

THE UROLOGY GROUP

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POSTOPERATIVE INSTRUCTIONS for CYSTECTOMY and ILEAL CONDUIT

HOSPITALIZATION

Hospital stay: Patients can expect to stay three to seven days in the hospital. Hospitalization can be as long as two weeks if bowel function is slow to return.

Breathing tube: Sometimes a breathing tube is left in overnight if the surgery takes awhile or is later in the day or if there is any difficulty with breathing. The tube is typically removed the following day in the Intensive Care Unit once the Hospitalist doctor is sure you are breathing well.

Nasogastric tube: A clear tube called a nasogastric tube (NG tube) is placed from the nose to the stomach before surgery. This is usually left in place for a day or two after surgery to remove stomach secretions the intestines are not ready to handle yet. Medications may be given through this tube.

DRAINS

Urethral drain: A catheter is placed through the urethra (bladder tube) where the bladder used to be. This will help remove extra fluids from the pelvis. This is typically removed a few days after surgery.

Stents: Thin plastic tubes called ureteral stents are placed in the ureters (kidney tubes) and exit out the ileal conduit. These promote urine drainage and healing where the ureter is connected to the ileal conduit. These are typically removed two weeks after surgery.

Jackson-Pratt (JP) drain: A surgical drain called a JP drain is placed to drain excess fluids from the abdomen. It is normal to have leakage around the drain. The gauze over the JP drain will be changed as needed when saturated. This will be removed once the drainage decreases.

Sometimes it is removed during hospitalization and sometimes it is removed in the office after discharge. If you are discharged with the drain, the nurse will show you how to care for the drain. Keep a record of the output each day and bring the record to your postoperative appointment.

There will be **skin staples** in the abdominal incision. These will be removed at your postoperative visit.

Incentive Spirometer: This is a breathing machine the nurses will show you how to use. Exhale, then inhale to pull air into the machine, taking a slow deep breath in. Try to get the indicator in the correct spot and hold it there. This helps re-inflate lung pockets that can close during anesthesia. The incentive spirometer helps prevent pneumonia. Do this exercise ten times per hour while awake.

Doing the breathing exercises may make you cough, this is a good thing as it helps clear the lungs of mucus. Holding a pillow to your abdomen during coughing helps decrease the pain from surgery.

Take the Incentive Spirometer home and continue to do the breathing exercises for a week or two.

Activity: It is important to get out of bed to a chair and to walk as soon as possible after surgery. Walking helps with wound healing and return of bowel function. It also helps prevent pneumonia, blood clots in the leg or lung and infections. **Try to walk six times a day.** The nursing staff will help you.

Diet: After surgery the intestines take time to recover. Passing **gas** out the bottom is a sign that the intestines have recovered. Your diet will start with liquids and advance to solid food. If you feel full or nauseated, stop drinking and eating. You do not have to finish what is served on your tray. Try to be patient while your intestines recover. Walking, being out of bed and chewing gum has been shown to help with the return of bowel function.

MEDICATION

Pain medication: While in the hospital you will have intravenous (IV) and eventually, oral pain medicine. You may also have a button you can press as needed for pain medicine or **Patient Controlled Analgesic (PCA)**.

You may also have a pump that slowly delivers pain medicine directly to the incision over 3-4 days, an **On-Q pump**. This is typically removed before you go home.

Once taking pain medicine by mouth, try to use this before asking for IV pain medicine. Pain medicine by mouth lasts longer. These narcotic pain medications slow the return of bowel function and can make you groggy. Take what you need to be comfortable enough to walk six times a day, but do not take more than what you need.

Prevention of blood clots: You will receive shots of blood thinner called **heparin** or **Lovenox** while in the hospital. This helps prevent blood clots in the leg (Deep Venous Thrombosis (DVT) or lung (Pulmonary Embolus (PE). Stockings called **TEDs** and leg massagers called **Sequential Compression Devices (SCDs)** or "squeezers" also help prevent these clots. Being out of bed and walking as much as possible also helps prevent these clots which can be life-threatening.

Stoma care: Stoma care and education continues in the hospital with the Stoma Nurse during hospitalization. Our team of doctors and nurses will make sure you are comfortable in changing your ostomy appliance and caring for your stoma.

Bathing: The first several days the nurse will assist you with sponge bathing. Try to do as much of this yourself as possible to familiarize yourself with your new anatomy. You may shower once all the drains have been removed. Remove all dressings. Let warm soapy water run over the incisions and conduit. Do not rub or scrub the incisions. Once out of the shower, pat the area dry. No dressing is necessary but you may place an over-the-counter gauze and tape over incisions if they have a bit of clear or bloody fluid. This is part of the healing process. Replace the conduit wafer and bag as directed.

Tub baths are not to be taken until your incision is completely healed.

PATHOLOGY REPORT

The pathologist will process the bladder and lymph nodes, look at in under the microscope and write a report of the findings. This usually takes 3-7 business days. It can take longer if special stains or processing is required. Once the pathology report is final, it will give more information about the disease and if any additional treatment is recommended, such as chemotherapy.

DISCHARGE

Medications: Once discharged, you may use over-the-counter acetaminophen (Tylenol) as needed for pain. You will also be prescribed a narcotic pain medication. Take this as needed for pain management that will allow walking. The narcotic also contains acetaminophen – do not exceed 4000 mg acetaminophen per day.

You will also be given a **stool softener** or laxative upon discharge. Hold this medication if experiencing diarrhea or loose stools. Use prune juice, your own regimen or over-the-counter stool softeners as needed to prevent constipation.

Diet: Be sure to drink plenty of fluids and stay hydrated. Your appetite and sense of taste will be slow to return following surgery. Eat small, frequent meals. Avoid large heavy meals.

Home Health Care with a visiting nurse may be arranged prior to discharge to continue stoma education.

Activity: Walk at least six times per day. Avoid strenuous activity or lifting more than a gallon of milk (10 pounds) for six to eight weeks. You may go up stairs.

Postop appointments: Call the office to make an appointment for stent removal if you do not already have an appointment. At your first visit, the JP drain may be removed and the staples may be removed from the incision. The drain site will take a few days to seal. Place over-the-counter gauze and tape over the site as needed for drainage. Change the dressing once saturated, at least daily.

Strong band-aids called Steri strips will be placed over the incision. These will fall off on their own in one to two weeks. You may shower with the Steri strips in place. Let warm soapy water run over the strips, do not scrub them. Pat dry with a towel once you are done bathing.

The **ureteral stents** are typically removed two weeks after surgery.

OSTOMY RESOURCES

Ostomy support group

Ostomy Support Group Of Northern Virginia

www.osgnv.org

The Ostomy Support Group of Northern Virginia is a volunteer organization composed primarily of ostomates for the purpose of offering mutual aid and support through people who have learned to live with an ostomy; educational programs and materials to keep you informed of the historical as well as cutting edge advancements in medical technology; and advocacy to promote the needs of ostomates. Group Meetings are held on the first Sunday of every month (except July and August) at 1:30 pm at Inova Fairfax Hospital in the Physicians Conference Center. There is an ostomy nurse at every meeting for help and advice. Parking is in the Blue garage. For more information, the group phone is 703-802-3457 or visit their website.

Online support

Inspire: The Ostomy Support Group

www.inspire.com/groups/ostomy

Online community that connects patients, families, friends and caregivers for support and inspiration.

The United Ostomy Associations of America, Inc.

www.ostomy.org

Association of affiliated, nonprofit, support groups who are committed to the improvement of the quality of life of people who have, or will have, an intestinal or urinary diversion.

Ostomy supplies

www.liberatormedical.com/ostomy-supplies

www.hollister.com/us/ostomy/ss

Ostomy supplies without insurance

www.ostogroup.org

Osto-Group is a non-profit organization that provides donated ostomy supplies to uninsured ostomates in the US, for just the cost of shipping and handling.

Donated ostomy supplies

www.fow.org

The Friends of Ostomates Worldwide-USA is a volunteer-run, non-profit organization providing ostomy supplies and educational materials to ostomates in need around the world. Donations are welcome.

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References: Davis CB, Breyer BN and Konety BR: Urostomy Creation and Management of Complications. AUA Update Series 2010, Lesson 35, Volume 29. © 2010 American Urological Association, Education and Research Inc., Linthicum, MD.

Koube EJ, Wallen EM and Pruthi RS: Gum chewing stimulates bowel motility in patients undergoing radical cystectomy with urinary diversion. Urology 2007; 70: 1053-6.