve the obstruction by flushing, this is an emergency. You should call our emergency number and plan to immediately come to the Fox Chase or an Emergency room.

Q: When is my catheter removed?

A: The catheter is generally removed at approximately 3 weeks following surgery. An appointment will be made with the radiology department to perform a study called a cystogram. During a cystogram the neobladder is filled with fluid that can be seen on X-ray and appropriate X-ray pictures are obtained. The cystogram will show your physician if the suture lines on the neobladder and its connection to the urethra have healed. Generally, the foley catheter is then removed on the day of the cystogram. Rarely, cystogram shows that a longer healing time is needed before the neobladder is allowed to fill and the catheter is then kept in longer.

Q: I understand that nearly one third of patients require to come back into the hospital for one reason or another after cystectomy and urinary diversion. What are these reasons?

A: Readmission after cystectomy and urinary diversion is extremely common. Most common reasons are dehydration, urinary tract or another type of infection, and nausea/vomiting. Don't be discouraged if you have to come back in for a few days – this is not uncommon.

Q: How will I manage at home following discharge from the hospital?

A: Physical therapists and our social work team will assess whether it is safe for you to go home. If they feel that rehab facility for a few days/weeks is more appropriate, arrangements will be made accordingly. Nevertheless,

the vast majority of patients are discharge home following surgery. A visiting nurse will come out to your home 3 times per week after discharge from the hospital to monitor your progress and to assist with ostomy teaching. Visiting nurses services will be arranged by the hospital case manager prior to your discharge.

Q: Where will I get supplies to help take care of my neobladder?

A: You will receive a kit with flushing supplies upon discharge, your supplies will then be provided by your visiting nurse, when you are discharged from the visiting nurses services a medical supply company set up by a Fox Chase Case manager or Visiting Nurses will then mail your supplies to your home address.

Q: I heard blood clots are a risk after surgery. How can I prevent blood clots?

A: Keeping active and walking are some best ways of preventing blood clots. For patients who undergo pelvic cancer surgery, your physician generally adds a medicine to be administered after surgery. Lovenox is a low molecular weight heparin, administered by injection in subcutaneous tissue (the layer of tissue beneath the skin). This blood thinner is given in low doses and will be started in the hospital. We ask many patients to self-administer it at home for up to 4 weeks following surgery. We will teach you how to do this. Almost everybody can manage this without difficulty.

Nutrition After Surgery:

Q: Will I lose weight after surgery?

A: It is not uncommon for people having a urinary diversion to lose 15-20 pounds after surgery. Often times people will complain of a decreased appetite after surgery: food may taste differently, or they may feel full sooner. We recommend eating small frequent meals throughout the day rather than 3 large meals. It is important to eat a well-balanced diet to assist in the healing process. Your surgeon and his staff are willing to discuss your individual nutritional concerns after surgery and how we may help you. Again staying well hydrated after surgery is very important. Please try to drink at least 6-8, 8 ounce cups of water daily.

Emotional Needs :

Q: How will I feel after surgery when I no longer have a bladder or have a newly reconstructed bladder?

A: Often times after surgery people will experience sadness and sometimes become tearful during their recovery process. It is normal to have feelings of sadness and grieving. You are going through a lot physically and emotionally. It is important to have people in your life that provide emotional support. Our team is here to support you through this process. If these feelings continue and begin to cause difficulty with your recovery, such as excessive weight loss, decreased activity level, not getting out of bed, crying all day, isolating yourself from friends and family, or suicidal thoughts please either you or your family members should discuss these concerns with your physician and surgical team.