

BRIGHAM HEALTH



BRIGHAM AND WOMEN'S HOSPITAL

For Patients Recovering
from

Radical Cystectomy: Indiana Pouch

This guide will explain what to expect before, during and after your surgery and hospital stay. These are general guidelines, but some things may change based on your needs as a patient. Knowing what to expect and being an active participant in your surgical process are key to a successful recovery. If you have questions, please do not hesitate to ask your care team; we are happy to address your concerns! Please use the space for notes to write down any questions you may have for your care team and fill in your appointment information!



A Guide to Your Daily Care

Understanding Your Procedure:

- **Radical Cystectomy** is the removal of the entire bladder, nearby lymph nodes, part of the urethra, and other organs that may contain cancer cells.
- The surgeon **removes the bladder** and surrounding lymph nodes. For males, the prostate is also removed. For females, the uterus, cervix, fallopian tubes, ovaries, and part of the vagina are removed. In men, the prostate, seminal vesicles, and part of the vas deferens are also removed.
- At the time of surgery, you will receive **general anesthesia**, which means that you will be **deeply asleep** and will not feel any pain. At this point you will have a breathing tube.
- Your doctor will need to find a new way to drain urine. This will be done by creating an **Indiana Pouch**. Your intestine is made into a **pouch** that is connected to the stomach. You need to put a sterile catheter through the stoma into the pouch to drain the urine.

>SURGEON'S BUSINESS CARD TO BE
STAPLED HERE<

Your Urological Surgery Team

Urological Surgeon: _____



Your **attending doctor** is your surgeon that is in charge of your care and all care decisions. All members of your **urology team** report to your surgeon. During your stay, you will be taken care of by the urology team. The team works and communicates closely about your care.

Residents: _____



Residents are licensed doctors in their first to fifth year of **training**. They are an active part of your urology team and will provide a big part of your care. This includes helping the attending doctor with operations, performing procedures, writing orders and prescribing medications.

Fellows: _____



Fellows are doctors that have finished their residency training and are becoming **specialists**. They are an active part of your urology team and will provide a big part of your care. This includes helping the attending doctor with operations, performing procedures, writing orders and prescribing medications.

Physician Assistant: _____



Physician Assistants are licensed healthcare providers with special training that provides **support** to medical staff under the supervision of a doctor. They can also check your progress, address questions and concerns, and prescribe medicine prescriptions.

Nurse Practitioner: _____



Nurse Practitioners have advanced education and training to **take care** of patients. They can order tests, provide treatment and order medication under supervision of a doctor.

Nurses: _____



Nurses take care of your **daily needs**, give you medicine, and help with treatments. Nurses can also provide education and communicate about your care with the Urology team.

Stoma Nurse: _____



The stoma nurse specializes in the care of the **urostomy**. This nurse will provide information and teaching about the care of your ostomy before and after surgery. This nurse will mark where your stoma will be before surgery.

Care Coordinator: _____



The Care Coordinator will meet with you after your surgery in the hospital. They will work with you, your family and the healthcare team to plan for **home care or rehabilitation** after you leave the hospital. They can also answer any insurance or financial questions you may have.

Visiting Nurse: _____



The visiting nurse will come to **your home** and help you care for yourself and your incision. This nurse will help you and your family learn the new skills for care after surgery, as well as help with any questions you may have.

Preparing for Surgery



Before surgery, your Urology Team will schedule a **pre-operative testing appointment**. This appointment must be within 30 days of your surgery, preferably 3-4 weeks before. You will meet with a health care provider to make sure you are healthy enough to have surgery and to receive anesthesia. This is where you will receive your Clearfast carbohydrate drink to take 2-3 hours before surgery. You may also meet with a stoma nurse if needed.

Pre-Op Appointment

Date:

Time:

Location:



Please bring a **complete list of your medications and supplements** including doses and frequency. Your Urology Team will tell you which medications to stop taking before surgery.

One Day before Surgery:



One day before surgery, you may eat as you normally do.



After midnight on the night before surgery, you may not eat any **solid foods**, including **candy, chewing gum, cough drops or mints.**



Please confirm your **surgery time** and **arrival time** by calling the last business day before your surgery (If your surgery is on a Monday, please call the Friday before):

Surgery Information

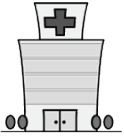
Surgery Date:

Arrival Time:

Surgery Time:

Brigham and Women’s Hospital:

617-732-7625
between 2:00PM and 6:00PM



Brigham and Women’s Faulkner Hospital:

617-983-7179 option #1
between 1:00PM and 2:30PM

Notes

The Day of Surgery



Two to three hours before your scheduled surgery time, drink the Clearfast carbohydrate drink that you were given at your pre-operative appointment.

**Drink
Clearfast**

Time:



Arrive at the admitting department at your scheduled time. Allow time for parking and traffic.



Please choose one contact person. This person will be the one to help you for the first few weeks after your surgery. Your surgeon will contact this person after surgery with an update.

**Contact/Support
Person**

Name:

Relationship:

Phone:



Before surgery, your surgical team will answer any questions that you may have. You can use the notes sections throughout this packet to write down any questions as they arise.



You may have an **epidural** placed by the anesthesia team. This is a small soft tube placed in your back. The epidural delivers medication that will help reduce your pain.



You will have an **intravenous (IV)** needle in your arm for fluids and medications to help you relax.

You will get **pain medications** through the IV and/or **epidural**.



Your skin will be closed by either **dissolvable stitches** or **staples**.



After surgery, you will be in the **recovery room (PACU)** for a minimum of 1 hour as you wake up from the anesthesia. The PACU team will notify your contact person when they can visit you.

After Surgery (In Hospital)



After your procedure, your surgical team will have you drink **small sips of liquid**. You should not eat any solid foods at this time.



You will wear **compression boots** that squeeze the bottom of your legs to keep the blood flowing. This helps to prevent blood clots from forming.



You may also receive **blood thinning injections** to prevent blood clots.



Day 1 after surgery: you will be on a clear liquid (no solids) diet. Examples include water, black coffee, clear tea, apple juice, cranberry juice, and sports drinks. You will get out of bed for 6 hours, if possible. Try to walk at least 4 times with assistance from the medical staff. Chewing gum is encouraged to help get your system back to normal.



Day 2 after surgery: You can eat a regular diet as tolerated. Keep walking!



When you can tolerate food or drink normally, you can **take pain medicine by mouth**.



Your nurse will work with you to control your pain and discomfort after surgery.

While you are in the hospital, the nursing staff will check on you often to monitor



- Pain
- Vital signs
- Fluid **intake** and **output** from your new stoma

When You Are At Home

Symptoms

These symptoms are **abnormal** – please contact the Urology office or call 9-1-1 if you have any of the below symptoms:



- Not producing urine
- Fever of more than 101 degrees F
- Pain that doesn't improve with medication
- Vomiting
- Chest tightness or shortness of breath
- Leg swelling
- If your stoma turns grey or blue

Do not panic – these symptoms are **normal!**



- Bruising
- Feeling tired
- Decreased appetite
- Irregular bowel movements
- Fluid leakage from urethra
- Mucus
- Blood
- Stitches dissolve
- Stents fall out early

Activity



You should **walk at least 6 times per day** to reduce the risk of blood clots and complications. You may walk up/down stairs.



Do not lift more than 10 pounds, run or strain for 6 weeks. This can strain your incision, which can lead to a hernia. Examples include, but are not limited to:

- Groceries
- Laundry
- Infants & pets



Do not drive for 2 weeks. Do not drive until you are off of pain medication.



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MEDICAL SCHOOL**