CYSTECTOMY SURGERY

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing

UVA Health

Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing UVA Health for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

Please bring this handbook with you to:

- ☑ Every office visit
- ☑ Your admission to the hospital
- ☑ Follow up visits

Your **Care** Team

In addition to the nursing staff, the Urology Team will care for you. This team is led by your surgeon, and includes a chief resident along with residents and 1-2 medical students. There will always be a physician in the hospital 24 hours a day to tend to your needs.

Dr. Kirsten Greene

Dr. Stephen Culp

Dr. Christine Ibilibor

Dr. Sumit Isharwal

Dr. Tracey Krupski

Dr. Tracy Downs

Karie Wilson, NP

Terran Sims, NP

Eva Rellins, NP

Contact Information

The main hospital address:

UVA Health
1215 Lee Street
Charlottesville VA 22908

Contact	Phone Number
Urology Clinic at Fontaine	**434.924.2224**
Fontaine Clinic Fax	434.297.6555
Urology Clinic at Emily Couric Cancer Center (ECCC)	**434.924.9333**
ECCC Clinic Fax	434.244.7526
If no call received with a surgery time by 4:30pm the day before surgery	434.982.0160
Anesthesia Perioperative Medicine Clinic (APMC)	434.924.5035
Hospital Inpatient Unit: 6E	434.924.2485
UVA Main Hospital	434.924.0000 (ask for the Urology resident on call)
UVA Main Hospital (toll free)	800.251.3627
Wound Ostomy Clinic	434.982.1017
Lodging Arrangements/ Hospitality House	434.924.1299/ 434.924.2091
Parking Assistance	434.924.1122
Interpreter Services	434.982.1794
Hospital Billing Questions	800.523.4398
Provider Billing Questions	800.868.6600
Medical Record Requests	434.924.5136

For more information on ERAS, helpful links for getting ready for surgery, and to view this handbook online, visit:

Uvaeras.weebly.com

Important Appointments

Before Surgery

Appointment	Date & Time
Medical Clearance with Primary Care Provider	
Urinary Diversion Marking Appointment	
Preoperative visit	
APMC Visit	
Cardiology Clearance	

After Surgery

Appointment	Date & Time
First Infusion Visit	
First Postop Visit	
Second Postop Visit	
Third Postop Visit	

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Enhanced Recovery After Surgery (**ERAS**)

What is Enhanced Recovery?

Enhanced recovery is a new way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.

There are four main stages:

1. Planning and preparing before surgery– giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation – allowing you to drink up to 2 hours before your surgery.
3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Introduction to Urology Surgery

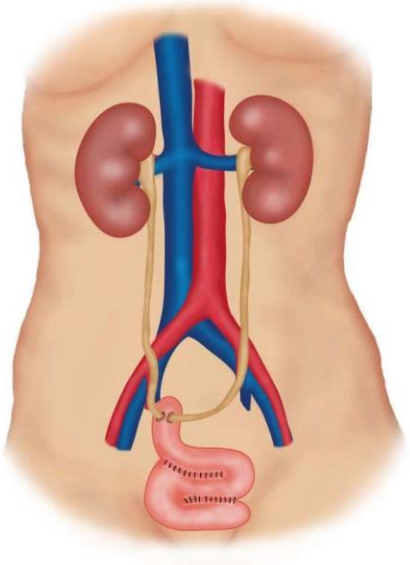
Why do I need this surgery?

If you have bladder cancer that has grown into the muscle of the bladder wall, your doctor may do a surgery called a cystectomy. This surgery removes a portion of the bladder or the entire bladder. Your surgery may be minimally invasive (laparoscopic or robotic-assisted) or done as an open approach with a long open abdominal incision. If the cancer has spread into the muscle of the bladder, the best chance for a long-time cure is a **radical cystectomy** (removing the entire bladder). Your surgeon may also remove the surrounding lymph nodes to help prevent the cancer from returning.

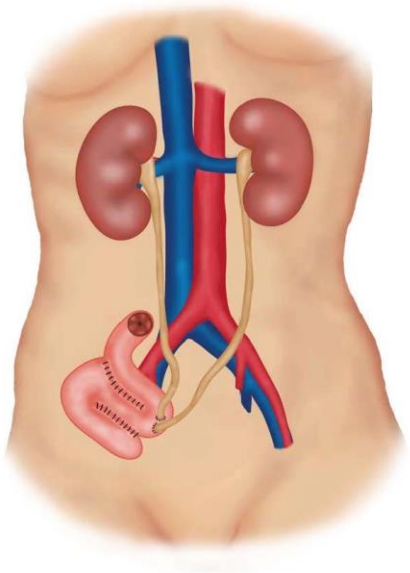
- A cystoprostatectomy is performed for men. The surgeon will remove the prostate and seminal vesicles (the glands behind the bladder that make sperm).
- For women, the surgeon will remove the uterus, ovaries, and part of the vagina.

Neobladder and Urinary Diversion – If you have a radical cystectomy and your bladder is removed, your surgeon may be able to create a new bladder, called a neobladder. If that is not possible, we will create a new way for urine to leave the body, called urinary diversion. You and your doctor will determine which option is best for you.

- **Neobladder (new bladder)** – This is built from part of the small intestine and is connected to the urethra (the tube where your urine leaves your body). Most people with a neobladder can urinate normally, although some may need to self-catheterize to drain urine from the neobladder.

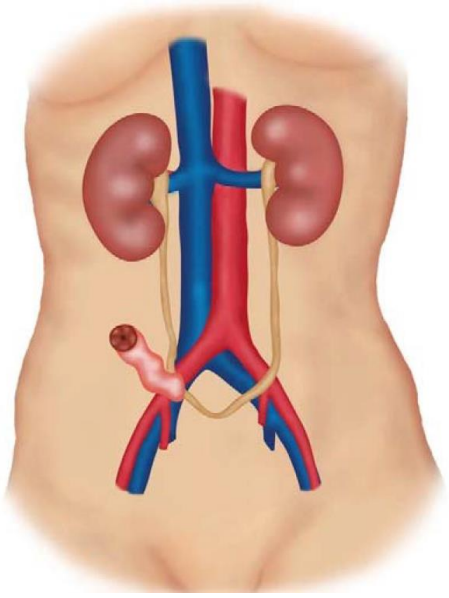


- **Continent Catheterizable Stoma** – If a neobladder is not possible, your surgeon can create another way for your urine to leave your body. There are two options:



  - **Indiana Pouch** – This is a small pouch that is made from your bowel and is connected to a stoma on your abdomen. You will need to insert a catheter into the stoma to drain your urine into a bag multiple times a day.

  - **Ileal Conduit** – Your surgeon may remove a small section of the intestine called the ileum. One end of the ileum will be attached to tubes that carry urine from the kidneys to the bladder (the ureters). The other end will be attached to a stoma your surgeon creates on the outside of your body. Urine will flow through the ileal conduit into a bag outside of the body.



Before Your Surgery

Clinic

During your clinic visit we will go over what type of surgery you will have. You will work with our entire team to prepare for surgery:

- The surgeons, who may have fellows, residents, or medical students working with them
- Nurse practitioners (NP)
- Nurses and medical assistants
- Administrative assistants

We will:

☑ Ask questions about your medical history
☑ Perform a physical exam
☑ Ask you to sign the surgical consent forms
☑ Make sure you have a "stoma marking" appointment, if you are having an ileal conduit diversion
☑ Evaluate your nutrition needs, you *may* meet with a nutritionist

You will also receive instructions:

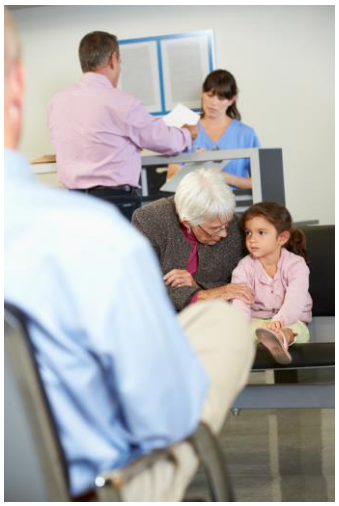
☑ On preparing for surgery
☑ For what to do before surgery (ex: if you are on any blood thinners, see page 13)
☑ On quitting smoking if you currently smoke

Write any special instructions here:

_____
_____
_____
_____
_____

Anesthesia Perioperative Medicine Clinic (APMC)

The Anesthesia Perioperative Medicine Clinic will review your medical and surgical history to determine if youwill need an evaluation prior to surgery.
If an in person anesthesia evaluation is needed the Anesthesia Perioperative Medicine Clinic will notify you.



- An appointment will be scheduled for an office visit a few weeks prior to the surgical date.
- Your medications will be reviewed
- You may have a blood test, test of the heart (EKG), and/or other tests the surgeon or anesthesiologist requests.
- For questions or if unable to keep the appointment with Anesthesia Perioperative Medicine Clinic please call 434-924-5035. Failure to keep this visit with Anesthesia Perioperative Medicine Clinic before surgery may result in cancellation of surgery.

There may be times that you are instructed to go to the Anesthesia Perioperative Medicine Clinic after your appointment with your surgeon. If this is the case you are welcome to a same day appointment but please allow for up to 2 hours.

Please note: If you were told by your surgical team that you did not need any testing or evaluation prior to surgery but receive a call to schedule with the Anesthesia Perioperative Medicine Clinic, this is because the anesthesia team feels it is in your best interest when they review your history.

Based on your examination and your test results, we may ask that you see a specialist. For example, a cardiologist (heart doctor) may need to evaluate you further before your surgery.

Remember: If you are taking any blood thinning medications be sure to tell your doctor and nurse as it may need to be stopped before surgery. IF you **have heart stents** and take Plavix and Aspirin, check with your cardiologist about stopping prior to surgery. **It is very important to follow the instructions given to you to prevent your surgery from being postponed or cancelled!**

If you have any questions on the instructions you received, call your surgeon's office right away.

Medications to Stop Prior to Surgery

14 Days Prior

Stop birth control pills and all vitamin, herb, and joint supplements, such as:

CoQ10	Glucosamine	Juice Plus®	Ogen	Omega 3, 6, 9
Chondroitin	Flaxseed oil	St. John's Wort	Ginkgo	Ginseng
Echinacea	Fish oil	Saw palmetto	Garlic	Multivitamins
Emcy	Kava	Valerian	Ephedra	MSM

7 Days Prior

STOP all aspirin containing products, such as:

Alka-Seltzer®	Excedrin®	BC Powder®	Goody's Powder®	Percodan®
Aspirin (81mg to 325mg)	Fasprin® (81mg)	Bufferin®	Norgesic®	Ecotrin®
Disalsid® (Salsalate)	Pepto-Bismol®	Dolobid® (Diflunisal)		

Stop all non-steroidal anti-inflammatory medications (NSAIDs), such as:

Advil® (ibuprofen)	Aleve® (naproxen)	Arthrotec® (volatren/cytotec)
Ansaid® (flubiprofen)	Anaprox® (naproxen)	Cataflam® (diclofenac)
Celebrex® (celecoxib)	Clinoril® (sulindac)	Daypro® (oxaprozin)
Feldene® (piroxicam)	Indocin® (indomethacin)	Meclomen® (meclofenamate)
Mediprin® (ibuprofen)	Mobic® (meloxicam)	Motrin® (ibuprofen)
Naprelan® (naproxen)	Naprosyn® (naproxen)	Nuprin® (ibuprofen)
Orudis® (ketoprofen)	Oruvail® (ketoprofen)	Relafen® (nabumetone)
Tolectin® (tolmetin)	Voltaren® (diclofenac)	

Do you take anticoagulant/ antiplatelet (blood thinner) medications **like Coumadin (warfarin), Plavix (clopidogrel), Pletal (cilostazol), Xarelto (rivaroxaban), Eliquis (apixaban), Lovenox (enoxaparin), or others?** If so, be sure to tell your prescribing doctor and let them know you **will** receive a **spinal block** for pain management. We require you to **stop** some of these medications **72 hours** or more before we can give you a spinal block. It is the prescribing provider's responsibility to provide instructions for how long you can safely be off this medication.

We are giving you instructions on _____.

- ☐ Last dose of blood thinning medication **before surgery** should be on_____.
- ☐ We are recommending a bridge of this medication. Please refer to your After Visit Summary (AVS) for specific instructions about this medication.

Notes:_____

_____

Quitting Smoking Before Surgery

If you smoke, we encourage you to stop smoking at least 4 weeks before surgery because it will:

- ☑ Improve wound healing after surgery
- ☑ Help avoid complications during and after surgery

If you are not able to be off cigarettes **at least 4weeks before surgery**, we ask that you cut back on your smoking and encourage you to quit smoking as soon as possible after surgery. This is very important to your health.

Please let your surgeon's nurse know if you smoke. We will give you an education packet to help you quit smoking and refer you for smoking cessation counseling.

Some Long-Term Benefits of Quitting May Include:

- ☑ Improved Survival
- ☑ Fewer and less serious side effects from surgery
- ☑ Faster recovery from treatment
- ☑ More energy
- ☑ Better quality of life
- ☑ Decreased risk of secondary cancer

Some key things to think about before your surgery, as you begin to think about quitting:

- ☑ All hospitals in the United States are smoke free. You will not be allowed to smoke during your hospital stay.
- ☑ Your doctor may give you medicine to help you handle tobacco withdrawal while in the hospital and after you leave.

Here are some tips to help you throughout your journey:

- ☑ Speak with your provider about medications that can help you with transitioning from a smoker to a nonsmoker.
- ☑ Identify your triggers and develop a plan to manage those triggers.
- ☑ Plan what you can do instead of using tobacco. Make a survival kit to help you along your quit journey. In this kit have: nicotine replacement therapy, sugar-less gum or candy, coloring books, puzzles, or bubbles for blowing.

Keys to Quitting and Staying Smoke Free:

- ☑ Continue your quit plan after your hospital stay
- ☑ Make sure you leave the hospital with the right medications or prescriptions
- ☑ Identify friends and family to support your quitting.

Speak with your doctor about getting a referral to meet with our tobacco treatment specialist.

You Don't Have to Quit Alone!
Your surgeon can give you a consult for a smoking cessation counselor.

1.800.QUITNOW **https://smokefree.gov/**

Preparing for Surgery

You should expect to be in the hospital for about **5 days**. When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do a few simple things before you come into the hospital to make things easier for you when you get home:

- ☑ Clean and put away laundry.
- ☑ Put clean sheets on the bed.
- ☑ Cut the grass, tend to the garden and do all housework.
- ☑ Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- ☑ Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- ☑ Bring the things you are going to use often during the day downstairs but remember that you WILL be able to climb stairs after surgery.
- ☑ Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- ☑ We recommend you have the following non-prescription medications <u>at home before your surgery:</u>
  - Tylenol (acetaminophen) 325mg tablets (for pain)
  - Advil/Motrin (ibuprofen) 200mg tablets (for pain)
  - Colace (docusate sodium) 100mg tablets (stool softener)
  - Miralax powder or Senna and Probiotics (for constipation)
- ☑ **STOP taking any herbal supplements or drinks 2 weeks before your surgery. A standard daily multivitamin can be continued.**
- ☑ **STOP taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery. You may take acetaminophen (Tylenol®).**

If you are taking additional medications for chronic pain, please continue those up until your surgery unless discussed with your physician.

REMEMBER: Good nutritional intake before surgery can help your recover after surgery. If you are having trouble eating or are losing weight, try to increase your calories and protein. An easy way to accomplish this is drinking nutritional supplement drinks (such as Ensure Plus®, Boost Plus®, Equate Plus®, or Carnation Instant Breakfast®) in addition to your meals to help increase your nutritional intake prior to surgery.

Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- ☑ This handbook
- ☑ A **list** of your current medications. Please leave your medications at home. They will be provided for you once you are in the hospital.
- ☑ Any paperwork given to you by your surgeon
- ☑ A copy of your Advance Directive form, if you completed one
- ☑ Your "blood" bracelet, if given one
- ☑ A book or something to do while you wait
- ☑ A change of comfortable clothes for discharge
- ☑ Any toiletries that you may need
- ☑ **Your CPAP or BiPAP, if you have one**

What you SHOULD NOT bring to the hospital:

- ☒ Large sums of money
- ☒ Valuables such as jewelry or non-medical electronic equipment

*Please know that any belongings you bring will go to "safe keeping."

For your safety, you should plan to:

- ☑ Identify a Care Partner for your stay in the hospital.
- ☑ Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.
- ☑ If possible, identify someone to stay with you the first week after discharge to help take care of you.

Hospital Services

Care Partners are people you designate to be active members of your healthcare team. They are given a special security code to call and ask questions about your recovery. They can help keep family and friends informed about your condition. You are asked about Care Partners during the admission process but you can change a Care Partner at any time during your hospital stay. You can have up to 2 Care Partners if you wish.

Visitors must stop by the Information Desk to get a visitor pass and should wear it at all times while in the hospital. Please remember that the hospital is a place for healing and rest. Try to keep conversations quiet and, if sharing a room, please be respectful of other patients' needs for rest or private time with their families. Also make sure that nurses and doctors can move freely around the bedside to provide care. Our Family Lounges on each floor have information about hospital and local resources including local accommodations.

Close-by Lodging options are available. Please refer to the insert at the front of the handbook for more details.

Day Before Surgery

Scheduled Surgery Time

A nurse will call you **the day before your surgery** to tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before.

If you do not receive a call by 4:30 pm, please call 434.982.0160.

Please write the time and check in location that the nurse tells you on page 1 of this handbook in the space provided.

Remember:

- ☑ Remove nail polish, makeup, jewelry and all piercings.
- ☑ Be sure to have a 20-ounce Gatorade™ ready and available for the morning of surgery. If you are diabetic, you may drink Gatorade ™ G2.
- ☑ After midnight you CAN still have water or Gatorade™ until you arrive at the hospital.
- ☑ Do NOT drink any other liquids. If you do, we may have to cancel the surgery.

Write any special instructions here:

_____

_____

_____

_____

_____

_____

Instructions for Bathing

We will give you a bottle of body wash (chlorhexidine soap or HIBICLENS foam) to use **the night before and the morning of your surgery.**

Before using the body wash, you will need:

- ☐ A clean washcloth
- ☐ A clean towel
- ☐ Clean clothes

IMPORTANT:

- ☑ The body wash is simple and easy to use. If you feel any burning or irritation on your skin, rinse the area right away, and do NOT put any more body wash on.
- ☑ Keep the body wash away from your face (including your eyes, ears, and mouth).
- ☑ DO NOT use in the genital area. (It is ok if the soapy water runs over but do not scrub the area.)
- ☑ Do NOT shave your surgery site. This can increase the risk of infection. Your healthcare team will remove any hair, if needed.

Directions for when you shower or take a bath:

1. If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly with water to remove any shampoo residue.
2. Wash your face and genital area with water or your regular soap.
3. Thoroughly rinse your body with water from the neck down.
4. Move away from the shower stream.
5. Apply the body wash directly on your skin or on a wet washcloth and **wash the rest of your body gently from the neck down.**
6. Rinse thoroughly.
7. Do NOT use your regular soap after applying and rinsing with the body wash.
8. Dry your skin with a clean towel.
9. Do NOT apply any lotions, deodorants, powders, or perfumes after using the body wash.
10. Put on clean clothes after each shower.

Day Before Surgery Diet

You **must** follow a clear liquid diet **one day before** your scheduled surgery.

- ✔
- — **Beginning at midnight (12am):** only clear liquids after this time
- — **8 am:** drink a clear liquid meal
- — **9 am:** drink 8oz of a clear liquid
- — **10 am:** drink 8oz of a clear liquid
- — **11 am:** drink 8oz of a clear liquid
- — **12 pm (noon):** drink a clear liquid meal
- ☐ **and** drink one <u>8oz bottle of magnesium citrate</u> (as instructed by your team)
- — **1 pm:** drink a clear liquid meal
- — **2 pm:** drink 8oz of a clear liquid
- — **3 pm:** drink 8oz of a clear liquid
- — **4 pm:** drink 8oz of a clear liquid
- — **5 pm:** drink 8oz of a clear liquid
- — **6 pm:** drink a clear liquid meal

You may continue to drink clear liquid fluids until bedtime.

Clear Liquid Meals ALLOWED	Clear Liquids ALLOWED	NOT ALLOWED
● Clear broth ● Consommé ● Bouillon cube soup	● Apple juice ● Cranberry juice ● Cran-apple juice ● Grape juice ● Water ● Lemonade made with lemon juice ● Powdered lemon and orange flavored drinks ● Carbonated drinks ● Gatorade ● Fruit flavored ices ● Ice popsicles	●No milk, dairy, or ice cream products ●No milkshakes ●No smoothies ● No noodles ●No orange juice ●Nothing with pulp

You will need to complete a fleet enema 30-60 minutes before you leave to come to the hospital <u>on the morning of surgery.</u> You can purchase a fleet enema over-the-counter at your local pharmacy. Follow the instructions on the packaging for how to perform the enema (more information on page 21).

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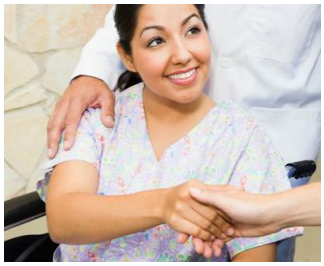
Day of Surgery

Before You Leave Home

- ☑ After midnight you CAN still have water or Gatorade™ until you arrive at the hospital.
- ☑ You **will need** to complete a **fleet enema** 30-60 minutes before you leave to come to the hospital on the morning of surgery.
  - The enema will help to clean the lower bowel to prepare for surgery, to relieve distention, promote gas, and soften hardened stool for removal.
  - You can purchase a fleet enema over-the-counter at your local pharmacy. Follow the instructions on the packaging for how to perform the enema.
- ☑ Remember to drink your 20-ounce Gatorade™ on the way to the hospital.

Hospital Arrival



- ☑ Arrive at the hospital on the morning of surgery at the time you wrote on page 1 (this will be approximately **2 hours before surgery**).
- ☑ Finish the Gatorade™ as you arrive. **You cannot drink after this**.
- ☑ Check in at your scheduled time in the Surgical Family Waiting Lounge.
- ☑ Your family will get a surgery guide to explain the process. They will be given a tracking number so they can monitor your progress.

Surgery

When it is time for your surgery, you will be brought to the Preop. In Preop, you will:

- ☑ Be identified for surgery and get an ID band for your wrist.
- ☑ Be checked in by a nurse and asked about your pain level.
- ☑ Be given an IV and weighed by the nurse.
- ☑ Be given several medicines that will help keep you comfortable during and after surgery.
- ☑ Meet the anesthesia and surgery team and your consent for surgery will be reviewed. Your family can be with you during this time.

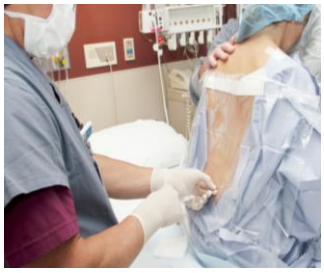
In the Operating Room

From there, you will then be taken to the operating room (OR) for surgery and your family will return to the family waiting lounge.

Many patients do not recall being in the OR because of the medication we give you to relax and manage your pain.

Once you arrive in the OR:

- ☑ We will do a "check-in" to confirm your identity and the location of your surgery.
- ☑ You will lie down on the operating room bed.
- ☑ You will be hooked up to monitors.
- ☑ Boots will be placed on your legs to circulate your blood during surgery.
- ☑ You may also be given a blood thinner shot to prevent blood clots.
- ☑ We will give you antibiotics, if needed, to prevent infection.
- ☑ Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- ☑ After you are asleep, a foley catheter will be placed to keep your bladder empty.
- ☑ Just before starting your surgery, we will do a "time out" to check your identity and confirm the location of your surgery. After this, your surgical team will perform your operation.



Depending on the type of surgery you are having, the anesthesia doctor may also place a small catheter ("epidural") or a small injection ("spinal") into your back just before surgery. Both of these options provide excellent pain relief with fewer side effects than other forms of pain medicine. These options also help us to decrease the amount of oral pain medicine you need after surgery which could delay your recovery.

Your anesthesiologist will talk to you about your options before your surgery. It is much easier for you to have the spinal or epidural placed before your surgery when you are not having pain. Having either one of these options does not mean that other pain-relieving treatments will not be used.

During your surgery, the OR nurse will call your family approximately every 2 hours to update them, when possible.

After Surgery

Recovery Room (PACU)

After surgery, you may be taken to the recovery room (PACU). Patients can remain in the recovery room for about 2-4 hours. You may go to the Surgical Intermediate Unit (SIMU) or Surgical Intensive Care Unit (SICU) for a brief time if you require a higher level of care.

Once you are awake:

☑ You will get out of bed (with help) to start moving as soon as possible. This speeds up your recovery and decreases the chances you will get blood clots and pneumonia.

The surgeon will also call your family after surgery to give them an update.

Hospital Inpatient Unit:

Once to your room, you:

☑ Will be able to have sips of water and ice chips.

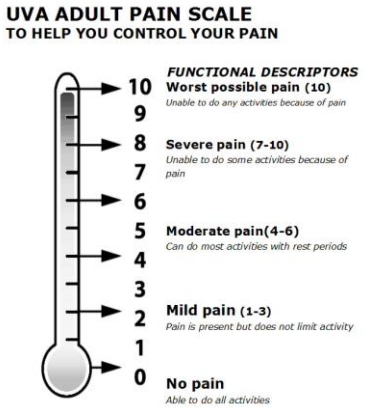
☑ Will be given an incentive spirometer (breathing exerciser). We will ask you to use it 10 times an hour to keep your lungs open and help prevent pneumonia.

☑ Will receive a blood thinner injection every day to help prevent blood clots.

☑ Will get up and out of bed on the day of your surgery, with help from the nurse.

☑ May have one small tube coming from your abdomen to drain any fluids inside. Your nurse will empty the drain a few times per day.

Pain control following surgery



Managing your pain is an important part of your recovery. It is normal for you to have some pain for a few days after surgery. The goal is to lower the pain so that you can comfortably walk and take deep breaths effectively. We will ask you regularly about your level of comfort.

One way your care team will help you safely control your pain after surgery is by using *non-opioid* medications during your recovery. The goal is to use as little *opioid* medication as possible to control your pain. If you need stronger pain medication, it is OK. If your pain is worsening and it is not relieved with any medication, you should let your surgeon know.

☑ As part of your pain management plan, we will give you an injection of a long acting numbing medicine called liposomal bupivacaine or EXPAREL®
- It is administered by your surgeon during your surgery to help with post-operative pain.
- EXPAREL® is long lasting and helps to reduce the need for opioids after surgery.
- EXPAREL® will slowly wear off over 3 days.

☑ You will get several *non-opioid*, pain medications around-the-clock to keep you comfortable.
- **Tylenol (acetaminophen)** – is a pain killer and reduces fevers.
- **Celebrex (celecoxib) *or* Advil, Motrin (ibuprofen)** – are medications that decrease swelling and pain after surgery. These medications are known as NSAIDs and are safe for short-term use after surgery (unless you've had gastric bypass surgery in the past).

☑ You may also have *opioid* pain medication as needed for additional pain.
- Opioids are powerful pain medications with many serious side effects. Opioids (usually **oxycodone**) may be used after surgery only when needed for severe pain, but they should not be used first to treat mild or moderate pain.
- Side effects of opioids include nausea, constipation, dizziness, headache, drowsiness, vomiting, itching, and respiratory depression.
- Prescription opioid drug use may lead to misuse, abuse, addiction, overdose and death. Your risk of opioid abuse gets higher the longer you take the medication.

If you are on long-standing pain medication prior to surgery, you will be provided with an individualized regimen for pain control with the assistance of our pain specialists.

Comfort Menu

Keeping you comfortable and controlling your pain is very important to us. As part of your recovery, we like to offer you different ways to address your pain in addition to medication. We hope this comfort menu will help you and your healthcare team to better understand your pain and recovery goals. Please discuss your pain control goals and comfort options with your nurse.

- ☐ **Distraction**: focus your mind on an activity like creating art with our art supplies, doing puzzle books and reading magazines
- ☐ **Ice or Heat Therapy**: ice packs and dry heat packs are available, depending on your surgery
- ☐ **Noise or Light Cancellation**: an eye mask, earplugs and headphones are available for your comfort and convenience. We can also help you create a sleep plan.
- ☐ **Pet Therapy**: hospital volunteers visit the unit with therapy animals. Ask about their availability.
- ☐ **Positioning/Movement**: changing position in your bed/chair or getting up to walk (with help) can improve your comfort.
- ☐ **Prayer and Reflection**: connect with your spiritual or religious center of healing and hope through prayer, meditation, reflection and ritual. Also, ask about our chaplaincy services.
- ☐ **Controlled Breathing**: taking slow deep breaths can help distract you from pain you are feeling. This can also help if you are feeling nauseated (upset stomach).
  Using the **4-7-8** technique, you can focus on your breathing pattern:
  - Breathe in quietly through your nose for 4 seconds
  - Hold the breath for 7 seconds
  - Breathe out through your mouth for 8 seconds
- ☐ **Television Distraction**: we offer a relaxation channel through the UVA in-room television. Turn to channel 17.
- ☐ **Calm App**: for Android or iOS: if you have a smart device, download the free **Calm** app for meditation and guided imagery. You can find it by searching in the app store.

Laparoscopic Gas Pain

You may have discomfort in your stomach, neck or shoulders for a few days after your surgery. This pain is because gas is used to inflate your abdomen during surgery. The pain will go away as the gas is reabsorbed in your body. Some ways to help with this pain are walking around, using a hot compress (heating pad), and avoiding carbonated drinks.

First Day After Surgery

You will:

☑ Be transferred to an Acute Care Unit (6 East).
☑ Be asked to get out of bed with help, walk the hallways 5 times, and sit in the chair for a total of 6 hours.
☑ Be encouraged to drink clear fluids.
☑ Have your IV turned off but not removed.
☑ Begin learning how to care for your urinary diversion.

Second and Third Day After Surgery

You most likely:

☑ May be able to eat soft foods. We will slowly advance your diet to solid foods.
☑ Will be asked to be out bed for the majority of the day and walk 5 times with help.

Fourth and Fifth Day After Surgery

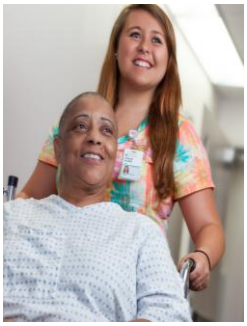
You may be able to go home if you:

☑ Are off all IV fluids and drinking enough to stay hydrated.
☑ Are comfortable and your pain is well controlled.
☑ Are not nauseated or belching (burping).
☑ Are passing gas.
☑ Do not have a fever.
☑ Are able to get around on your own.
☑ Have received education about how to care for your new urinary diversion.

Remember, we will not discharge you from the hospital until we are sure you are ready. For some patients this requires an additional day in the hospital.

Discharge

Before you are discharged, you will be given:



☑ A copy of your discharge instructions.
☑ A list of any medications you may need.
☑ A prescription for pain medicine.
☑ A prescription for a blood thinner to prevent blood clots.
☑ Ostomy supplies, if you have a new ostomy.
☑ Instructions on when to return to see your surgeon in clinic (usually in 3-4 weeks), depending on your surgery. We may see you sooner if you have surgical wound or drain.

We would like you to see your local doctor in 1-2 weeks after discharge from the hospital.

Before You Leave the Hospital

We want to make sure you are prepared as you transition from the hospital to home. We will:

☑ Ask you to identify how you will get home and who will stay with you.
☑ Make sure you have enough oxygen in the tank for the ride home, if you use oxygen.
☑ Help you collect any belongings that were stored in "safe keeping."
☑ Teach you how to change your dressing for your wound.
☑ Teach you how to measure, empty, and clean your drain (if you go home with one).

Supplies:

If you have private insurance or you choose not to receive home health services, you will be responsible for getting your supplies from a durable medical equipment (DME) company.

☑ The nurse case manager can help you find a DME that takes your insurance.
☑ You will be given a list of DME suppliers by your ostomy nurse.
☑ You may also contact your insurance company to find out which one is in your network.

Our Case Managers help with discharge needs. Please let us know the names, locations, and phone numbers of:

☑ Your home pharmacy:

_____

☑ Your home healthcare agency (if you have one):

_____

☑ Any special needs after your hospital stay:

_____

Complications Delaying Discharge

Sometimes there are things that may happen after surgery which may keep you in the hospital longer. We do our best to prevent these from happening. These may include:

Ileus - This is one of the most common and frustrating complications following surgery. Ileus is the term for lack of movement in the intestines. Your bowel may shut down after surgery, which causes food and gas to have trouble passing through your intestines. We have designed the ERAS program to help lessen your chance of getting an ileus. If you do get an ileus, it usually only lasts 2-3 days. The best way to avoid this from happening is to decrease the amount of narcotic pain medications you take, get up to walk as much as possible after your surgery, and eat small amounts of food and drinks.

Post-Operative Nausea & Vomiting - After your surgery, you may feel sick to your stomach. This is common and we give you medication to help you feel better. If you do feel sick, you should eat less food and switch to a liquid diet. Small frequent meals or drinks are best in this situation. As long as you can drink and keep yourself hydrated, the stomach upset will likely pass.

Wound infection – The surgery site might open up, become red, or drain fluid. You may need some antibiotics if your wound becomes infected. You may have an open wound that requires dressing changes at home. We will help arrange care for you in the event this happens before your discharge.

Leak – A leak might develop at the "anastomotic site." This is where your new connections are sewn together inside. Sometimes this may require another surgery to fix the leak.

Blood clots – Blood clots can be very dangerous. If a blood clot forms in the vessel, it can prevent blood from getting where it needs to go. Another problem with blood clots in veins is that they can travel to other parts of the body and clog blood vessels there. We encourage you to get up and walk around as much as possible to prevent blood clots from forming. Another way to prevent blood clots is blood thinner medication. While you are in the hospital, you will be on blood thinner medicine and will continue this medicine for 1 month after you go home.

Bleeding – There is always a risk of bleeding after surgery. We monitor you closely to watch for any signs of bleeding.

Pneumonia – We encourage you to do deep breathing exercises to prevent pneumonia. Walking is the best exercise, but using the incentive spirometer (lung exerciser) will also help to prevent pneumonia after surgery.

After Discharge

When to Call

Complications do not happen very often, but you need to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if you:

- ☑ Have worsening or new pain unrelieved by pain medication
- ☑ Have back or flank (side) pain
- ☑ Have a fever greater than 101°F or shaking chills.
- ☑ Are vomiting, nauseated, have frequent stools/diarrhea or stools that look lighter, or are abnormal in color
- ☑ Are unable to have a bowel movement for more than 3 days while using stool softeners and laxatives (Colace, Senna, Miralax, Milk of Magnesia)
- ☑ Have difficulty passing your urine, it becomes bloody or cloudy, or you are passing blood clots
- ☑ Have stents that fall out early
- ☑ Are not tolerating food, fluids or nutritional supplements
- ☑ Are sent home with a drain and it comes out

Please call us if your surgical site:

- ☑ Becomes bright red and painful, or redness starts spreading
- ☑ Starts to drain infected material that is not clear yellow or light red/pink
- ☑ Releases cloudy or foul smelling fluid
- ☑ Starts draining more than normal

Contact Numbers

If you have trouble or questions between 8:00am and 4:30pm, call the Urology nurse triage line at 434.924.9333.

After 4:30pm and on weekends, call 434.924.0000. This is the main hospital number. Ask to speak to the Urology Resident on call. The resident on call is often managing patients in the hospital so it may take a few minutes longer for your call to be returned.

Hydration

Many patients have trouble staying hydrated after surgery. Your doctor may arrange for you to get IV fluids 1 to 3 times a week for a month to prevent dehydration and kidney failure.

Blood Clot Prevention

You will be sent home on a blood thinner medication to prevent blood clots. Instructions on how to give yourself this medication will be provided while you are still in the hospital. It is very important to take this every day until it runs out.

Pain

You ***will*** alternate Tylenol and ibuprofen for improved pain control. Take these over-the-counter medications as prescribed.

Additionally, we may send you home with a prescription for an opioid pain medication to use for severe pain only. Please tell your nurse if you would like this filled at the hospital pharmacy so it will not cause a delay in your discharge home.

Since opioid pain medications can often cause nausea, you should take this medication with a small amount of food.

Your health care team will work with you to create a treatment plan based on the medications you are prescribed. It's important to remember that misuse of opioid pain medications is a serious public health concern. If you take more of your opioid pain medication than was prescribed or more often than what was prescribed, you will run out of your medication before your pharmacy will allow a new prescription to be filled. Virginia has a Prescription Monitoring Program for these types of medications to help keep patients safe.

Ask your health care team if you have specific questions.

Pain Medication Weaning

After surgery, you ***may*** be taking an opioid medication to help you with your pain. You may find that the pain is well controlled by other medications like NSAIDs (ex: ibuprofen and Tylenol). As your pain improves, you will need to wean off your opioid pain medication. Weaning means slowly reducing the amount you take until you are not taking it anymore.

Taking opioids may not provide good pain relief over a long time and sometimes opioids can cause your pain to get worse. Opioids can have many different side effects including constipation, nausea, tiredness, and even dependency. The side effects of opioids increase with higher doses. Gradually weaning to lower doses of opioid pain medication can help you feel better and improve your quality of life.

To wean from your opioid medicine, we recommend slowly reducing the dose you are taking. For example, increase the amount of time between doses. If you are taking a dose every 4 hours, extend that time:

- Take a dose every 5 to 6 hours for 1 or 2 days.
- Then, take a dose every 7 to 8 hours for 1 or 2 days.

You can also reduce the dose:

- If you are taking 2 pills each time, reduce to start taking 1 pill each time. Do this for 1 or 2 days.
- Then, increase the amount of time between doses, as explained above.

If you are still not sure how to wean off of your opioid medication, please contact your family doctor.

Once your pain has improved and/or you have effectively weaned off opioids, you may have opioids remaining. The **UVA Pharmacy** is now a **DEA registered drug take-back location**. There is a Drop Box available in the main lobby of the pharmacy 24 hours 7 days per week for patients or visitors to safely dispose of unwanted or unused medications.

Wound Care Instructions

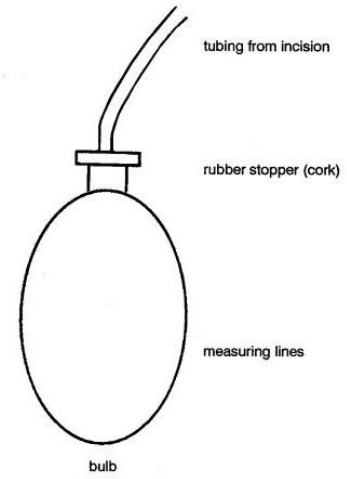
If you have staples and there is drainage, you can keep a dry clean dressing on the incision. Once the wound is no longer draining, you may leave it open to air. You may shower and let warm soapy water wash over your wound. Do not scrub, soak in a tub, or swim for at least 4 weeks or until your wounds are completely healed.

It is normal if the wound is mildly pink and has a thick firm ridge underneath it. This is referred to as a healing ridge and will resolve over the next 4-6 weeks.

If you had abdominal drain(s) removed, the site will close up over the next 7 days. It/they may continue to drain clear drainage during this time frame and can be managed with gauze dressing changes or pouch bag(s). The drainage amount will decrease each day. Once the drain site is no longer draining, remove the dressing or pouch bag(s) and leave open to air to complete healing.

Going Home with a Drain

A drain may be stitched into your abdomen during surgery to gently suction and collect fluid. This drain is called a Jackson-Pratt or "JP" drain. A JP drain helps to promote healing by reducing swelling and the risk of getting an infection. If you go home with a JP drain, you will need to empty and record your drain output 2-3 times per day. If there is barely any drainage, it is okay to empty the drain once a day or every other day.



You must monitor and document your drain amount every 24 hours. When your drainage amount is 30 milliliters or less for 3 days, your drain may be removed at your follow-up appointment in the Urology clinic. Please bring your drain log with you to this appointment. **Your drain log can be found in the back of this book with your checklist.** Use the drainage record to record the color of the output, the amount of output (you will be given a measuring cup), and your date and time of emptying.

Once a day, change your bandage at the drain site. You may shower, but you can NOT have tub baths while the drain is in place.

Urine Expectations

Some blood in the urine is expected for a few days after your surgery. It is important to drink plenty of fluids to keep your urine flowing and as clear as possible. You should drink 6-8 glasses of water a day.

Stents

You may go home with little tubes coming out of your stoma or within your neobladder. These are called stents. Your doctor will remove these in the clinic. You do not need to do anything to take care of them. Call your doctor immediately if they come out by accident.

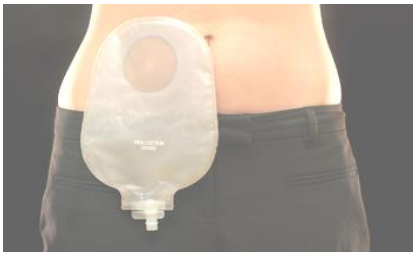
Mucus Production

You may have a **urostomy** which is constructed from a segment of your small intestine. Because the cells lining the intestines produce mucus, you will notice mucus draining out with your urine. This is normal. It is important to drink plenty of fluids to dilute your urine to prevent urine from clogging the plug on the bottom of your ostomy pouch.

- When the pouching system is changed, the skin surrounding the stoma should be gently cleaned with plain water. If you choose to use soap for cleaning, it should be mild. We do not recommend using soaps that contain moisturizers or lotions. They can leave a residue on your skin that may interfere with the bag sticking to your skin.
- Rinse well and dry the skin before the new bag is replaced. After you apply your new pouching system, gently press to mold the skin barrier against your body for 30-60 seconds. The warmth and pressure of your hands will help form the adhesive. If your skin becomes red, irritated, sore, or your pouching system is not staying in place, call your home care nurse or call the Urology Clinic for help.

Ostomy Care

If you have an ostomy, you will be discharged with 1-2 weeks of ostomy supplies. If you have Medicare and are receiving home care services, your home health care nurse can order your supplies. Home care is responsible for providing you with ostomy supplies while you receive their services.



Constipation

As mentioned previously, you will be given a prescription for opioid pain medicine when you are discharged from the hospital. Constipation is very common with the use of opioid pain medicine. We designed the ERAS program to decrease the risk of constipation by using pain medicine alternatives to help keep you comfortable.

It is very important to AVOID CONSTIPATION AND HARD STOOLS after surgery.

We will ask you to take a **stool softener (Colace)** and **laxative medication (Miralax)** to help prevent constipation once you are home. Please continue to take this each night until you stop your opioid pain medication. If diarrhea occurs, please stop this medication. If you have not had a bowel movement after 2 days, take a suppository or an enema. If you are still having constipation, please call the Urology clinic to discuss with a nurse.

There are many ways to help prevent constipation and these include: drinking 6-8 cups of non-caffeinated fluids per day, walking and regular activity, and eating a high fiber diet (refer to page 36 for examples). You should limit sugary, fatty, and starchy foods.

Diarrhea may occur after surgery. These frequent, loose stools can result from a variety of reasons including certain medications and certain infections. Having diarrhea puts you at risk for dehydration or significant fluid loss. It is important to stay hydrated by drinking fluids. For ongoing or worsening diarrhea, please contact the Urology Clinic to discuss possible stool testing.

Deep Breathing Exercises

You will be sent home with an incentive spirometer (lung exerciser). Please use your incentive spirometer 10 times per hour while awake. Walking is the best exercise, but deep breathing will help to prevent pneumonia after surgery.

You can continue using your incentive spirometer at home for 2 weeks after surgery. Hugging a pillow against your abdomen while coughing and deep breathing can help with comfort.

Eating and Weight Changes After Surgery

You can eat any food you can tolerate after surgery. It is normal for you not to be as hungry after your surgery. It may take several weeks for your desire to eat to return. You may have a metallic taste in your mouth, have taste changes, or get full very quickly. It may be easier at first to try to eat 5-6 small meals during the day. You may need to drink nutrition supplements like Ensure, Boost Plus, Carnation Instant Breakfast, or Glucerna (sugar-free) until you can eat more at one time and maintain your weight. Any alternative brand works the same, as well as homemade smoothies.

Additionally, you should eat yogurt daily or take a probiotic (Lactobacillus) to promote healthy intestine bacteria.

It is common to lose some weight after the surgery. Some of this will be the extra fluids that you received through your veins while you were in the hospital. If you are puffy in your hands or ankles when you go home, expect this to go away during the first week you are home. If you have swelling in your feet or ankles, prop them up when you are sitting.
Your weight should eventually even out then you should start slowly to gain back some of your weight but this may take several weeks.

Nutrition after Surgery

After surgery, your nutrition needs can change for several weeks. What you choose to eat and drink can affect your recovery. While healing, your body needs more protein to repair damaged tissue and wounds from surgery. It is also important to include fiber in your diet to avoid constipation. Eating nutrient-rich meals and snacks throughout the day helps to provide the vitamins and minerals your body needs to recover.

Protein: Make sure you have a good source of protein with each meal. You may also need to have a snack containing protein in between meals. Protein supplements may be used if you are not able to get enough through your meals. The list below gives some examples of foods with protein:

Chicken	Eggs
Fish	Nuts & seeds
Beef	Tofu & Tempeh
Pork	Soy
Milk	Quinoa
Yogurt (Greek Yogurt)	Beans
Cheese	Peas
Cottage Cheese	Lentils

Fiber: Most Americans do not get enough fiber in their diet. Fiber is important for lowering cholesterol and keeping bowel function regular. Make sure to drink more water as you slowly add more fiber to your diet. The list below gives some examples of foods with fiber.

Shredded wheat	Almonds
Bran	Squash
Oatmeal	Broccoli
Brown rice	Sweet potato
Flaxseed	Nectarines
Chia seeds	Pears
Barley	Blackberries
Beans	Prunes
Corn	Apples

Vitamins & Minerals: All nutrients are important for healing after surgery. Make sure you are getting enough vitamins and minerals by eating a variety of fruits, vegetables, whole grains, legumes, nuts, seeds, dairy products, fish, poultry, and eggs each week. Your doctor will tell you if you need more specific vitamins and minerals after surgery. The list below gives some examples of specific nutrients that you may need more of.

Iron	Meats, beans, spinach, prunes, eggs
Zinc	Meats, seafood, dairy, beans
Vitamin E	Nuts, vegetable oils, milk, eggs, beef liver
Vitamin C	Citrus fruits, berries, potatoes, tomatoes, melons, peppers
Vitamin K	Green leafy vegetables, fish, liver
Vitamin D	Milk, fish, eggs, fortified cereals

This information should not replace previous diet instruction by your physician or dietitian, unless specifically stated

Hobbies and Activities

Walking is strongly encouraged. Plan to walk 5 times a day, beginning the day after your surgery.

You should NOT:

☒ Do any heavy lifting for 4-6 weeks.
(No more than a gallon of milk = 10 lbs.).
☒ Do heavy exercise or return to your exercise routine.

You SHOULD:

☑ Be able to climb stairs and go outside after you are discharged.
☑ Return to hobbies and activities soon after your surgery. This will help you recover. You may slowly return to your exercise routine after 6 weeks.

Work

You should be able to return to work 8 to 12 weeks after your surgery. This may be longer or shorter depending on your recovery rate and how you are feeling. If your job is a heavy manual job, you should not perform heavy work until 6 weeks after your operation. You should check with your employer on the rules and policies of your workplace, which may be important for returning to work.

If you need a "Return to Work" form for your employer or disability papers, ask your employer to fax them to our office at 434.982.3652.

Driving

You may drive when you are off narcotics for 24 hours and feel secure and pain-free enough to react quickly. Your doctor will have to clear you before you drive. For most patients, this occurs at 4 weeks following surgery.

Online Resources

1. American Cancer Society: www.cancer.org or 1.800.227.2345
2. Bladder Cancer Network (BCAN): www.bcan.org or 1.888.908.BCAN
3. United Ostomy Association of America: www.ostomy.org

We pride ourselves in providing each of our patients with our absolute best. It is a pleasure to care for you and your family in your time of need. If you have any suggestions about how to improve your care or the care of others, please let us know.
You can contact us directly at uvaeras.weebly.com

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Urinary Diversion After Discharge

□ If you've had **NEOBLADDER** Surgery

After your surgery, you may not be able to urinate right away. You might need catheters (tubes) to help empty your neobladder. One catheter goes into your urethra and one catheter goes into the right side of your abdomen; both work together to drain your new neobladder.

Since your neobladder was made from part of your intestine, it will make mucous. This mucous can build up if it is not flushed away regularly. Your catheters should be flushed with saline every 4-6 hours (even at night) to prevent mucous from clogging the tubes. You will learn how to flush the catheter(s) before you leave the hospital.

Drinking plenty of water during the day and staying well hydrated can help keep your neobladder flushed. Your urine should be a pale yellow color if you are drinking enough water.

After you leave the hospital, you will have a follow-up visit at 2 weeks. It is important to flush your catheters until this follow-up visit. During this visit, you will have an X-ray of the bladder called a cystogram. A cystogram helps to evaluate if your catheter(s) can be removed.

Once your catheters are removed, you will not be able to tell when your neobladder is full right away. Your new neobladder is small and it will take time to expand in order to hold more urine. Your body will soon be able to recognize the signs that your bladder is full as it is re-learning how to empty. Until then, to prevent leaking urine, it is important to set a regular schedule to empty your new bladder regularly and completely. If you don't, it may get too full and may leak. This should be done every 3-4 hours. Before you go to sleep, you should set an alarm to wake up once or twice to empty your bladder.

In the first few weeks after your surgery, be prepared for incontinence (bladder leakage), especially at night. Use mattress pads to protect your bed. Use adult diapers and sanitary pads during the day and at night to stay dry and protect your skin. **Always keep extra supplies with you** - in your car, at work, and when you travel.
A urinary tract infection (UTI) can occur after your surgery. Symptoms may include cloudy, dark, bloody, or strong smelling urine. A UTI may also cause lower back pain and/or a fever.

(Remember mucus is not a sign of infection). You should contact your Urologist if you think you have a UTI so a urine culture can be ordered. You should not have a dipstick test because the result may not be accurate.

Your new neobladder will not work the same way as a normal bladder. You must train your muscles to put pressure on the neobladder to force the urine out. Bladder control depends on muscles working together. The bladder muscle should be relaxed when the bladder is filling and the pelvic floor muscles should be tight. The pelvic floor muscles surround the urethra (the tube that urine passes through). When they tighten they help prevent leakage. Strong pelvic floor muscles can help prevent leakage and calm the urge to pass urine.

Physical therapists can teach you specific **pelvic floor exercises** to strengthen your pelvic muscles and help with incontinence issues. Specifically, "Kegel" or pelvic floor muscle exercises help keep your pelvic floor muscles firm and reduce problems with leakage. It will take practice to learn how to control your pelvic floor muscles. When doing the exercises, relax your body as much as possible to concentrate on your pelvic floor muscles.

To strengthen your pelvic floor muscles, follow the steps below:

1. **Squeeze your pelvic floor muscles for one second and hold. (These muscles are the ones you use to stop the flow of urine.)**
2. **Relax your muscles for two seconds.**
3. **Each time you squeeze and relax, it counts as one set.**
4. **Complete five sets.**

When you do the exercises easily, increase to doing them 10 times per day. When that gets easy, try to squeeze and hold the muscles for three seconds and then relax the muscles for three seconds. As your pelvic muscles get stronger, you can progress to longer squeezes for about 10 seconds. Be sure to relax between squeezes so that your muscles can rest before squeezing again.

You should do these exercises in three different positions. Do 10 sets lying down, 10 sitting and 10 standing. You may want to do one set of 30 in the morning when you get up and another set of 30 at night. However, the exact time of day does not matter. It is important that you develop the habit of doing them every day. Pelvic floor muscle support usually gets better about six weeks after starting the exercises.

☐ If you've had **INDIANA POUCH** Surgery

After your surgery, you will have catheters (tubes) to help empty your Indiana Pouch and allow the pouch time to heal. One catheter goes in your stoma and one catheter goes in the right side of your abdomen to drain the pouch. You will learn how to flush the catheters before you leave the hospital.

You will use saline water to flush your catheters and you will need to flush your catheters every 4-6 hours, even at night. This helps clear out any mucus and prevents the catheter from clogging. At your follow-up visit, you will have an X-ray of the bladder called a cystogram. A cystogram helps to evaluate if your catheters can be removed.

Learning to use a catheter to empty your pouch is easy and painless (the stoma channel has little to no feeling). **Keep a kit with you so you can catheterize and drain the pouch whenever you need to.**

The kit should contain:
☑ A couple of catheters
☑ Lubricant (K-Y gel to allow the catheter to slide easily into the pouch)
☑ Hand wipes
☑ Mini-sanitary pad (attach to your underwear over the stoma to catch any leaks)

Make a schedule to drain your pouch at specific intervals, even at night. Be patient when it is draining. In the beginning, you will drain your pouch at one or two hour intervals. The pouch must be allowed to stretch. The goal is for your pouch to hold 13-16 ounces of urine.

Drink plenty of water. The pouch produces mucus, since it used to be a piece of your intestine, and the mucus can build up. If you drink lots of water, it dilutes the mucus. When well hydrated, your urine will be pale yellow.

Leaks will still happen sometimes, so have a plan for what you will do in case of a leak. You might want to have a backup shirt at work or in your car. **Always keep extra supplies with you** - in your car, at work, and when you travel - in case you need to change your bag.

An upper urinary tract infection or kidney infection (also called Pyelonephritis) can occur. Symptoms may include strong smelling, cloudy, dark or bloody urine. You may also experience lower back pain and/or a fever. Mucus is not a sign of infection. You should contact your Urologist if you think you have an infection so a urine culture can be ordered. You should not have a dipstick test because the result may not be accurate.

☐ If you've had **ILEAL CONDUIT** Surgery

After your surgery, you will have swelling at your stoma site. The size of your stoma will shrink as you recover and will change over the next 6-8 weeks. Be sure to check regularly to make sure your ostomy supplies still fit.

Before you leave the hospital, you will be fitted for an ostomy bag and will be given supplies to take home. Your nurse will teach you how to care for your ileal conduit.

Ostomy companies will send you samples of supplies so that you can try them out and see which ones you like best. They also have ostomy nurses that can help answer your questions. We request samples from 3 major vendors: Hollister, Coloplast, and Convatec.

Make sure your clothing is comfortable. After you heal, most people are able to wear the same clothing they wore before their surgery.

Leaks will still happen sometimes, so have a plan for what you will do in case of a leak. You might want to have a backup shirt at work or in your car. **Always keep extra supplies with you** - in your car, at work, and when you travel - in case you need to change your bag.

Once your stoma heals, if you notice bulging that is uncomfortable or makes it difficult to secure your ostomy appliance, speak to your urologist.

Talk to your ostomy nurse if you have issues with leakage or irritation with your bag.

Maintaining your ileal conduit will become a routine part of your everyday life.

An upper urinary tract infection or kidney infection (also called Pyelonephritis) can occur. Symptoms may include strong smelling, cloudy, dark or bloody urine. You may also experience lower back pain and/or a fever. Mucus is not a sign of infection. You should contact your Urologist if you think you have an infection so a urine culture can be ordered. You should not have a dipstick test because the result may not be accurate.

Write any notes here:

_____

_____

_____

Are you getting an Ileal Conduit?

Please join us for an informative class to learn more!

Wound Ostomy Continence (WOC) Nurse Service

To help prepare you for your stoma, the WOC nurse will provide education and support to you and your family. This will help you understand what to expect after surgery and learn how to care for your stoma.

Before Surgery

Your healthcare team recommends you attend an Ostomy Class no more than 2 weeks before your surgery. Our Ostomy classes are held on the:

1st, 2nd & 3rd Wednesdays of each month from 11 A.M. – 12 P.M.

The class is located in the Digestive Health Classroom of the main hospital. During this class, the WOC nurse will mark your stoma site, which is shown to reduce ostomy-related complications. No registration is required, but you may call UVA WOC Nurses at **434.982.1017** to let us know you are going to attend.

After Surgery

The WOC nurse will visit you throughout your hospital stay. They will help you become independent with caring for your stoma and discuss when to follow-up with your healthcare professional if you are experiencing difficulty. Remember, stoma care is a process and YOU CAN DO THIS!

After Discharge

The UVA Ostomy Clinic, located in the West Complex, is held on Tuesday mornings and Friday afternoons for post-surgery follow up.

Please call 434.982.1017 with any questions or to schedule an appointment in clinic.

Cystectomy Surgery Pathway:

The Patient's Checklist

GOAL: Safe transition from hospital to home or next care setting through learning basic knowledge of postoperative care and monitoring.

DAYS BEFORE SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	If you are on any blood thinner medications, follow any specific instructions that your nurse gave you regarding **if** and **when** to stop taking them before your surgery. If you have any questions, call your surgeon's office.	
Medications	Stop taking any vitamins, supplements and herbs 2 weeks before your surgery. Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.	
Actions	We recommend you have the following non-prescription medications at home before your surgery: o Tylenol (acetaminophen) 325mg tablets o Advil/Motrin (ibuprofen)200mg tablets o Colace (docusate sodium) 100mg tablets o Miralax powder or Senna and Probiotics o Fleet Enema (for morning of surgery, see page 21) o Magnesium citrate (if your doctor told you to do this)	
Actions	If you are getting an ileal conduit, we recommend that you attend our Ostomy Class no more than 2 weeks before your surgery. (See details on page 43)	
DAY BEFORE SURGERY	**ACTION**	**CHECK WHEN COMPLETE**
Medications	Make sure you have purchased a fleet enema at your local pharmacy to take the morning of surgery.	
Medications	Follow orders given to you for blood thinners and diabetes medications.	
Diet	Follow a clear liquid diet. (See details in section 1 of your handbook under **Day Before Surgery Diet).**	
Actions	On the evening before your surgery, take a shower with the soap provided to you. Use **half** of the bottle as instructed.	
Actions	Call 434-992-0160 if you don't receive a call by 4:30 PM with your arrival time.	

MORNING OF SURGERY	ACTION	CHECK WHEN COMPLETE
Medications	Take any medication you were instructed to take the morning of surgery. Complete the fleet enema 30-60 minutes before you leave home.	
Actions	On the morning of your surgery, take a shower with the soap provided to you. Use the remaining **half** of the bottle.	
Diet	Do not eat the morning of surgery. Continue drinking water until 2 hours before you are told to arrive at the hospital. Drink your Gatorade ™ before check in, then nothing more to drink.	
Actions	Bring your CPAP or Bi-PAP machine with you, if you use one.	
Actions	Bring your blood band with you, if you were given one.	
Actions	Bring an updated list of your medications.	
Actions	Bring this handbook and checklist in to the hospital with you when you check in for surgery. See the “Pre-Surgery Checklist” page in your handbook for some additional helpful items to bring with you on your day of surgery.	

AFTER SURGERY	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Walk outside of hospital room as soon as possible after arriving on the floor after surgery.		
Weight	Write down your weight that was taken. Identify importance of daily weights during hospitalization.		
Pain management	Discuss with nurse what medications will be used to manage post-operative pain. Demonstrate understanding of UVA's pain scale.		
Diet	Take clear liquids as tolerated.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
POST-OPERATIVE DAY 1	**ACTION**	**CHECK WHEN COMPLETE**	**RN INITIALS**
Mobilize	Spend at least 6 hours out of bed. Plan to walk the hallways 5 times a day. State one benefit of mobility to your nurse.		
Urinary Diversion	Learn about how to care for your urinary diversion.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Dehydration prevention	List 2 signs and symptoms of dehydration. Name 2 ways to avoid dehydration.		
Fluid monitoring	Identify the importance of daily weights during hospitalization.		
Diet	Tolerate liquids as part of your diet.		

POST-OPERATIVE DAY 2	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend the majority of the day out of bed. Walk 5 times in the hallway.		
Urinary Diversion	Learn about how to care for your urinary diversion. Learn how to flush catheters (tubes) and manage drains (if you have them) If you have an Indiana Pouch, learn how to use a catheter to empty your pouch. If you have an ileal conduit, learn how to manage you ostomy bag.		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		
POST-OPERATIVE DAY 3	**ACTION**	**CHECK WHEN COMPLETE**	**RN INITIALS**
Mobilize	Spend the majority of the day out of bed. Walk 5 times in the hallway.		
Urinary Diversion	Learn about how to care for your urinary diversion. (details above, depending on your urinary diversion type)		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		

POST-OPERATIVE DAY 4	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Mobilize	Spend the majority of the day out of bed. Walk 5 times in the hallway.		
Urinary Diversion	Learn about how to care for your urinary diversion. (details above, depending on your urinary diversion type)		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		
POST-OPERATIVE DAY 5	**ACTION**	**CHECK WHEN COMPLETE**	**RN INITIALS**
Mobilize	Spend the majority of the day out of bed. Walk 5 times in the hallway.		
Urinary Diversion	Learn about how to care for your urinary diversion. (details above, depending on your urinary diversion type)		
Breathing	Use the incentive spirometer as instructed by your nurse.		
Infection Prevention	Identify signs and symptoms of wound infection. Demonstrate appropriate wound care.		
Diet	Tolerate 2 meals of a transitional diet.		
Pain Management	Pain well-controlled on oral pain medications. Verbalize pain management plan for discharge.		

OSTOMY	ACTION	CHECK WHEN COMPLETE	RN INITIALS
Ostomy Instructions	Demonstrate understanding of how to empty and record ostomy output.		
Ostomy Return Demonstration	Demonstrate to wound nurse of bedside RN how to apply new ostomy bag.		
Ostomy Supplies	Assure that you have supplies for discharge. If you have private insurance or choose not to receive home health care services, you will be responsible for getting your supplies from a durable medical equipment (DME) company. The nurse case manager can help you find a DME that takes your insurance. You will be given a list of DME suppliers by your ostomy nurse.		
DISCHARGE	**ACTION**	**CHECK WHEN COMPLETE**	**RN INITIALS**
Discharge Instructions	Verbalize understanding of signs and symptoms of a potential complication and what actions to take in the event of a complication.		
Discharge Instructions	Understand how to care for your drain(s) if you have them. Know how to measure drainage, empty the drain, and clean the drain. Understand how to flush you catheters (if you have them).		
Discharge Preparation	Ensure you have a ride home from the hospital, extra oxygen (if you need it), and all of your belongings that may have been stored in “safe keeping” during your hospital stay.		

JP DRAINAGE RECORD

DATE	TIME	AMOUNT	COMMENTS

COMPLETE THIS LOG AND BRING WITH YOU TO YOUR POSTOP VISIT