



PATIENT INFORMATION

Radical Cystectomy Urinary Diversion Ileal Conduit

*Please bring this book to the hospital
on the day after your surgery.*

THE OTTAWA HOSPITAL

Disclaimer

This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.

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Introduction

Welcome to The Ottawa Hospital. This booklet was prepared for you by the Radical Cystectomy – Urinary Diversion pathway team to help you understand:

- Your condition and your surgery
- How you can help yourself
- Your care in hospital
- Your needs, care and resources after discharge

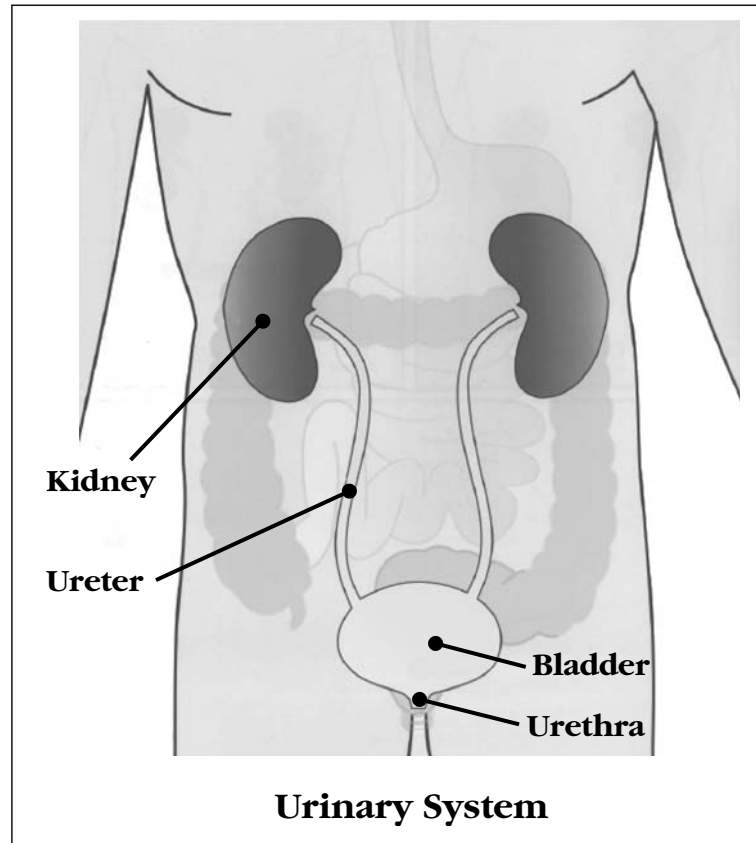
Your health-care team has made a plan in advance for certain parts of your care. This plan is shown in the Radical Cystectomy Clinical Pathway on pages 5 to 9. The clinical pathway describes some of the usual care for people with your condition. This plan will be adapted for your specific needs.

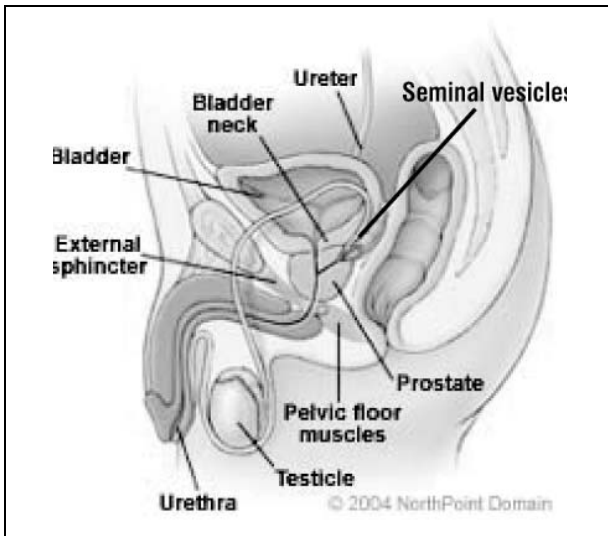
Please:

- Read the booklet carefully
- Share it with your family
- Ask questions if there is anything you don't understand
- Pack the booklet with your belongings and bring it with you when you are admitted to hospital

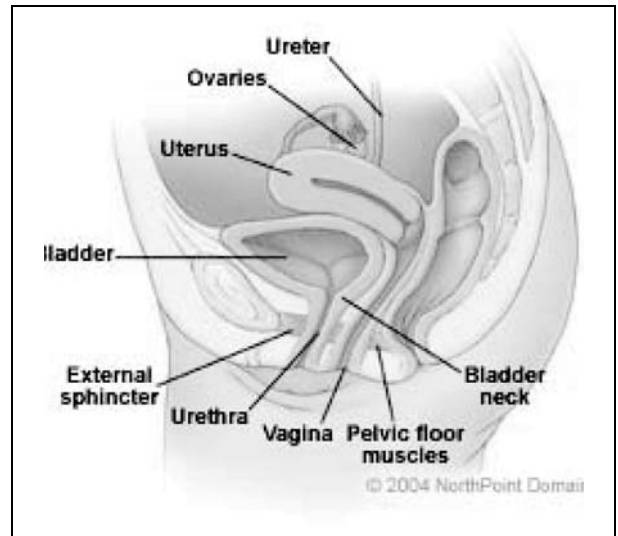
Your condition and your surgery

You have been diagnosed with bladder cancer and your urologist has suggested a radical cystectomy. Radical cystectomy removes the entire bladder, nearby lymph nodes, and any surrounding organs that contain cancerous cells.





In men, the nearby organs that are removed are the prostate and the seminal vesicles (a pair of pouch-like glands found on each side of the bladder that secrete seminal fluid and nourish and promote the movement of spermatozoa through the urethra).



In women, the uterus, the ovaries, and part of the vagina are removed.

Following a cystectomy, the urologist will create a **urinary diversion**. The different urinary diversions are:

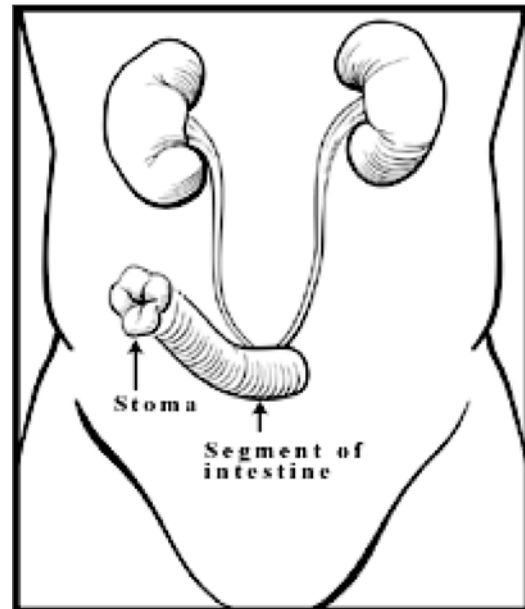
- Ileal conduit
- Continent pouch reservoir
- Neobladder

Ileal Conduit Urinary Diversion

Once the bladder is removed, in an ileal conduit procedure, the urologist takes a short segment of your small bowel (intestine) and reconnects the remaining bowel so that it functions normally. The urologist uses about 6 to 8 inches (15 to 20 cms) of your small bowel. You have 20 feet (6 meters) of bowel in all so will still have plenty of bowel left to digest the foods you eat.

The short segment of bowel or ileum is now used to drain the urine to the outside of the body. The ureters that drain the urine from the kidneys are attached to this part of ileum. The ileum is then brought through an opening on your abdomen. This opening is called a stoma. The stoma is covered with an appliance (pouch) that collects the urine. A few drops of urine flows from the stoma every 10 to 15 seconds. You will not feel the urge to go to the bathroom and cannot start or stop the flow of urine.

The following five pages show the clinical pathway for your condition. There is more detailed information after the clinical pathway.



Clinical Pathway for Radical Cystectomy – Ileal Conduit		
	Pre-Admission	Day of Admission
Consult	<ul style="list-style-type: none"> • Anesthesiologist • Home Care if necessary • Enterostomal Therapy (ET) Nurse 	
Tests	<ul style="list-style-type: none"> • Blood tests • Urine tests • Electrocardiogram if required • Chest x-ray if required 	<ul style="list-style-type: none"> • Blood test if required
Medication	<ul style="list-style-type: none"> • Review of your own medication 	<ul style="list-style-type: none"> • Intravenous • Antibiotics • Blood thinner
Assessment and Treatment		
Activity		
Nutrition	<ul style="list-style-type: none"> • Clear fluid diet on day prior to surgery 	<ul style="list-style-type: none"> • Follow directions from Pre-Admission Unit (PAU) nurse
Elimination		
Patient Teaching	<ul style="list-style-type: none"> • Pre-op instructions • Bowel prep (if applicable) • Read Radical Cystectomy patient information booklet 	<ul style="list-style-type: none"> • Pre-op instructions • Expectation of operative day • Understands plan for pain management
Discharge Planning	<ul style="list-style-type: none"> • Plan to stay in hospital for seven days including day of surgery 	

Clinical Pathway for Radical Cystectomy – Ileal Conduit		
	Post-op PACU Unit	Post-op Day 1 – Inpatient Unit
Consult		<ul style="list-style-type: none"> • Social Work if necessary • ET (Enterostomal therapy) • CCAC (Community Care Access Centre = Home Care) for ostomy education follow-up
Tests	<ul style="list-style-type: none"> • Blood tests • X-rays of chest 	<ul style="list-style-type: none"> • Blood tests
Medication	<ul style="list-style-type: none"> • Intravenous Patient Controlled Analgesia (PCA) pain pump or Epidural pump infusion • Antibiotic • Anti-nausea medication • Blood thinner • Stomach acid reducer • Your own medications if required 	<ul style="list-style-type: none"> • IV PCA (pain pump) or Epidural pump infusion for pain management • Antibiotics • Anti-nausea medication • Stomach acid reducer • Blood thinner • Your own medications if required
Assessment and Treatment	<ul style="list-style-type: none"> • Vital signs (Blood Pressure, Heart and Respiratory Rate, Temperature) • Bowel and breath sounds • Oxygen level • Intravenous • Abdominal dressings • Sequential Compression Device (SCD) machine (calf massaging machine) when in bed • Jackson Pratt (JP) drains 	<ul style="list-style-type: none"> • Vital signs • Bowel and breath sounds • Oxygen level • Intravenous • Abdominal dressing • SCD machine when in bed • Jackson Pratt (JP) drains • X-ray of your abdomen • Assess urinary stoma, stents (2 small rigid tubes in your urinary stoma)
Activity	<ul style="list-style-type: none"> • Deep breathing and coughing • Ankle exercises • Bedrest 	<ul style="list-style-type: none"> • Bedrest • Possible sitting on side of bed if doing well
Nutrition	<ul style="list-style-type: none"> • No food or water 	<ul style="list-style-type: none"> • No food or water
Elimination	<ul style="list-style-type: none"> • Urinary stoma/ostomy pouch 	<ul style="list-style-type: none"> • Urinary stoma/ostomy pouch
Patient Teaching	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises 	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management
Discharge Planning		<ul style="list-style-type: none"> • Discharge plan in place

Clinical Pathway for Radical Cystectomy – Ileal Conduit		
	Post-op Day 2 – Unit	Post-op Day 3 – Unit
Consult	<ul style="list-style-type: none"> • Social Work if necessary • ET (Enterostomal therapy) • CCAC (Community Care Access Centre = Home Care) for ostomy education follow-up 	<ul style="list-style-type: none"> • Social Work if necessary • ET (Enterostomal therapy) • CCAC (Community Care Access Centre = Home Care) for ostomy education follow-up
Tests	<ul style="list-style-type: none"> • Blood tests 	<ul style="list-style-type: none"> • Blood tests
Medication	<ul style="list-style-type: none"> • IV PCA (pain pump) or Epidural pump infusion for pain management • Anti-nausea medication • Stomach acid reducer • Blood thinner • Your own medications if required 	<ul style="list-style-type: none"> • IV PCA (pain pump) or Epidural pump infusion for pain management • Anti-nausea medication • Stomach acid reducer • Blood thinner • Your own medications if required
Assessment and Treatment	<ul style="list-style-type: none"> • Vital signs • Oxygen level • Intravenous • Abdominal dressing removed and wound cleansed. New dressing only if drainage present. • Jackson Pratt (JP) drains • Assess urinary stoma, stents 	<ul style="list-style-type: none"> • Vital signs • Oxygen level • Intravenous • Abdominal dressing if drainage present • Jackson Pratt (JP) drains • Assess urinary stoma, stents
Activity	<ul style="list-style-type: none"> • Up in chair • Walk with assistance 3 times/day 	<ul style="list-style-type: none"> • Up in chair as much as possible • Walk with assistance four times/day
Nutrition	<ul style="list-style-type: none"> • Sips of fluid 	<ul style="list-style-type: none"> • Clear fluids
Elimination	<ul style="list-style-type: none"> • Urinary stoma/ostomy pouch 	<ul style="list-style-type: none"> • Urinary stoma/ostomy pouch
Patient Teaching	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management 	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Understand need for 2 liters or more of fluid/day • Pouch, begin learning how to: <ul style="list-style-type: none"> – Disconnect pouch from drainage bag in a.m. and reconnect at bedtime – Clean night bag – Empty pouch when $\frac{1}{3}$ to $\frac{1}{2}$ full
Discharge Planning	<ul style="list-style-type: none"> • Discharge plan in place 	<ul style="list-style-type: none"> • Discharge plan in place

Clinical Pathway for Radical Cystectomy – Ileal Conduit		
	Post-op Day 4 – Unit	Post-op Day 5 – Unit
Consult	<ul style="list-style-type: none"> • Social Work if necessary • ET (Enterostomal therapy) • CCAC (Community Care Access Centre = Home Care) for ostomy education follow-up 	<ul style="list-style-type: none"> • Social Work if necessary • ET (Enterostomal therapy) • CCAC (Community Care Access Centre = Home Care) for ostomy education follow-up
Tests	<ul style="list-style-type: none"> • Blood tests • Test of drainage fluid from Jackson Pratt 	<ul style="list-style-type: none"> • Blood tests
Medication	<ul style="list-style-type: none"> • Pain medication by mouth • Blood thinner • Anti-nausea medication • Stomach acid reducer • Your own medications if required 	<ul style="list-style-type: none"> • Pain medication • Blood thinner • Anti-nausea medication • Stomach acid reducer • Your own medications if required
Assessment and Treatment	<ul style="list-style-type: none"> • Vital signs • Oxygen level • Intravenous • Abdominal dressing if drainage present • Left Jackson Pratt (JP) drain to be removed. Right drain to stay in place. • Assess urinary stoma, stents 	<ul style="list-style-type: none"> • Vital signs • Oxygen level • Intravenous (may be capped if drinking well) • Abdominal dressing if drainage present • Jackson Pratt (JP) drain • Assess urinary stoma, stents
Activity	<ul style="list-style-type: none"> • Up in chair as much as possible • Walk with assistance 4 times/day 	<ul style="list-style-type: none"> • Up in chair as much as possible • Walk four times/day
Nutrition	<ul style="list-style-type: none"> • Surgery diet • Drink at least 2 liters/day of fluid 	<ul style="list-style-type: none"> • Surgery diet • Drink at least 2 liters/day of fluid
Elimination	<ul style="list-style-type: none"> • Urinary stoma/ostomy pouch 	<ul style="list-style-type: none"> • Urinary stoma/ostomy pouch
Patient Teaching	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Able to do the following alone: <ul style="list-style-type: none"> – Disconnect pouch from drainage bag in a.m. and reconnect at bedtime – Clean night bag – Empty pouch when $\frac{1}{3}$ to $\frac{1}{2}$ full • Understand need for 2 liters or more of fluid/day 	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Able to do the following alone: <ul style="list-style-type: none"> – Disconnect pouch from drainage bag in a.m. and reconnect at bedtime – Clean night bag – Empty pouch when $\frac{1}{3}$ to $\frac{1}{2}$ full • Understand need for 2 liters or more of fluid/day
Discharge Planning	<ul style="list-style-type: none"> • Discharge plan in place 	<ul style="list-style-type: none"> • Discharge plan in place

Clinical Pathway for Radical Cystectomy – Ileal Conduit		
	Post-op Day 6 – Unit	Post-op Day 7 – Unit / Discharge Day
Consult	<ul style="list-style-type: none"> • Social Work if necessary • Seen by ET (Enterostomal therapy) • Seen by CCAC (Community Care Access Centre = Home Care) for ostomy education follow-up at home 	<ul style="list-style-type: none"> • Seen by ET (Enterostomal therapy) if not seen on day 6
Tests	<ul style="list-style-type: none"> • Blood tests 	<ul style="list-style-type: none"> • Blood tests
Medication	<ul style="list-style-type: none"> • Pain medication • Blood thinner • Anti-nausea medication • Stomach acid reducer • Your own medications if required 	<ul style="list-style-type: none"> • Pain medication • Blood thinner • Anti-nausea medication • Stomach acid reducer • Your own medications if required
Assessment and Treatment	<ul style="list-style-type: none"> • Vital signs • Oxygen level • Intravenous removed • Abdominal dressing if drainage present • Jackson Pratt (JP) drain • Assess urinary stoma, stents • ET nurse to change appliance, give you a starting kit and make recommendations for home supplies 	<ul style="list-style-type: none"> • Vital signs • Oxygen level • Abdominal dressing only if drainage present • Jackson Pratt (JP) drain • Assess urinary stoma, stents • ET nurse to change appliance, give you a starting kit if not done on day 6 and make recommendations for home supplies
Activity	<ul style="list-style-type: none"> • Up in chair as much as possible • Walk four times/day 	<ul style="list-style-type: none"> • Up in chair as much as possible • Walk four times/day
Nutrition	<ul style="list-style-type: none"> • Surgery diet • Drink at least 2 liters/day of fluid 	<ul style="list-style-type: none"> • Surgery diet • Drink at least 2 liters/day of fluid
Elimination	<ul style="list-style-type: none"> • Urinary stoma/ostomy pouch 	<ul style="list-style-type: none"> • Urinary stoma/ostomy pouch
Patient Teaching	<ul style="list-style-type: none"> • Deep breathing and coughing exercises • Ankle exercises • Pain management • Continue teaching on how to care for urinary diversion • Able to do the following alone: <ul style="list-style-type: none"> – Disconnect pouch from drainage bag in a.m. and reconnect at bedtime – Clean night bag – Empty pouch when $\frac{1}{3}$ to $\frac{1}{2}$ full • Understand need for 2 liters or more of fluid/day 	Understand: <ul style="list-style-type: none"> • Management of Jackson Pratt (JP) drain (if not removed) • Pain management • Signs and symptoms requiring immediate medical attention • When to resume normal activity • Able to do the following alone: <ul style="list-style-type: none"> – Disconnect pouch from drainage bag in a.m. and reconnect at bedtime – Clean night bag – Empty pouch when $\frac{1}{3}$ to $\frac{1}{2}$ full • Understand need for 2 liters or more of fluid/day
Discharge Planning	<ul style="list-style-type: none"> • Prepare for discharge in a.m. Have family member pick you up by 10 a.m. • Discharge plan in place 	<ul style="list-style-type: none"> • Discharge home today at 10 a.m.

The Pre-Admission Unit Visit

Before you are admitted for surgery you will have an appointment at the Pre-Admission Unit (PAU). Please bring all of your regular medications, including your over the counter medication and herbal remedies to this appointment.

A nurse and a doctor will see you.

The nurse will ask about your medical history and what medications you usually take. The nurse will:

- Teach you what you need to do to prepare for surgery
- Review this booklet with you
- Give you instruction sheets
- Answer your questions
- Arrange for you to see the Enterostomal Therapy Nurse (ET Nurse)

As well, the doctor will ask about your medical history and may decide that you need additional tests.

The following tests may be done:

- Blood tests
- Urine tests
- X-ray of your lungs (depending on your condition)
- Cardiogram (depending on your health history)

The Day Prior to Surgery

The day prior to surgery you will only drink clear fluids by mouth. You are not to eat any solid foods. After midnight you may only drink water. Examples of clear fluids include: water, white Gatorade, white grape, apple or cranberry juice, ginger ale, clear tea or coffee, chicken broth, jello with no solid fruit added.

The Day Prior to Surgery – Before the Surgery (Pre-Op)

Please follow the pre-op instructions provided by the nurse during your PAU visit.

- If you have been told to take some of your usual medications (such as your blood pressure pills or heart pills) on the morning of surgery, you may take them with a sip of water.
- Bring in your personal care items such as a toothbrush, comb, and shampoo.
- Bring telephone numbers of your spouse/relative who will be helping you, so they can be contacted if needed. Include both the home, cell and work numbers.

Your Care in Hospital – After Surgery

After your surgery you will awaken in the Post Anesthetic Care Unit (PACU) where you will stay until your condition is stable. Depending on how you do with the surgery, you may need to spend the night in PACU. When you are stable you will be transferred to your room.

Visitors are not permitted in PACU unless the patient is staying overnight.

Assessments

The nurse will check you often to ensure that you are comfortable and progressing well. Your temperature, heart rate, blood pressure, oxygen level and abdominal dressing are checked. Your drains will be emptied as often as needed. The nurse will also listen to your lungs to check your breath sounds and your abdomen to check your bowel sounds. You will also be asked about “passing gas” and bowel movements.

Intravenous

You will have an intravenous (IV) to replace your fluids until you are able to drink and eat well. Do not pull on the IV tubing.

You may have a central intravenous line inserted into a blood vessel located on the side of your neck. This type of IV tubing allows us to give you different types of fluid at the same time. Also, this type of tubing permits the nurses to take blood tests if needed.

Oxygen

Extra oxygen is sometimes given through a mask placed over your nose and mouth or by small tubes placed into your nostrils. A small clip on your finger measures the amount of oxygen in your blood. This is called pulse oximetry. The measurement is used to determine if you are getting enough oxygen. The nurses will increase, or decrease the amount of oxygen based on their assessment. The oxygen will be discontinued when appropriate.

Sequential Compression Device (SCD)

Because you will remain in bed for the first day you may have a Sequential Compression Device. This device massages the legs at various intervals. This helps prevent blood clots and improves blood circulation in your legs. Once you are up sitting in a chair or walking this device will no longer be used.

Pain Management After Surgery

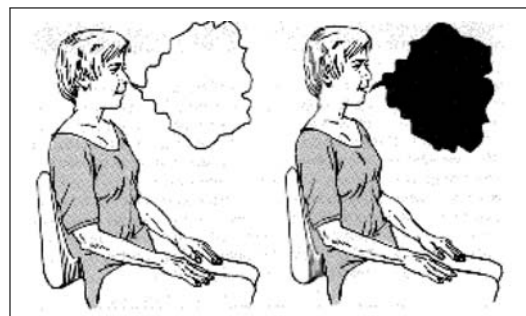
Your comfort is our concern. It is important that you have good pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Your pain should be controlled enough that you can rest comfortably and that pain does not prevent you from deep breathing, coughing, turning, getting out of bed and walking. These activities are important to help you get better.

Both drug and non-drug treatments can be successful in helping prevent and control pain. The most common pain control treatments for after surgery are described in the *Pain Management After Surgery* booklet. You, your doctors and your nurses will decide which ones are right for you to manage your pain. Please read the booklet before your surgery. Bring it to the hospital on the day of your surgery.

Post Operative Exercises

Deep Breathing and Coughing

After surgery we tend to take smaller breaths. This can be because of pain, anesthesia given during our surgery, or not moving around as much after surgery. Doing deep breathing and coughing exercises post-operatively will help keep your lungs healthy by getting rid of extra secretions.



Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed. Follow these instructions:

- Support your incision with a small blanket or pillow.
- Take a deep breath in through your nose. Hold for five seconds.
- Breathe out through your mouth.

- Repeat this exercise ten times each hour while you are awake and until your activity level increases.

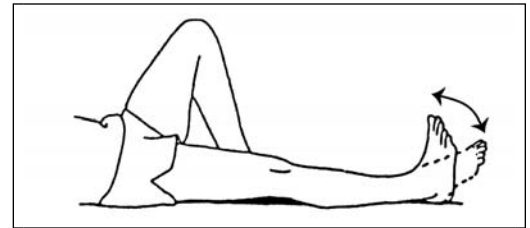
Coughing exercises help to loosen any secretion that may be in your lungs and should be done after your first five deep breaths. To produce an effective cough:

- Support your incision with a small blanket or pillow.
- Take a deep breath and cough.

Calf Pumping Exercises

- Point your toes (as if you were pressing on a gas pedal) and point your toes towards your chin. Repeat ten times.
- Make circles with your feet.

These exercises will help prevent blood clots by increasing blood circulation in your legs.

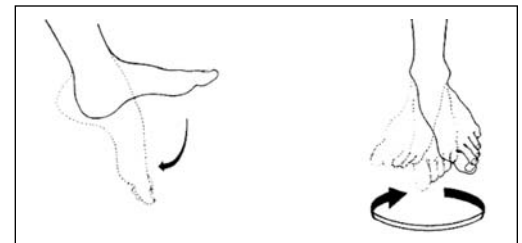


Ankle Exercises

Ankle exercises help the blood circulate in your legs while you are less mobile. Do these ten times each hour, while you are awake and until your activity level increases.

With your legs flat on the bed:

- Move your ankles in a circle clockwise and counter-clockwise.



Moving and Positioning

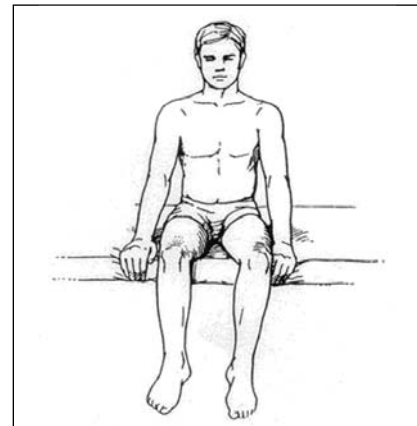
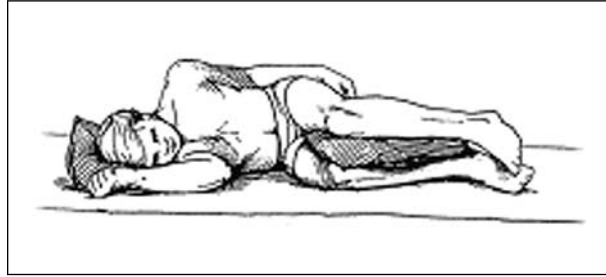
While in bed, it is important to move and reposition yourself. You should reposition yourself every two hours while awake.

- Support your abdomen with a pillow or small blanket.
- Bend your knees and roll from your side to your back.

Getting out of bed

Obtain assistance as needed.

- Roll onto your side and bring your knees up towards your abdomen.
- Place your upper hand on the bed below your elbow.
- Raise your upper body off the bed by pushing down on the bed with your hand.
- Swing your feet and legs over the edge of the bed and bring your body to a sitting position.
- Once in the sitting position, take a few breaths and ensure your balance is good before attempting to stand.
- Slide your bottom to the edge of the bed.
- Stand up keeping your back as straight as possible.
- When getting back into the bed, reverse the process.



Incision

A dressing will cover your incision. The nurse may change your dressing if it becomes soiled. On the third day after your surgery, the nurse will remove the dressing and leave it open to air. If there is still drainage from the incision, the nurse may put a dry gauze dressing on your incision.

Drains

You will have one or two drains in your abdomen. These drains remove excess fluid from the surgical area. These drains are called Jackson Pratt (JP) drains. The amount of drainage will be monitored and recorded by the nurse. These drains are usually removed before you go home.

Diet

You will not be allowed to drink or eat anything for the first few days after your surgery. This will give your bowels time to recover. On the second day after your surgery you may start taking sips of fluid. You will progress to taking full fluids. Finally you will be started on a Surgery Diet. The Surgery Diet is a diet that is easily digested.

- Try to eat three small meals plus two to three snacks daily until your appetite is back to normal.
- Eat slowly and chew your food well.
- It is important to drink plenty of fluids. You need to drink at least 2 liters of fluid per day.
- Your body needs more energy and protein when recovering from surgery and during illness. Try to eat a protein rich food at each meal and snack (milk, yogurt, cheese, eggs, meat, fish or poultry).

Activity while in hospital

- One day after your surgery you will be helped to sit on the side of the bed.
- On Post-op Day 2 you will be assisted in taking short walks in the hall at least three times.
- On Post-op Day 3 and 4, you should be taking 4 short walks with assistance.
- Over the next few days in hospital you should continue to increase your activity and endurance as you tolerate.

Ileal Conduit Care

You will have an ostomy appliance (pouch) over your ostomy to collect the urine. The nurse will check your pouch daily and empty when necessary. The pouch is connected to a large drainage bag for the first days after the surgery. On day 3 after the surgery, the nurse will start teaching you how to remove the night drainage bag for daytime and how to put it back for nighttime. The drainage bag during the night will give you a better night's sleep as the bag capacity is larger than the pouch and does not need to be emptied as often. You will also learn how to empty the pouch. The ET nurse will visit you prior to discharge and provide information and support about care of your ostomy.

The stoma will produce a thick jelly-like substance called mucous. This is normal since the bowel produces mucous constantly. The piece of small bowel the urologist uses to create the stoma will continue doing this. As time passes, the amount of mucous will gradually decrease, though it will not stop completely.

There will be 2 stents (narrow hard tubes) coming out through your stoma. These stents are inserted to ensure proper healing of your urinary diversion reconstruction. Most of the time these stents are removed in the hospital before you go home. On occasion your urologist

may choose to leave yours in longer. If the tubes come out inadvertently, you need not worry as it will not cause damage. If you are discharged home with them and this happens at home, you should call your urologist's office to inform them.

Preparing For Discharge

Discharge Planning

When you are discharged from hospital, you will need some help at home. It would be best to arrange for this before being admitted to the hospital. Arrange for someone to pick you up at 10 a.m. on the day of discharge. If you think you will have problems coping at home, discuss this with your nurse. You will receive a follow up doctor appointment and a prescription for medication.

Be sure you understand the following:

- Medications
- Exercise program
- Diet
- Any restrictions regarding your surgery including when not to drive a car
- How to empty your ostomy pouch
- How to apply a night drainage bag to the pouch (this is optional) and how to clean the urinary drainage bag should you choose to use one at night
- How to prevent constipation
- How to care for the Jackson Pratt (JP) drain if you are discharged with one
- How to prevent falls at home
- When to call the doctor for symptoms
- When to go to the Emergency department
- Follow-up ostomy education with CCAC at home
- Follow-up appointments

Arrange for someone to pick you up by 10 a.m. on the day of discharge.

Activity

- Take frequent rest periods as necessary. Let your body be your guide.
- Continue doing the deep breathing and coughing, ankle and calf pumping exercises.
- You may climb stairs but do this slowly.

- Do light activities for four to six weeks. Avoid strenuous exercise including heavy lifting, lifting grocery bags, shoveling snow, or pushing a lawn mower until you have seen your doctor on your follow-up visit.
- Increase your walking distance each day.
- Resume your usual activities gradually over six weeks. Discuss any specific concerns with your doctor including when to resume sexual activity.
- A good rule is to not drive until you are pain free and able to suddenly put on the brakes. This is because when you are having pain, it will change the way you would react to something. Take car breaks every couple hours for extended trips. Get out of the car and walk around.

Diet

- Return to normal eating habits. A well balanced diet is encouraged to promote healing.
- Drink plenty of fluids, at least 2 liters per day to help prevent mucous build up.

Medications

- Take your pain medication as required. It is normal to experience some wound discomfort for a period of time after discharge.
- To avoid constipation (a side effect of many pain medications) add water-soluble fibre to your diet, e.g. bran, whole grains, fruit. If constipation is a problem, you may take a mild laxative.
- Do not drive a vehicle if you are taking narcotics, (e.g. Tylenol #3, Hydromorphone, Percocet). Narcotics may slow your reaction time and affect your judgment.

Wound Care

- You may take a shower. Clean your incision with mild soapy water. Dry well.
- Observe the incision for redness, tenderness, or drainage. Contact your urologist if problems with your incision develop.
- Swelling or bruising around the incision is common and will go away with time.

Caring for your Jackson-Pratt (JP) drain

You may go home with a Jackson Pratt (JP) drain in place in your abdomen. These drains are used to remove fluid that would otherwise collect at the surgical site and are usually removed by your nurse before you go home. If you are to go home with your drain still in, your nurse will teach you how to care for it at home and will provide you with an education book on how to care for it entitled: "Drain Care".

Care of Your Ileal Conduit

1. Basic care

Common sense is the rule of thumb in stoma care. You don't want the skin around the stoma exposed to urine for extended periods of time as it can result in skin breakdown.

Until you learn more about the different appliances (pouches), the ET Nurse will help you choose a pouch. Whatever appliance you use, certain principles will guide you.

- Change your pouch at least once a week. Later you may decide to change it more often depending on the type of pouch you choose to wear.
- When you change your pouch, wash your skin around the stoma with warm water and a mild soap, rinse thoroughly and pat dry.
- None of your skin should be in contact with the urine draining from your ileal conduit. Constant exposure to wetness will “waterlog” the skin.
- The stoma will shrink after the operation. Periodically, you will need to measure your stoma and adjust the opening on your appliance. The opening on your appliance should only be $\frac{1}{8}$ of an inch (3 mm) larger than the stoma.
- You must change your pouch as soon as you feel burning or itchiness beneath your pouch. If you notice redness or breaking down of the skin around the stoma, act promptly.
 - Stop using soap.
 - Recheck the size of your stoma and change the opening on your pouch as needed.

If the problem worsens or persists for more than a week, get help!

- A good time to put a new pouch on is in the morning before you have had anything to drink.
- You can choose to remove your pouch to bathe or shower, soap and water will not harm the stoma.
- Empty the pouch by the valve at the bottom of the pouch throughout the day. You should not let the pouch get more than half-full. The weight can make the pouch leak.
- You can connect the pouch to a drainage system at night. The nurse will show you how to do this prior to your discharge home.

2. How to change your appliance (pouch)

In the hospital, you will use a pouch that has 2 pieces to it. The flange is the part that sticks to your body. The pouch snaps on the flange and collects the urine from the stoma.

1. Gather the supplies that you will need. This includes a flange, pouch, measuring card, pencil, scissors, stoma powder (if recommended), mild soap, soft washcloth and garbage bag.
 - Use a soap that is mild without moisturizers or perfume, or plain water.
2. Prepare the flange if you know the size of your stoma (if you don't know the size of the stoma, go to # 3).
 - Trace the stoma size on the backing of the flange.
 - Cut out the stoma opening.
 - Smooth the inner edge of the opening by rubbing your finger along it.
 - Remove the backing on flange.
3. Remove the old pouch. Peel back one corner and gently rub with a soapy cloth beneath the flange to loosen it. Measure the stoma to determine or check the size.
 - The stoma opening is $\frac{1}{8}$ of an inch (3 mm) larger than the actual stoma. The stoma will shrink over the next six to eight weeks after your operation.
4. Wash skin around stoma with warm water and mild soap (optional) , rinse soap off and pat dry.
 - Check the skin around the stoma for any redness or opened area.
5. Remove paper backing on tape around flange. Center the flange over the stoma and press on the flange to ensure a good seal. Smooth down the tape around flange to the skin.
 - Do not stretch tape as this will cause you discomfort when you move.
6. Apply pouch. Align the plastic ring on the flange to the plastic ring on the pouch. Starting at the bottom, apply gentle pressure all the way around flange until pouch “snaps” in place.
7. Ensure bottom valve is closed.
8. Place hand over flange and apply gentle pressure for 15 minutes to ensure a good seal.

3. How to empty your pouch

It is important to empty your pouch on a regular schedule. The nurses will show you how to empty your pouch in the bathroom as soon as possible after surgery. Empty your pouch when it is $\frac{1}{3}$ to $\frac{1}{2}$ full. If it overfills, it will feel heavy and pull on your skin. The weight could disrupt the seal and cause it to leak.

1. Sit as far back on the toilet as you can and spread your legs apart.

2. Empty the pouch between your legs by turning the valve at the bottom of the pouch to "**open**".
3. Close valve.
4. You may find it easier to stand while emptying your pouch.

4. Night drainage system

You can connect the pouch to a drainage system at night. This will carry the urine from the stoma and allow you to sleep undisturbed. The large drainage bag can hang off the side of your bed, or can be placed in a container on the floor. Be sure to keep the drainage bag below the level of the bladder at all times, to allow proper drainage. Do not hang the bag from the headboard or footboard of the bed, or from a chair beside the bed. A decorative waste basket can be used for this purpose.

5. Cleaning the night drainage bag

1. Drainage bag must be cleaned daily.
2. Wash your hands with soap and water.
3. Prepare material:
 - A container with water.
 - A container with a 200 mL of vinegar solution: 50 mL vinegar with 150 mL water (one part vinegar to three parts tap water).
 - A small kitchen funnel to pour the solution into the tubing of the drainage bag. Make sure that it was boiled for 20 minutes the first time, then clean it with soap and water after each use.
 - An alcohol swab or cotton ball with rubbing alcohol.
4. Wash your hands again with soap and water.
5. Before removing the bag, clean the junction between the ostomy pouch and the drainage bag with an alcohol swab or cotton balls and alcohol.
6. Disconnect the used bag and close the ostomy pouch.
7. With the funnel, fill the bag with water and rinse the used bag twice by agitating the water vigorously and let drain.
8. Fill the bag with the 200 mL of the prepared vinegar solution and agitate vigorously. Drain the bag and cap the end of the drainage tube. If you lose the cap, you should wrap the open end in a clean covering (i.e. baggie or 2×2 gauze). Hang the bag to dry. Many people hang the bag in their shower to dry.
9. Wash your hands with soap and water.
10. Clean your equipment and set aside for next usage.

Special note:

You may use the drainage bag for up to one month. After one month, you will need a new bag. You can buy a new bag at most health care supply stores.

6. When you are at home

Your own attitude towards your ileal conduit will be the most important. If you have a positive attitude, others will too.

Very few people need to know about your stoma. You can decide who to tell and when to tell them.

Resuming activities after surgery is of some concern to most people. Your ileal conduit is in no way a restriction on your previous activities. You are free to enjoy all the activities that you enjoyed before your surgery. You should limit lifting anything weighing more than 10 lbs. for the first 2 to 3 months after surgery as this may increase your risk of developing a parastomal hernia (a bulge or swelling around/under the stoma). Rough contact sports such as football, wrestling or boxing might result in stoma bruising. Discuss it with your physician should you want to participate in these sports.

You can continue to wear whatever clothing you wore before surgery. The appliance is flat and not very noticeable. However, consider loose clothing right after your operation, as your abdomen will be swollen for a few weeks after your surgery.

Resuming intimate relations and sexual activities takes time after any type of surgery. Honest and open communication with your partner is very important in finding or returning to a satisfying sexual relationship. In time, you will see that the presence of the stoma will make little difference to you and your partner. The way you experience sexual intimacy however, may be altered by surgery to remove your bladder. If you have any concerns or questions about this please discuss with your physician/ET Nurse.

The **United Ostomy Support Group, Inc.** is a non-profit organization for people with ostomies and their family/significant others. They have monthly meetings from September until June in which various topics will be discussed and may be of interest to you. For further information, you can ask your ET Nurse.

7. Where and what to buy?

Before you leave the hospital, you will be given a discharge kit with some ostomy supplies. The home care services will provide supplies in the short term (for Ontario residents; Quebec residents will need to purchase after discharge as supplies are not provided by CLSC). Later on when you are able to change your appliance on your own, they will provide you with a complete list of supplies you will need to purchase. You also will receive a list of places where you can buy your supplies.

You can apply for a grant to help pay for your supplies. These grants come from the Ministry of Health (Ontario) or the Régie d'assurance maladie du Québec (Quebec). The ET Nurse will give you the form you need.

8. Tips and timesavers

You should always carry a spare appliance with you in case of leakage and especially when you visit your physician/ET Nurse.

You should bring your ostomy supplies when you come to the hospital. If you forget, you will have to use whatever brand the hospital happens to have in stock.

When you travel, you should have enough supplies with you to last the entire trip.

1. Carry a letter from your doctor stating that you have an ileal conduit/urostomy and need supplies.
2. Make a complete list of all the supplies you need.
3. Take twice as many appliances as you might expect to use, as supplies may be difficult to get at your destination. Include a supply of baggies and/or plastic bags for disposal purposes.
4. If possible, obtain a list of suppliers along your route.
5. If you are traveling by car, store your supplies in a cool area as heat may affect the seal. If you are traveling by bus, train or plane, store your supplies in your carry on bag. Remember that scissors will need to be left in the stored luggage if you travel by plane.
6. If traveling by plane, empty your appliance before departure and an hour prior to arrival, in case of delays at customs, etc.
7. If camping or backpacking, store your supplies in a waterproof container.

9. When should I call my Community ET Nurse?

1. If you notice a cut in your stoma that continues to bleed.
2. If you notice ongoing bleeding at the junction between the stoma and the skin.
3. If you notice a change in the stoma colour from red/pink to black.
4. If you notice a skin irritation or ulcers that do not get better.
5. If you are changing your flange greater than 2 times per week or are having frequent leaks.

10. For more information

- United Ostomy Association of Canada – www.ostomycanada.ca
- United Ostomy Support Group, Ottawa, Inc. – www.ostomyottawa.ca
- Colorectal Cancer Association of Canada – www.ccac-accc.ca
- Weir Comfees (ostomy fashion garments and supplies) www.weircomfees.com

Call your Urologist if you have any of the following

- Chills or fever (temperature greater than 38.5°C/101°F).
- Increased discomfort, redness, swelling, drainage or separation of the incision.
- Nausea, vomiting, diarrhea, abdominal swelling.
- Chest pain or difficulty breathing.
- You experience severe pain that is not relieved by pain medication.
- You have back or side pain.
- No urine or very little urine is flowing into the collection bag for two or more hours.
- Your urine has changed colour, looks bloody, or has large blood clots in it and it has a foul odour. The presence of mucus is expected.
- New or unexplained symptoms

If unable to reach your doctor, please go to the Emergency Department.

Follow-Up Appointment

Expect to return to hospital to see your urologist in two to four weeks. If you are unable to keep your appointment, please telephone in advance.

Contact Information

Urology Clinic:

General Campus: Module I – 2nd Floor
613-737-8899, ext. 71116

Your Urologist's name:

Dr. _____

The Ottawa Hospital Learning Services

Do you need help finding more information about your disease? The Ottawa Hospital's Learning Services can provide informational resources to patients and families upon request.

Please email Learning Services at learningservices@toh.on.ca or leave a message at 613-737-8899 ext. 70107.

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