UROLOGY ASSOCIATES of Green Bay

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Cystectomy Patient Packet

Before Surgery

Your Goals:

- Learn about the surgery and recovery process and get your questions answered
- Make plans at home to have someone to help with household chores, cleaning, cooking, shopping, etc. during recovery. It is not uncommon to require a short rehab stay after your hospital stay before going home. The need for this will be determined after surgery.
- Prepare a ride home from the hospital
- Learn about ostomy through appointment with the Ostomy Nurse

Appointments:

- You may have to meet with our PrePare Clinic prior to surgery. They ensure you are medically optimized to move forward with surgery. They will do any pre-operative testing if needed. If you are on anti-coagulation medication (Warfarin, Plavix, Eliquis, etc.) they will be giving instructions on when to stop those medications.
- If you do not need to meet with PrePare, you will have an appointment with our clinic to review your medical history, review surgery and medications.
    - Some people may need both appointments.
- You will meet with the Ostomy nurse regarding your urostomy. They will mark a site on your abdomen for the ostomy to be placed during surgery.

Activity prior to Surgery

- Walking daily prior to surgery can help you recover faster. Try to walk 20-30 min per day leading up to surgery.
- If you smoke, quitting before surgery can decrease your risk of breathing complications and improve recovery time.

Surgery: Robotic Assisted Cystectomy

What happens during surgery?

- This procedure treats bladder cancer. The bladder is removed in its entirety and an ostomy is created with bowel. The ureters (tubes that drain the kidneys) are reconnected to the bowel and urine exits through your abdomen into a bag. Stents are placed into the kidneys and will come out though the ostomy and drain into the bag. The surgery is done with the robot for the first part of the case and a larger abdominal incision for the second part. You will have an ostomy bag permanently and often a pelvic drain while in the hospital.

What are the risks of surgery?

- Every surgery has risks. Short-term risks include bleeding or injury to your bowel or other organs. This is very rare and if occurs would be treated. Blood transfusions may be necessary if there is significant blood loss. Infection is another risk of any surgery and you will get an IV antibiotic at the time of surgery to decrease that risk.

Hospital Course

- You will check in for surgery at Bellin as instructed. The OR will call about 2 days prior to surgery to give you your exact arrival time.
- Once checked in, you will meet with the anesthesiologist and the nurses will prepare you for surgery.
- Surgery typically takes about 5-7 hours.
- You will go to the recovery room while waking up and then move to the floor
- Typical hospital stay is about 5-7 days.
- Your diet will be limited right after surgery. It often takes a few days for the bowels to start working and then your diet will be advanced.
- Pain medication will be available. This will be adjusted as appropriate during your stay.
- We encourage walking in the hospital to help get the bowels moving, prevent blood clots, and keep your lungs open to prevent pneumonia. Physical Therapy and Occupational Therapy are utilized as well.
- You will use an Incentive Spirometer to help expand your lungs and prevent pneumonia after surgery. You should use this at home multiple times per hour that you are awake after discharge as well.
- The ostomy nurse will meet with you and your family members during your stay for teaching on the care of your ostomy

At Home

- Blood in the urine may occur. This will clear with time. Drink plenty of fluids to flush it out.

- Use Tylenol and/or Ibuprofen as directed for pain control.
    - Take narcotic pain medication as needed for severe pain. These are addictive, cause constipation, and should be used sparingly.
- It is common to have diarrhea after the bowels start functioning after this surgery. This should improve with time if it occurs.
- Dehydration is common after returning home and is the #1 reason for being readmitted to the hospital. Focus on drinking fluids and things like Gatorade/Ensure, etc.
- Walking is encouraged to help prevent blood clots and pneumonia. Do not lift more than 10-15 lbs. (full gallon of milk) for 4 weeks. Avoid activities that involve twisting, bending, pushing, pulling, etc. Anticipate a full 8-12 weeks for recovery. You may go up and down stairs.
- You may shower. The water may run over the incisions but do not scrub them. Dab the incisions dry and leave open to air. Do not bathe or swim until incisions are well healed.
- Do not drive for the first couple of weeks or if you are taking narcotic pain medication.

Post-operative Expectations

- If you have a drain, you will have a follow up appointment to evaluate/remove it. They ureteral stents will come out typically 2-4 weeks after surgery in the clinic. Timing of your post-operative appointment will be determined at discharge.
- Staples, if present, will be removed at your post-operative visit.
- The surgeon will discuss pathology results once available. These often take a week to return.
- The wound nurse will continue to follow with you for cares and questions regarding your new ostomy

When to Call

- Fever >101, chills, nausea, vomiting, chest pain, shortness of breath, leg pain or swelling, fatigue, confusion, abdominal or flank pain
- Urinary symptoms such as urgency, frequency, burning

Call (920)-433-9400 with any other questions or concerns