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PATIENT INFORMATION

# **Radical Cystectomy Urinary Diversion Neobladder**

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*Please bring this book to the hospital  
on the day 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

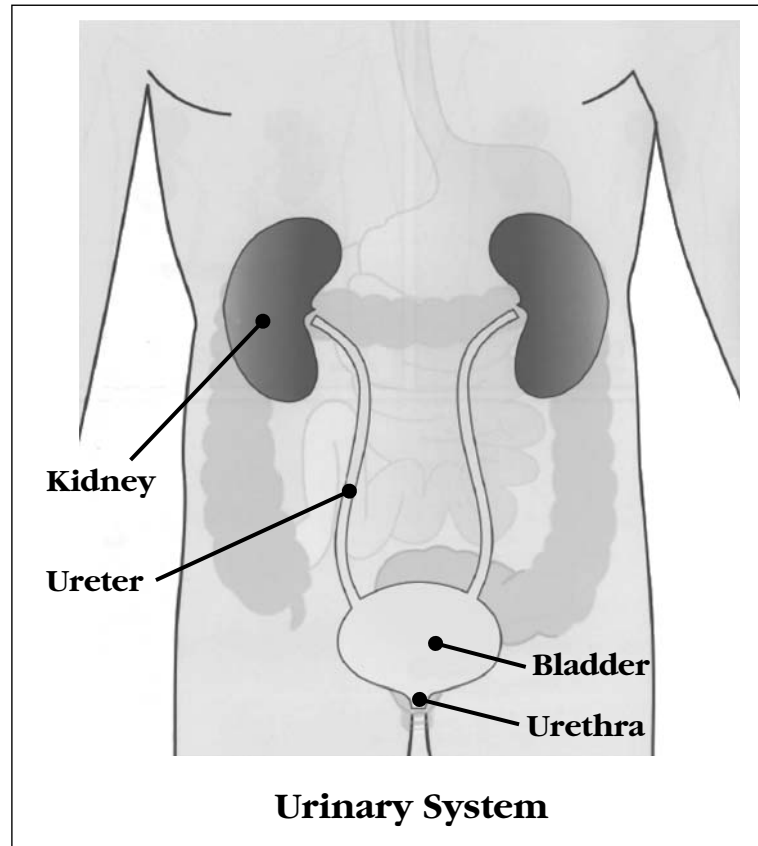
Your health-care team has made a plan in advance for certain parts of your care. This plan is shown in the Radical Cystectomy Clinical Pathway on pages 5 to 9. The clinical pathway describes some of the usual care for people with your condition. This plan will be adapted for your specific needs.

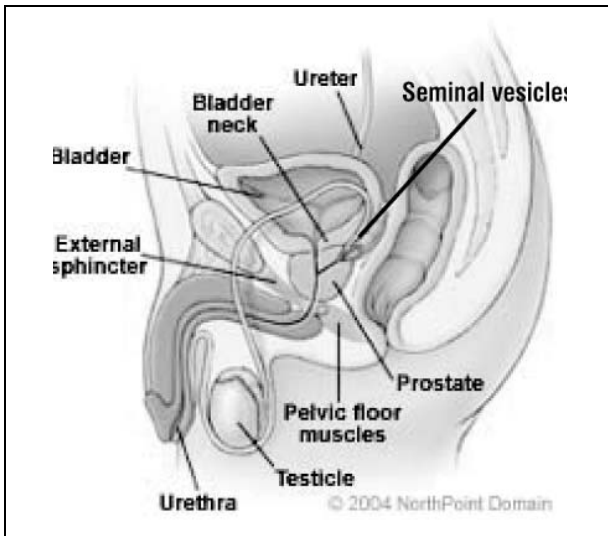
Please:

- 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

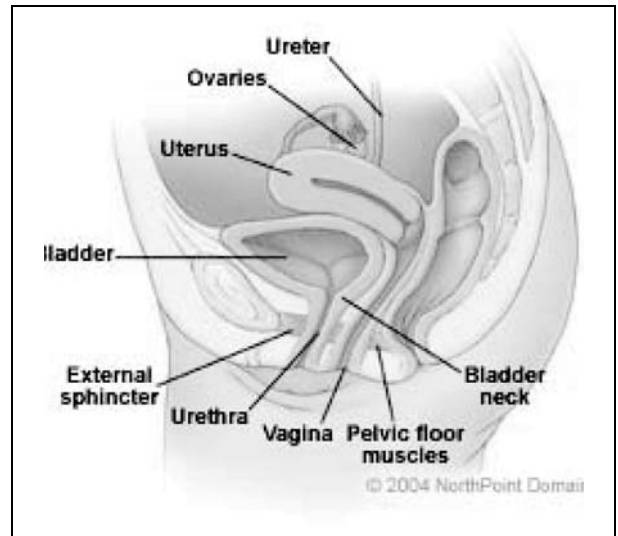
## **Your condition and your surgery**

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

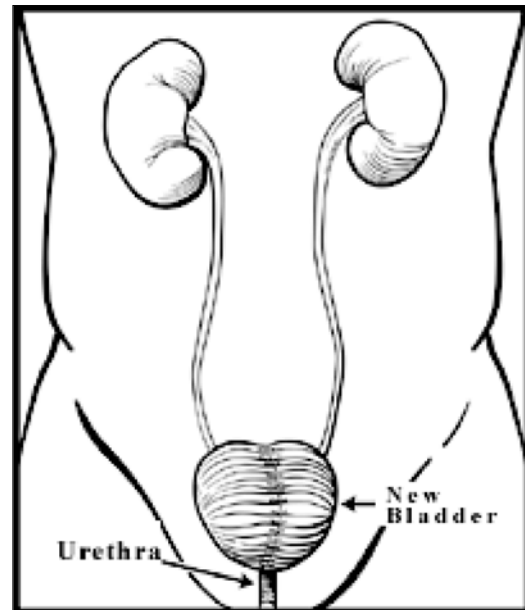
## **Neobladder**

This is the creation of a new bladder.

This new bladder is a substitute bladder and will be placed in the same place as the “old” bladder. The neobladder is created using a part of the small bowel. The section of small bowel is sewn together to form a pouch. The ureters or tubes that drain the urine from the kidneys into the bladder are connected to the newly created “bladder”. This new bladder is then connected to the urethra.

Urine will drain from the kidneys through the ureters to the new “bladder”. The new “bladder” will store the urine. You will urinate through the urethra.

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





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

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

<b>Clinical Pathway for Radical Cystectomy – Neobladder</b>		
	<b>Post-op Day 2 – Unit</b>	<b>Post-op Day 3 – Unit</b>
<b>Consult</b>	<ul style="list-style-type: none"> <li>• Home Care/Social Work if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Home Care/Social Work if necessary</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>• Blood tests</li> </ul>	<ul style="list-style-type: none"> <li>• Blood tests</li> </ul>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• IV PCA (pain pump) or Epidural pump infusion for pain management</li> <li>• Anti-nausea medication</li> <li>• Stomach acid reducer</li> <li>• Blood thinner</li> <li>• Your own medications if required</li> </ul>	<ul style="list-style-type: none"> <li>• IV PCA (pain pump) or Epidural pump infusion for pain management</li> <li>• Blood thinner</li> <li>• Anti-nausea medication</li> <li>• Stomach acid reducer</li> <li>• Your own medications if required</li> </ul>
<b>Assessment and Treatment</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Oxygen level</li> <li>• Intravenous</li> <li>• Abdominal dressing removed and wound cleansed. New dressing only if drainage present.</li> <li>• Jackson Pratt (JP) drains</li> <li>• Monitor and flush urinary catheter</li> </ul>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Oxygen level</li> <li>• Intravenous</li> <li>• Abdominal dressing if drainage present</li> <li>• Jackson Pratt (JP) drains</li> <li>• Monitor and flush urinary catheter</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Up in chair</li> <li>• Walk with assistance 3 times/day</li> </ul>	<ul style="list-style-type: none"> <li>• Up in chair as much as possible</li> <li>• Walk with assistance four times/day</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Sips of fluid</li> </ul>	<ul style="list-style-type: none"> <li>• Clear fluids</li> </ul>
<b>Elimination</b>	<ul style="list-style-type: none"> <li>• Urinary catheter</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary catheter</li> </ul>
<b>Patient Teaching</b>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Ankle exercises</li> <li>• Pain management</li> </ul>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Ankle exercises</li> <li>• Pain management</li> <li>• Begin teaching on how to care for neobladder</li> <li>• Understand need for 2 liters or more of fluid/day</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>• Discharge plan in place</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge plan in place</li> </ul>

<b>Clinical Pathway for Radical Cystectomy – Neobladder</b>		
	<b>Post-op Day 4 – Unit</b>	<b>Post-op Day 5 – Unit</b>
<b>Consult</b>	<ul style="list-style-type: none"> <li>• Home Care/Social Work if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Home Care/Social Work if necessary</li> </ul>
<b>Tests</b>	<ul style="list-style-type: none"> <li>• Blood tests</li> <li>• Test of drainage fluid from Jackson Pratt (JP)</li> </ul>	<ul style="list-style-type: none"> <li>• Blood tests</li> </ul>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• Pain medication by mouth</li> <li>• Blood thinner</li> <li>• Anti-nausea medication</li> <li>• Stomach acid reducer</li> <li>• Your own medications if required</li> </ul>	<ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Blood thinner</li> <li>• Anti-nausea medication</li> <li>• Stomach acid reducer</li> <li>• Your own medications if required</li> </ul>
<b>Assessment and Treatment</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Oxygen level</li> <li>• Intravenous</li> <li>• Abdominal dressing if drainage present</li> <li>• Left Jackson Pratt (JP) drain to be removed. Right drain to stay in place.</li> <li>• Flush urinary catheter</li> </ul>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Oxygen level</li> <li>• Intravenous (may be capped if drinking well)</li> <li>• Abdominal dressing if drainage present</li> <li>• Jackson Pratt (JP) drain</li> <li>• Flush urinary catheter</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Up in chair as much as possible</li> <li>• Walk with assistance 4 times/day</li> </ul>	<ul style="list-style-type: none"> <li>• Up in chair as much as possible</li> <li>• Walk four times/day</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Surgery diet</li> <li>• Drink at least 2 liters/day of fluid</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery diet</li> <li>• Drink at least 2 liters/day of fluid</li> </ul>
<b>Elimination</b>	<ul style="list-style-type: none"> <li>• Urinary catheter</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary catheter</li> </ul>
<b>Patient Teaching</b>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Ankle exercises</li> <li>• Pain management</li> <li>• Continue teaching on how to care for neobladder</li> <li>• Use of leg bag, irrigating urinary catheter</li> <li>• Understand need for 2 liters or more of fluid/day</li> </ul>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Ankle exercises</li> <li>• Pain management</li> <li>• Continue teaching on how to care for neobladder</li> <li>• Use of leg bag, irrigating urinary catheter</li> <li>• Understand need for 2 liters or more of fluid/day</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>• Discharge plan in place</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge plan in place</li> </ul>

<b>Clinical Pathway for Radical Cystectomy – Neobladder</b>		
	<b>Post-op Day 6 – Unit</b>	<b>Post-op Day 7 – Unit / Discharge Day</b>
<b>Consult</b>	<ul style="list-style-type: none"> <li>• Home Care/Social Work if necessary</li> </ul>	
<b>Tests</b>	<ul style="list-style-type: none"> <li>• Blood tests</li> </ul>	<ul style="list-style-type: none"> <li>• Blood tests</li> </ul>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Blood thinner</li> <li>• Anti-nausea medication</li> <li>• Stomach acid reducer</li> <li>• Your own medications if required</li> </ul>	<ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Blood thinner</li> <li>• Anti-nausea medication</li> <li>• Stomach acid reducer</li> <li>• Your own medications if required</li> </ul>
<b>Assessment and Treatment</b>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Oxygen level</li> <li>• Intravenous removed</li> <li>• Abdominal dressing if drainage present</li> <li>• Jackson Pratt (JP) drain</li> <li>• Monitor and flush urinary catheter</li> </ul>	<ul style="list-style-type: none"> <li>• Vital signs</li> <li>• Oxygen level</li> <li>• Abdominal dressing only if drainage present</li> <li>• Right Jackson Pratt (JP) drain removed morning prior to discharge</li> <li>• Monitor and flush urinary catheter</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Up in chair as much as possible</li> <li>• Walk four times/day</li> </ul>	<ul style="list-style-type: none"> <li>• Up in chair as much as possible</li> <li>• Walk four times/day</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Surgery diet</li> <li>• Drink at least 2 liters/day of fluid</li> </ul>	<ul style="list-style-type: none"> <li>• Surgery diet</li> <li>• Drink at least 2 liters/day of fluid</li> </ul>
<b>Elimination</b>	<ul style="list-style-type: none"> <li>• Urinary catheter</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary catheter</li> </ul>
<b>Patient Teaching</b>	<ul style="list-style-type: none"> <li>• Deep breathing and coughing exercises</li> <li>• Ankle exercises</li> <li>• Pain management</li> <li>• Continue teaching on how to care for neobladder</li> <li>• Use of leg bag, irrigating urinary catheter</li> <li>• Understand need for 2 liters or more of fluid/day</li> </ul>	<p>Understand:</p> <ul style="list-style-type: none"> <li>• Management of Jackson Pratt (JP) drain if discharged home with it</li> <li>• Pain management</li> <li>• Signs and symptoms requiring immediate medical attention</li> <li>• When to resume normal activity</li> <li>• Understand need for 2 liters or more of fluid/day</li> <li>• Care of urinary catheter. Knows how to: <ul style="list-style-type: none"> <li>– Flush urinary catheter</li> <li>– Use urinary drainage bags: Leg day bag and night bag</li> <li>– Clean urinary drainage bags</li> </ul> </li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>• Prepare for discharge in a.m. Have family member pick you up by 10 a.m.</li> <li>• Discharge plan in place</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge home today at 10 a.m.</li> </ul>

## **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
- Ensure you have seen 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. 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 of 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.

If your urologist could not do a neobladder urinary diversion your nurse will provide you with a booklet for an Ileal Conduit.

**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**

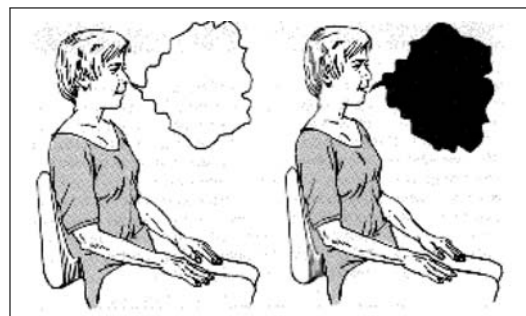
Your comfort is our concern. It is important that you have good pain relief. Pain is personal. The amount of pain you feel may not be the same as others feel, even for those who have had the same surgery. Your pain should be controlled enough that you can rest comfortably and that pain does not prevent 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.

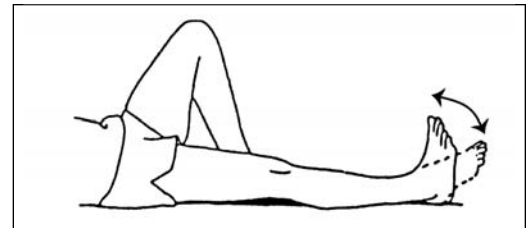
*Coughing exercises* help to loosen any secretion that may be in your lungs and should be done after your first five deep breaths. To produce an effective cough:

- 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.

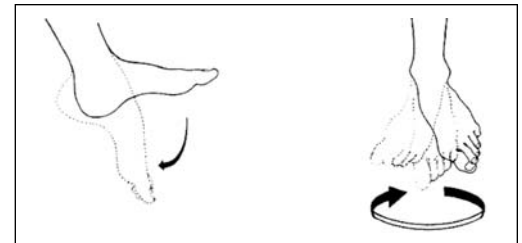


### **Ankle Exercises**

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**

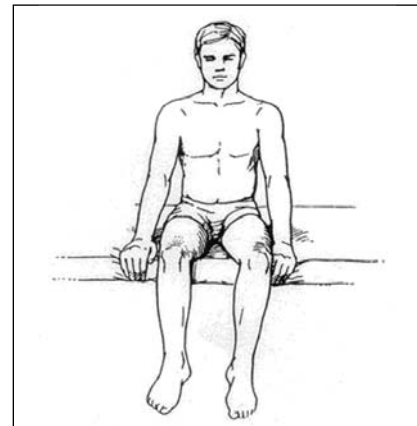
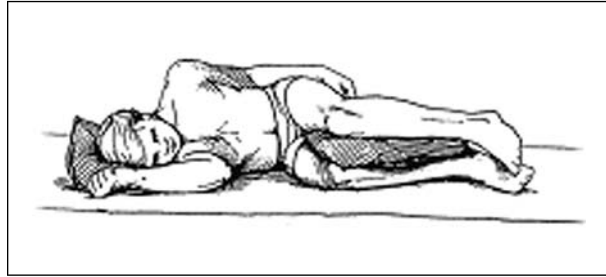
While in bed, it is important to move and reposition yourself. You should reposition yourself every two hours while awake.

- 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 (bandage) 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 and change it daily.

## **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 normally removed before you go home.

## **Urinary Catheter (Foley®)**

You will have a urinary catheter to drain urine from your bladder. The nurse will clean the area around your catheter regularly until you can do it independently. Because your new bladder is made from a piece of your bowel it produces a jelly-like substance called mucous. This is normal and this mucous can sometimes block the catheter. To prevent this blockage, the nurse will irrigate/flush the catheter often. You and your family will be taught how to care for and how to irrigate/flush your catheter so that you can continue caring for your catheter once you are home.

It is very important that the catheter is secured to your leg so that it cannot be pulled accidentally. Be careful when handling your catheter bag. Avoid catching it and pulling it accidentally to avoid damage to your new bladder.

## **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.

## **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 including when to resume Kegel exercises
- Diet
- How to irrigate your catheter and what material you need to purchase prior to discharge
- How to change from urinary drainage day bag to night bag
- How to clean your urinary drainage bags
- How to care for Jackson Pratt (JP) drain if you are discharged with one
- How to prevent constipation
- How to prevent falls at home
- Any activity restrictions including when not to drive a car
- When to call the doctor for symptoms
- When to come to the Emergency department
- Follow up appointments

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

## **Preparing For 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, shovelling 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.
- Do not drive a vehicle until your urinary catheter is out. A good rule is to not drive until you are pain free and able to suddenly put on the breaks. 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. This will help to keep the mucus thin and prevent plugging the catheter. The mucous is produced by the piece of bowel that was used to make the neobladder.

## **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 medication) 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 impair 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 surgeon if problems with your incision develop.
- Swelling or bruising around the incision is common and will go away with time.

## **Care for your Jackson-Pratt drain (JP)**

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 Neobladder**

## **1. Care of your catheter**

- Always wash your hands before and after caring for your catheter.
- Clean the area (called the perineum) around the drainage tube insertion site (the urethra) twice a day, using soap and water. Dry with a clean towel afterward. If you are not circumcised, make sure to clean well under the skin.

- Unless you've been told otherwise, it's okay to shower with your catheter and drainage bag in place.
- Make sure that urine is flowing out of the catheter into the drainage bag.
- Make sure the tube doesn't get twisted or kinked.
- Check the area around the urethra for inflammation or signs of infection, such as irritated, swollen, red or tender skin at the insertion site or drainage around the catheter.
- Keep the drainage bag below the level of the bladder.
- Make sure that the drainage bag does not drag and pull on the catheter.
- Do not tug or pull on the catheter.
- Do not apply powder or lotion to the catheter insertion site.

## **2. How to flush your catheter**

You will be given two types of urine drainage bags. One will be a leg bag, which you will be able to use during the daytime. You will be given a larger bag for drainage during the night.

### **Flushing**

Your Neobladder should be flushed with sterile water (see below) 3 times during the day and at bedtime when you go home. Your nurse will instruct you about proper technique for this procedure and will review it with you until you are comfortable doing it yourself.

*For the bladder flushing, you will need:*

1. Clean water. Small sterile water containers can be purchased at a pharmacy or you can prepare your water as follows: boil water for 20 minutes, then pour it in a dedicated clean container and use it when it is at room temperature. Tap water may have small bacteria in it that can cause infection if it is put directly into your new bladder before boiling it.
2. A "catheter tip" syringe to flush your bladder. This syringe can be purchased at a medical supply store. You will be using one syringe per day until the urinary catheter is removed. One package of 25 should be sufficient.
3. An alcohol swab or you can use a cotton ball soaked in rubbing alcohol to clean the connection between the catheter and the drainage bag.
4. A 4×4 inch sterile gauze to be used to keep the tip of the drainage bag from being contaminated during the flushing process. You can purchase a box of 4×4 gauzes at a medical supply store.

*Flush your bladder immediately if:*

- You have any pelvic discomfort or cramps
- The catheter is not draining freely

You must flush immediately to prevent any blockage of the catheter that could be caused by the mucus that collects in the new bladder. A blockage could stretch and damage the new bladder if not corrected immediately.

Note that if you are unable to flush your catheter and it becomes blocked, you must come to the emergency department as soon as you can.

**The following procedure should be used when flushing the urinary catheter.**

1. Wash your hands.
2. Draw up 40 mL of sterile water in the catheter tip syringe.
3. Open the 4×4 inch gauze package half way (not completely) and leave on a clean surface.
4. Wipe the connection between the catheter and the bag with an alcohol swab or a cotton ball soaked with alcohol.
5. Disconnect the catheter from the drainage bag.
6. Slide the tip of the drainage bag into the half open 4×4 gauze package and keep aside making sure that it will not slide on the floor.
7. Hold the open end of the urinary catheter upright between the thumb and first finger. Place the tip of the syringe into the catheter.
8. Gently inject the water into the catheter. Do not force the water in as this can cause discomfort.
9. Gently withdraw the water from the catheter with the syringe. It is normal to see mucous in the fluid. If you do not get any fluid back you may inject a second 40 mL of water. If you do not get any fluid back, stop the procedure and notify your urologist immediately. If unable to contact your urologist, go to the emergency department.
10. This process may be repeated several times. Once you can no longer withdraw mucus, you may stop for that particular flushing session. You must flush 3 times during the day and at bedtime.
11. Wipe the urinary catheter connection with an alcohol swab or a cotton ball soaked in alcohol, pull the tip of the drainage bag out of the 4x4 gauze package and reconnect the drainage bag system with the catheter.
12. After every flushing session wash the tip of the syringe with soap and hot water. Cleanse the tip of the syringe with alcohol and recap it. Use a new syringe every day.

### **3. Draining the leg bag**

A leg bag is a urine collection bag that is strapped to your leg. It is smaller than the bag that you may use at night. This smaller bag allows you to move around more easily. However, you must empty the leg bag at least every three to four hours (depending on the amount you are drinking).

*To drain the bag, follow these steps:*

1. Wash your hands with soap and water.
2. Unfasten the lower leg strap.
3. Remove the cap and open the clamp. Do not touch the drain port with your fingers or allow it to touch the toilet seat.
4. Drain the urine into the toilet.
5. After the urine has drained completely, wipe the drain port and the cap with a cotton ball or gauze soaked with rubbing alcohol. Close the clamp and fasten the lower leg strap.
6. Wash your hands with soap and water.

### **4. Draining the larger collection bag**

The larger collection bag can be used at night so you don't have to empty it as often.

*To drain the bag, follow these steps:*

1. Wash your hands with soap and water.
2. Release the green tubing from the plastic holder by squeezing the metal clamp.
3. Empty the urine into the toilet, taking care that the tube does not touch the toilet.
4. After the urine has drained completely, squeeze the metal clamp until you feel it click shut. Wipe the tip of the green tubing with a cotton ball or gauze soaked with rubbing alcohol.
5. Return the green tubing to the holder.
6. Wash your hands with soap and water.

### **5. Cleaning the drainage bag**

*Follow these instructions to care for either your leg pouch or your 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 of vinegar with 150 mL of water (one part of vinegar for 3 parts of tap water)
  - A small kitchen funnel to pour the solution into the the tubing of the drainage bag. Make sure that it was boiled in water for 20 minutes the 1st time then clean it with soap and water after each use.
  - The clean day bag.
  - An alcohol swab or cotton ball with rubbing alcohol.
4. Wash your hands again with soap and water.
5. Before changing the bag, clean the junction between the catheter and the bag with an alcohol swab or cotton balls and alcohol.
6. Disconnect the used bag. Keep the open end of the catheter from being contaminated.
7. Remove the protective cap of the clean bag and clean the connection with an alcohol swab or cotton ball with alcohol.
8. Connect the clean bag to your catheter and secure it to your leg.
9. With the funnel, fill the used bag with water and rinse it twice by agitating the water vigorously and let drain.
10. Fill the bag with 200 mL of the prepared vinegar solution and agitate vigorously. Drain the bag and allow to air dry.
11. Wash your hands with soap and water.
12. Clean the equipment and set aside for the next usage.

*Special note:*

You may use both types of 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. Changing the collection bag**

During the day, you may want to use a leg bag. At night, you can change it to a larger collection bag.

1. Wash your hands with soap and water.
2. Drain the leg bag.
3. Unfasten the leg straps.
4. Clean the junction between the bag and the catheter with an alcohol swab or a cotton ball soaked with rubbing alcohol.
5. Disconnect the leg bag, cap the opening, and set aside. Keep the open end of the catheter from being contaminated. If you lose the cap, you should wrap the open end in clean covering (i.e. baggie, 2×2 gauze).

6. Remove the protective cap of the clean bag and clean the connection with an alcohol swab or cotton ball with alcohol.
7. Attach the end of the new bag.
8. If you are attaching the larger collection bag for overnight use, hang the bag lower than your body when you are in bed.
9. If you are attaching the leg bag, wrap the elastic bands around your leg and clip them in place. Always be sure there are no kinks in the catheter tubing.
10. Follow the directions under “Cleaning the drainage bag” and clean the used bag as per section 5 on page 20.
11. Wash your hands with soap and water when you are finished.

## **7. Getting ready for bed**

When your night drainage bag is connected and you are ready to go to bed, decide on which side of the bed you want the drainage bag to hang. Tape the drainage tubing to the thigh of the leg that will be next to the side of the bed where the bag will hang. Leave some slack in the line so you will not pull on the catheter when you move while sleeping.

When you get into bed, set up the drainage tubing so it does not kink or loop. The large drainage bag can hang off the side of your bed, or can be placed in a receptacle on the floor. Be sure to keep the drainage bag below the level of the bladder at all times, to allow proper drainage, whether you are lying, sitting, or standing. 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 that purpose.

## **8. Retraining your bladder: Pelvic floor exercises (Kegel exercises)**

You should practice these exercises as soon as you know you are going to have surgery. This will help regain bladder control after your surgery.

You will regain control of the muscle that controls urinary leakage gradually over a period of time. Pelvic floor exercises will help to rebuild the strength in this muscle. It is a contracting/relaxing exercise. By performing this exercise consistently on a daily basis, many people notice large improvement after three to four months. You should start doing these exercises before your surgery.

The muscle that you use to hold back gas is the one you want to exercise. Some people find this muscle by voluntarily stopping the stream of urine.

### **Doing the exercise:**

- Squeeze the muscle and hold for five to ten seconds.
- Relax the muscle for five to ten seconds.
- It is just as important to relax, as it is to contract this muscle.
- Do three to four sets of this exercise a day.

- These can be performed sitting down, lying down or standing.
- Continue to perform these exercises until urinary control has returned.

Sometimes it is difficult not to have the stomach muscles involved in this exercise. To find out whether you are also contracting these muscles, place your hand on your stomach while you do your exercises. If you feel your abdomen move, then you are also using these muscles. After surgery you can resume doing your Kegel exercises when comfortable. You may try with the catheter still in. If you find this uncomfortable then you may wait until the catheter is removed.

## **9. Developing the new urinating action**

Your new bladder has an entirely different nerve supply than your original bladder. You will need to train yourself to empty your new bladder. This is easily done by following these instructions:

- Relax your pelvic area and the muscles in the region of the bladder and buttocks. At first this is best done in the sitting position.
- Gently squeeze your abdomen as if you are straining slightly to have a bowel movement.
- At first it is going to feel like a trap-door opening. Relax, bear down and let the urine flow.

## **10. Moving forward to normal function**

- In the beginning when you are leaking more, you may not produce a good flow of urine. As your sphincter (muscle that helps control urination) gets stronger you will be able to retain more urine and you will notice a better flow of urine when performing the urinating action. When you develop a flow, gradually start increasing the time between visits to the bathroom.
- You can gradually increase the time between urinating by following the schedule below. This allows your new bladder to gradually store larger and larger volumes of urine.

	<b>Day Time</b>	<b>Night Time</b>
<b>Week 1</b>	Every 1 – 1 ½ hours	Every 2 hours
<b>Week 2</b>	Every 1 – 1 ½ hours	Every 2 hours
<b>Week 3</b>	Every 1 ½ – 2 hours	Every 2 ½ hours
<b>Week 4</b>	Every 1 ½ – 2 hours	Every 2 ½ hours
<b>Week 5</b>	Every 2 – 2 ½ hours	Every 3 hours
<b>Week 6</b>	Every 2 – 2 ½ hours	Every 3 hours

- Your goal is to be able to hold your urine for three hours with good control. Never go more than four hours between bathroom visits.
- Be patient. Early on this may seem overwhelming but sticking to this schedule will be rewarding as the majority of patients develop excellent long-term bladder control.

## **11. Other Considerations**

Resuming activities after surgery is of some concern to most people. You should limit lifting anything weighing more than 10 lbs for the first 2 to 3 months after surgery. Please speak to your physician to find out if you have any activity or sport restrictions.

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. 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.

It is strongly suggested that you wear a medical alert bracelet. This will be important in the event of any emergency. You have had a change in your internal anatomy and it is important for the physician or people giving you medical care in an emergency to know this.

## **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.
- New or unexplained symptoms.
- 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/or it has a foul odour. The presence of mucus is normal.
- The catheter becomes displaced or comes out.
- The entry site becomes very irritated, swollen, red, or tender, or you have pus draining from the catheter insertion site.

- Urine is leaking from the entry site.
- You pass no urine or feel like your bladder is full.

**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. \_\_\_\_\_

### **Health Information for Patients and Their Family Patient and Family Libraries at The Ottawa Hospital**

The Ottawa Hospital's two patient and family libraries provide onsite access to:

- Reliable information on a variety of health, wellness and medical topics;
- Information about local associations and support groups;
- Books, videos and DVDs for loan;
- Computers with Internet connections.

**Our Collection:** The collection has over 2,000 books, videotapes, audiotapes and DVDs. The collection includes medical dictionaries, home medical encyclopedias, reference texts, as well as books on a variety of health topics, such as medical tests, specific diseases and conditions, and caregiving.

**Loaning materials:** Patients and family can borrow items from the library for three weeks (21 days) and renew for a further three weeks if the material has not been reserved.

If you cannot visit us in person, please contact us by telephone or email – or visit us on the web at [www.ottawahospital.on.ca/Patients & Visitors/Campus Services/Patient & Family Libraries](http://www.ottawahospital.on.ca/Patients%20&%20Visitors/Campus%20Services/Patient%20&%20Family%20Libraries).

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**The Patient and Family Library service at TOH provides information only, not medical advice.** Your healthcare professional is the only person qualified to give you a medical opinion.

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***Please remove this page from the book and carry this paper in your wallet for the first eight weeks after your surgery. Present this paper to the health professional should you require a visit to Emergency for 8 weeks after your surgery. After that time, it is recommended that you wear a Medic Alert bracelet stating that you have a neobladder.***

### **Emergency Visit Instructions**

#### **Important Information for Health Professionals**

This patient has recently undergone a Radical Cystectomy and creation of a Neobladder. This patient may present to you with or without an indwelling urinary catheter. Do not remove or change the catheter if one is currently in place. Under no circumstance should a urinary catheter be reinserted. It is imperative that the Urology Service is contacted and the patient re-assessed by Urology. Insertion of a catheter by a non-urologist could result in serious consequences for this patient.

*The Ottawa Hospital  
Division of Urology*

