

**Patient information**

**Enhanced Recovery Patient Information  
Cystectomy and formation of Ileal conduit**

**Introduction**

The aim of this leaflet is to help you understand your treatment, answer any questions you may have and alleviate any concerns

The aim of the enhanced recovery program is to get you back to full health as quickly as possible after your operation.

Research indicates that after surgery, the earlier we get out of bed and eat and drink the quicker the recovery. This will reduce the risk of complications.

In order to achieve this we need **you** to play an active part in your recovery and work together with us.

The urology doctors and clinical nurse specialist have already met with you exploring the implications of major surgery.

Please read this information to help you understand what to expect from us and what we expect from you to help optimise your recovery and ensure a smooth discharge process.

**Day before your operation (Whilst at home)**

- You will be have been given 3 carbohydrate drinks with appropriate instructions
- You will be asked to drink clear fluids only on this day from when you wake up, for example water, squash, tea and coffee without milk, clear soup etc.
- You will self administer a small injection of a drug which will help thin your blood at approx 17.00hrs or arrangements with have been made for your practice nurse or district nurse to do this.
- You will be given these injections throughout your hospital stay. If the doctors feel it is appropriate you will continue with these injections for up to 28 days following your surgery.

It is important we help reduce your risk of developing Deep Vein Thrombosis (blood clots.)

We can do this by:

- Ensuring you continue to receive your blood thinning injections daily.
- You will be measured and provided with knee length pressure stockings. Please wear them correctly as it is important they do not wrinkle or roll down. You will be wearing these for the duration of your hospital stay.
- In some circumstances your doctor will instruct you to continue wearing these stockings for up to 6 weeks following your surgery

These stockings will improve the blood circulation in your legs along with regular leg exercises.

*When sitting in your chair or bed ensure you move your legs regularly. Bend your knees and rotate ankles every 2 hrs if possible.*

*Breathing exercises are also important and simple to do. Start to take at least 10 deep breaths on an hourly basis this helps keep your lungs clear.*

## **Morning of operation**

You can drink clear fluids up until 2 hours prior to your operation. We encourage you to drink 1L of water at 2 hours before your operation. You will then completely fast for 2 hours prior to surgery to ensure that your stomach is empty prior to you having your anesthetic.

If you normally take regular essential medication you will be advised by to your admission when to take them.

You will be asked to take a shower prior to your admission. Once you have arrived on our theatre admission ward you will be given a theatre gown and your compression stockings to wear.

The ward nurses will check your details and take you to theatre. Here your details will be checked again and you will then be taken into the anesthetic room.

Your anesthetist will have discussed post-operative pain relief and if you are having an epidural this will be put in before you are anaesthetized. You will be given local anesthetic into your back prior to this being done. Following this your anesthetist will give you the necessary anesthetic.

## **Immediately after your operation**

You will wake up in the recovery room where a nurse will check your temperature, pulse and blood pressure regularly. You will have an oxygen mask helping your oxygen levels to remain stable. You will be able to have water if you feel thirsty. Once the recovery nurses and your anesthetist feel it is appropriate you will be moved to our surgical special care unit (SSCU). The nurses will continue to monitor you closely.

You will have a drip in your arm to give you fluids.

A tube will have been inserted near to your wound site called a drain.

An epidural will control your pain.

You will be visited by a specialist pain nurse to help ensure your pain is managed throughout your first few days of surgery.

Your new stoma bag will be checked regularly by the nurses ensuring it remains pink and healthy and is producing good amounts of urine. 2 stents (small tubes) will have been inserted into your stoma in theatre. They allow the urine to drain directly from your kidneys to the bag. The ward nurses will flush these tubes on a daily basis during the early stages of your recovery to keep them patent.

You will also have a wound dressing covering your wound.

As soon as you are fully awake you may sit up and you may start to drink clear fluids as tolerated. You will also be asked to drink 2 high protein, high energy drinks.

It would really help if you remember to do your exercises i.e. rotating your ankles, bending your knees and taking deep breaths to help inflate your lungs. This will speed up your recovery.

## **Day 1 – the first day after your operation**

The urology doctors will visit you on SSCU. If you are stable you will return to the urology ward.

The nursing team will assist you to wash and brush teeth etc.

The stoma nurses will visit you to start teaching you how to care for your stoma.

Your drip will remain and you will continue to drink fluids including your protein drinks. The nurse will offer you regular medications to help reduce any feeling of nausea (feeling sick). Please inform the nurse looking after you if you feel sick.

Your epidural will remain in place today. The Acute pain nurses will visit you to ensure you are comfortable.

You will sit out of bed for at least 10 minutes and walk to the end of your bed assisted by the nurses.

Chew gum for 30 minutes three times a day.

Continue with your leg and breathing exercises.

## **Day 2 – the second day after your operation**

The urology doctors will routinely review you on a daily basis as part of their regular ward round duties. Any routine investigations such as blood tests will be requested during this consultation.

You will continue to be assisted by the nursing team to maintain your comfort and cleanliness as required.

The Acute pain nurses will visit you to ensure you are comfortable. Please inform the ward staff of any symptoms (e.g. feeling sick) so that we can treat them.

You may feel hungry. If so a light diet maybe offered to you.

You will continue to drink fluids including high protein, high energy drinks.

You will be able to sit out of bed for at least 2 x 30 min episodes and walk around your bed space at least twice. You will sit in the chair for all your meals.

Chew gum for 30 minutes three times a day.

## **Day 3**

Hopefully you are starting to develop routines which are keeping you comfortable, feeling cared for but allowing your own natural dependency to return. Self motivation and clear progressive goals will help you to make steady progress.

Your epidural maybe removed today. Alternative analgesia (pain killers) will be prescribed to ensure you remain comfortable. The acute pain nurses will continue to support and offer advice.

You will continue to eat light diet and drink fluids if tolerated; this will include your 2 high protein, high energy drinks. Once you are tolerating enough drinks we will discontinue your intravenous drip.

You will continue to sit out of bed for at least of 3 x 30 minutes and more if possible. You will take 2 walks around the ward. You must sit in the chair for all your meals.

Chew gum for 30 minutes three times a day.

## Day 4 - Onwards

As you continue to recover from your surgery your mobility should increase and the amount of time you spend in bed during the day should reduce.

Your wound drain will be removed once the doctors are happy with your progress.

The stoma nurses will continue to support and teach you how to care for your stoma, visiting you on a daily basis until you are feeling confident and are able to care for your stoma independently.

The ward nurses and will continue to support you throughout your hospital stay. Urology Clinical nurse Specialist your "Key worker" will visit whilst you are an inpatient and will continue to support once discharged

Our Enhanced recovery nurse will also continue to support you during your hospital stay ensuring that once you are discharged you have relevant contact telephone numbers to enable you to ring with any concerns.

## Recovery

As you continue to make steady progress our aim is to ensure you remain supported and your recovery process is driven forwards in such a way that you are happy with the quality of care you are given and you feel involved in the decisions that are made surrounding your timely recovery. We aim to discharge you from hospital at the earliest point. This can vary from 5 to 14 days depending on the individual and any unforeseen clinical complications.

If the doctors feel you are medically fit for discharge but other circumstances such as your ability to care for the stoma or a reduction in your normal mobility prevent you from being discharged home we will involve specialist nursing teams who help organize beds in community hospitals for you to continue to recover in a less acute hospital environment.

Once discharged the stoma nurse and the clinical nurse specialist will continue to support your recovery.

Your stents will be removed approx 4 weeks following your surgery either in the central outpatients during your follow up appointment or by the stoma nurses.

Day 10 post operatively if required your wound clips \ sutures will be removed by either the ward nurses or a district nurse based in the community.

Once the doctors, ward nurses and stoma nurses are happy with your ability to care for your stoma you will change the bag independently.

## Prior to discharge

You will be discharged home when:

1. You are able to care for your own stoma
2. Your pain is well controlled
3. You are eating and drinking
4. You are as mobile as you were when you were admitted to hospital
5. You have had your bowels open
6. Your wound is healing well
7. You feel confident about discharge
8. You have all your appropriate medications and supply of stoma bags
9. You have your stoma bag prescription

The district nurses will also continue to support you once you are discharged if necessary

Contact numbers below if you need advice or support.

**We continue to audit our patient pathway and would kindly request on receipt of our patient questionnaires you complete and return them. We value your contribution in helping to design future developments.**

## Telephone numbers

Clinical nurse specialist office with  
Answer machine 01782 679370

Enhanced recovery nurse Carol Bennett

**Extension: 3379**

**Mobile phone or text 07500064622**

**Pager: 07623675453**

Stoma nurses with answer machine 01782 553181

SPUR UNIT Male side (ward 103) 01782 76133

Female side (ward120) 76102

Stafford stoma nurse 01785 230942

Cancer Research UK

020 7061 8355

Email: [info@cancer.org.uk](mailto:info@cancer.org.uk)

0800 226237

[www.cancerhelp.org.uk](http://www.cancerhelp.org.uk)

Backup Cancer Information Service

020 7739 2280

Email: [info@cancerbacup.org](mailto:info@cancerbacup.org)

0808 800 1234

[www.cancerbackup.org](http://www.cancerbackup.org)

Macmillan Cancer Support

0808 808 2020

[www.macmillan.org.uk](http://www.macmillan.org.uk)

The Sexual Dysfunction Association

0870 774 3571

Email: [info@sda.uk.net](mailto:info@sda.uk.net)

[www.sda.uk.net](http://www.sda.uk.net)

The Urostomy Association 0870 770 7931

Email:

[secretary.ua@classmail.co.uk](mailto:secretary.ua@classmail.co.uk)[www.uaqbi.org](http://www.uaqbi.org)

## Further Information

The Patient Advice and Liaison Service would be pleased to offer confidential advice and support if you have any concerns. PALS can be contacted on 01782 552814 or Email [patient.advice@uhns.nhs.uk](mailto:patient.advice@uhns.nhs.uk)

Action on Bladder Cancer (ABC) website patient support information

[www.actiononbladdercancer.org](http://www.actiononbladdercancer.org)



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