



Your path to Enhanced Recovery After Cystectomy

Division of Urology
University of Cape Town



IMPORTANT INFORMATION

Your Doctor is _____

Your ERAS nurse is _____

Nurse contacts during office hours (8am - 4pm)- _____

Your planned surgery is - _____

Planned date for admission is - _____

(Kindly note that this is a tentative date and any changes will be communicated to you.)

IMPORTANT DATES

Please ensure that you keep your appointments on the dates given below:

Meeting with the ERAS nurse:

Day and Date: _____

Time: _____

Location: _____

Pre-operative clinic

Day and date: _____

Time: _____

Location: _____

PATIENT STICKER HERE

OTHER CLINICS

Based on clinical assessment by the doctor and the ERAS nurse you may be asked to attend one or more clinics before your planned operation to help improve the outcomes of your surgery.

Anaesthetic clinic

*****Please ensure that you bring all your medications with to this clinic *****

Day and date: _____

Time: _____

Location: _____

Dietetics clinic

Day and date: _____

Time: _____

Location: _____

Other: _____

Day and Date: _____

Time: _____

Location: _____

PATIENT STICKER HERE

INTRODUCTION

The information in this booklet is for education purposes. It is **NOT** intended to replace the advice or instruction of a professional health-care practitioner. Speak to your Surgeon/Nurse if you have any questions about your care.

We will be using a program called **Enhanced Recovery After Surgery (ERAS)** to plan your surgery. The goal of this program is to increase your satisfaction, decrease post-surgery complications and speed your recovery.

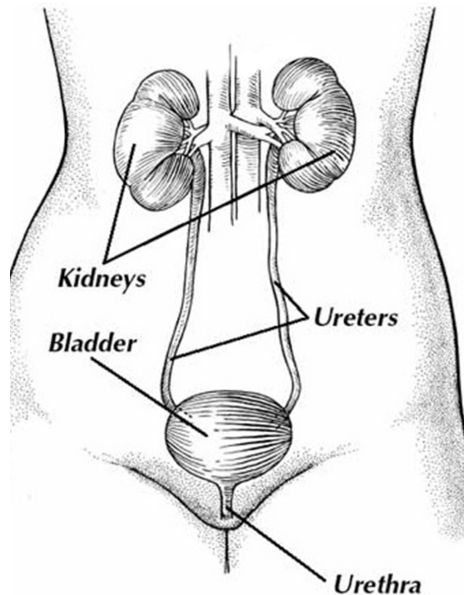
Basics:

Bladder:

A balloon like muscular organ that stores urine. Urine is the water and waste products that the body doesn't need.

Cancer:

A disease that involves abnormal and uncontrolled cell growth and has the potential to invade and spread to different parts of the body.



What is Radical Cystectomy?

It is the surgical removal of the bladder.

In **men**: involves the removal of the prostate and seminal vesicles

In **women**: ovaries, uterus, fallopian tubes and part of the vagina are also removed.

Removal of surrounding lymph nodes in the pelvis is an important part of the operation for both men and women.

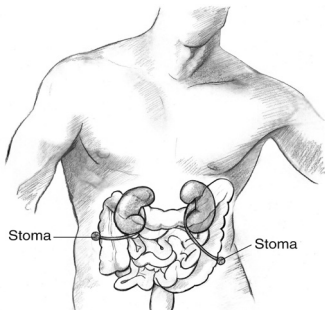
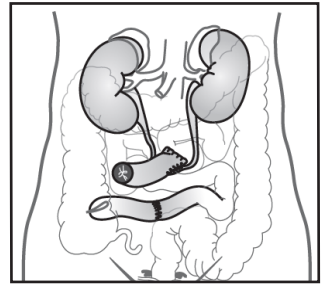
OPTIONS FOR URINARY DIVERSION

As the bladder will no longer be present to store the urine, it needs to be channelled from the ureters to exit the body.

We strongly advise that you explore the different options with your surgeon/nurse as the possibilities vary from patient to patient.

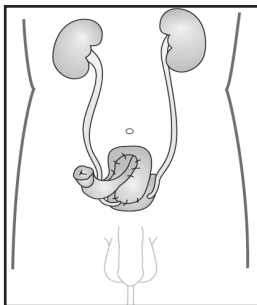
1) Ileal Conduit

It is the commonest option for diversion at our facility. It is a surgically created opening for urine using a piece of borrowed small intestine. It is located on the front of your abdomen and will require you to wear a bag to collect urine exiting from your body.



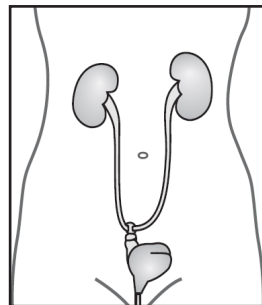
2) Cutaneous Ureterostomies

The ureters are brought to the surface of the abdomen. You may need to wear two bags, one for each kidney.



3) Indiana Pouch

Surgically created urinary pouch using part of the digestive system with a opening on the abdomen. You will need to pass a catheter to empty the pouch.



4) Studer Neobladder

Surgically created new bladder with part of the small intestine. Neobladder is sewn to your own urethra so urine is passed in the usual way.

PREPARING FOR THE OPERATION

In order to recover faster and decrease the chances of any problems after the operation, it is important for you to be in the best possible condition for the surgery.

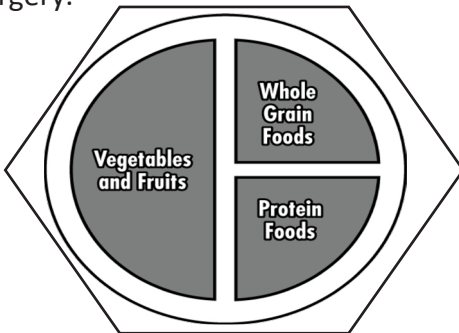


Exercise

Helps keep you in the best possible condition and speed up recovery. **Just going for a 30-minute walk every day is good exercise.**

Stop Smoking and Tobacco Use

People who stop smoking at least **1 month** before surgery have less complications after surgery.



Food and Nutrition

It is important to be in the best nutritional shape - eat a healthy well-balanced diet.

Stop Alcohol

Stop alcohol 4 weeks before the surgery if using more than 3 drinks a day. **NO** alcohol 48 hours before the surgery.

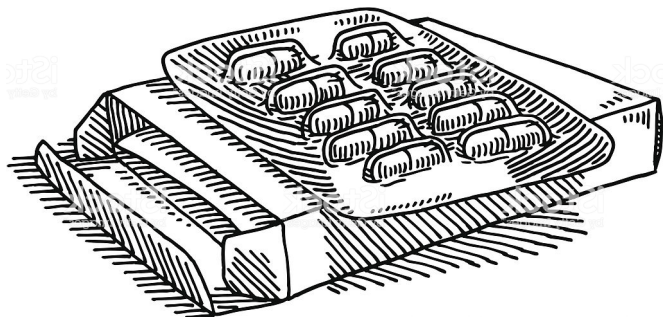
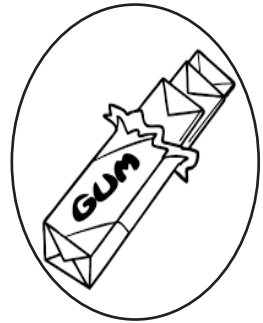


WHAT TO BRING TO THE HOSPITAL

This list may not be entirely comprehensive, but it's an effort to ensure you have the basic essentials.

Please limit belongings to 1 small bag, the hospital will not be liable for lost or stolen valuables. You're strongly advised to leave valuables at home.

- Sugar-free gum for after the surgery
- Identification document
- **All** your medication in the **original** packaging
- Housecoats, pajamas, and non-slip slippers
- Toothbrush, toothpaste, soap, washcloth, shaving equipment, deodorant (optional)
- Glasses in the case with your name on it
- Dentures and container labelled with your name
- Hearing aids (if you use them)
- Walking aids (if you use them)



BEFORE THE SURGERY

No bowel prep or pre-med

Bowel prep is associated with worse outcomes.

A sedating pre-med impairs post-op mobilisation.



Thromboprophylaxis

You will be provided with a pair of well-fitting compression stockings. You are encouraged to wear them all the time.

Blood-thinning medication (clexane) may be started up to the day prior to your surgery.

Hibitane Scrub

You will be provided with a special antiseptic soap to wash your abdomen with the night before and the morning of the surgery.



Oral Carbohydrate Drink

STOP eating solid foods at midnight.

You can have a clear oral carbohydrate drink 2 hours before the surgery if you are not diabetic.

Diabetic on insulin - may continue to drink water up to 2 hours before the surgery to remain hydrated.



THE SURGERY

We take you to the operating room approximately an hour before the surgery. Here you will meet the anaesthetist who will look after you while you sleep through the surgery.

An intravenous line (“drip”) will be placed into your arm.

The anaesthetist may also insert a small tube into your back called an “epidural”. We use this to give you medicine to control your pain during and after your surgery. Alternatively, you may have a tube placed into the wound after the surgery that delivers the medicine to control your pain.

You will be given General anaesthesia - where the anaesthetist will give you anaesthetic medication through the intravenous line to help you sleep and manage your pain during the surgery. A mask may also be placed over your mouth and nose to give you oxygen and possibly other drugs to help with your breathing.

POST ANAESTHETIC HIGH CARE UNIT (PAHCU)

After your surgery, you may have:

- 1) An intravenous drip to give you fluids and medication
- 2) Pain medication: either an epidural or intravenous medication
- 3) Oxygen through a face mask or nasal tubes
- 4) A catheter - which may be placed by the surgeon as a monitoring device
- 5) Your blood pressure and heart rate are checked very often
- 6) Your nurse will ask you about your pain level and ensure you are comfortable
- 7) Your nurse will check the bandage (dressing)



PAIN CONTROL

Pain relief is important because it helps you

- Breathe more easily
- Move more easily
- Sleep better
- Recover faster



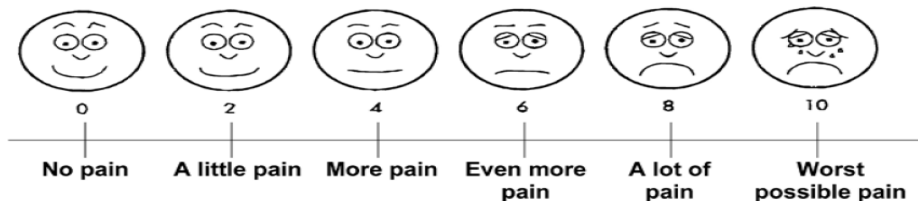
We will give you different pain medication regularly. This helps to give you better overall pain relief. You cannot become addicted to pain medication when it is given to treat your surgical pain.

PAIN SCORE

An important part of managing your pain is monitoring how much pain you are having.

To help us assess your pain and effectiveness of the pain medicine, we use a pain rating scale.

Please point to the number that best describes your pain:



Pain medication works best if taken before pain becomes uncomfortable.

IMPORTANT: pain medicine will **not** make your recovery completely painless. The goal is to manage your pain and help you recover.

OTHER THINGS YOU CAN DO TO EASE PAIN:

- listen to music
- do slow and relaxed breathing
- imagine peaceful situations



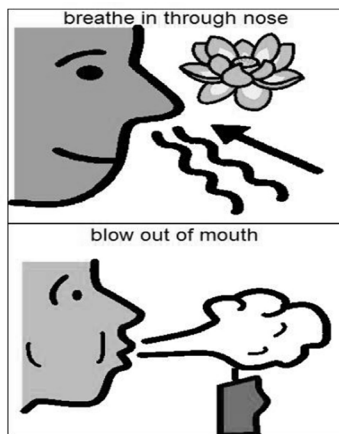
NAUSEA AND VOMITING

You might feel sick to the stomach (nausea) or throw up (vomit) after surgery. You will be on regular medication to prevent nausea and vomiting for a few days after the surgery.

These medicines work best before the nausea gets uncomfortable, it is best to inform the nursing team as soon as you start feeling nauseous.

Other ways to help settle your stomach

- Place a cool, damp cloth on your face
- Take some slow deep breaths
- Take small sips of cold water
- Try distracting yourself with music or watching something



EATING, DRINKING AND DIGESTION

Drinking and eating as soon as you can after your surgery helps your bowels return faster working normally. The nurses will provide you with a high protein drink to supplement your diet.

We ask you often if you are passing any gas from the backside (anus). This is a sign that your bowels are starting to 'wake up' after the surgery.

- Chewing **sugar-free gum** helps wake up your bowel faster. It can also help keep your mouth moist.
- You should chew gum for 15-60 minutes several times a day.
- Do not swallow the gum
- **Drinking coffee may also help wake up your bowels faster.**



EXERCISES

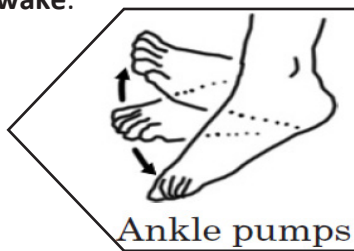
Get up and MOVE

Lying in bed without moving may cause many problems like pneumonia, blood clots and muscle weakness.

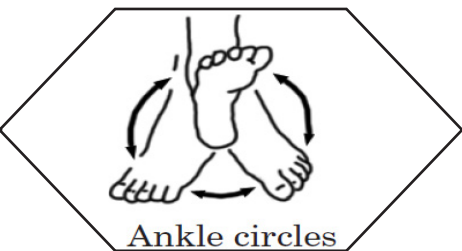
You can start the following exercises as soon as you wake up and continue during your hospital stay.

LEG EXERCISES

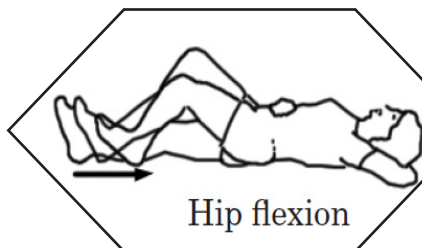
You are encouraged to do these exercises **every hour while you are awake**.



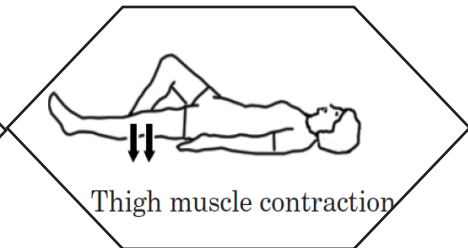
- 1) Bend your foot upwards towards head then downwards to the bed
- 2) Repeat **5 times**



- 1) Move your feet around slowly in large circles
- 2) Repeat **5 times** in each direction

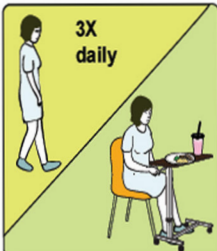
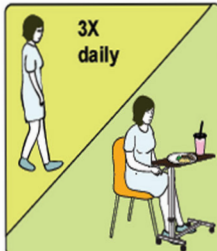


- 1) Bend your knee by sliding your heel up toward your body as shown.
- 2) Slide your heel back down
- 3) Repeat **5 times**



- 1) With your leg straight, tighten the muscles on the top of your thigh
- 2) Press the back of your knee down, hold for 5 seconds
- 3) Repeat **5 times** for each leg

Path to Home Guide

	Day of Surgery	1 Day After Surgery	2 Days After Surgery	3 Days After Surgery
Breathing exercises	10 X every hour sitting 	10 X every hour sitting 	10 X every hour sitting 	10 X every hour sitting 
Activities		3X daily 	3X daily 	3X daily 
Nutrition	gum, clear liquids, protein drinks 	solid food & gum, protein drinks 	solid food & gum, protein drinks 	solid food & gum, protein drinks 
Tubes & lines				

GOING HOME

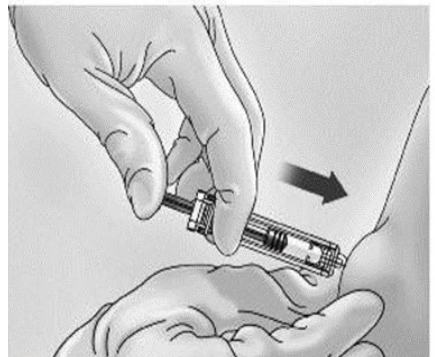
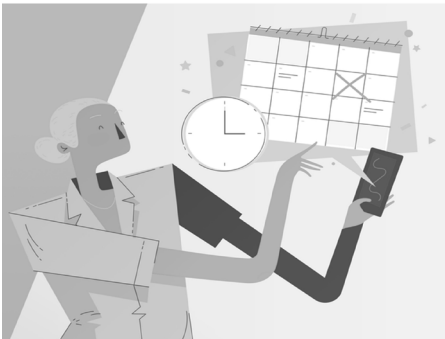
Everybody recovers at a different pace depending on their general health, any existing conditions and the type of surgery.

You will be allowed to go home when your pain is managed by pills only; able to do most of the activities by yourself; eating; having bowel activity; wound is healing well and no concerns for infections.

BEFORE YOU LEAVE:

Please make sure you:

- Have all your personal belongings including any medicines you brought with
 - Have all your prescriptions
 - Find out where and when your staples will get removed
 - Are comfortable looking after the stoma (if you have one), and you have been given a date to see the stoma nurses
- Have a follow-up appointment at the Urology Clinic**
- Have enough supply for anti-clotting (Heparin/Clexane) injections until Day 30 after the operation. In most cases you will be educated on how to administer the medication to yourself.**



WHEN TO GET HELP

Please report to the hospital via the **Emergency Unit (C15)** if:

- 1) Your pain gets worse and is not relieved with the pain medicine
- 2) You have a fever over 38.5°C
- 3) Your incision becomes red, swollen or hot to touch
- 4) You notice a lot of clear fluid or foul-smelling liquid coming from your incision
- 5) You start bleeding from your incision
- 6) You feel sick to your stomach (nausea) or throw up (vomit) often for more than 24 hours
- 7) You have diarrhoea that lasts more than 2 days
- 8) If you have a drain that is accidentally pulled out

If you are unable to come into the hospital, please see the doctor at the day hospital near home.



REFERENCES/ACKNOWLEDGEMENTS

- 1) Vancouver Coastal Health - ERAS Radical Cystectomy Patient information booklet
- 2) Oxford University Hospitals - NHS Foundation Trust ERAS cystectomy- information for patients
- 3) The MUHC education portfolio et al. - path to home chart
- 4) BC Enhanced Recovery Collaborative - animation

VIDEO/ANIMATION LINK

http://www.youtube.com/watch?v=swXJ_7Gtqz4