

Enhanced Recovery After Surgery (ERAS) – Cystectomy

Patient Information – Urology Service

Introduction

Enhanced Recovery After Surgery (ERAS) is a pathway designed to accelerate patient recovery, to resume the baseline function and to regain independence as quickly as possible.

Planning and actively participating in the steps to success before and after your surgery can help you:

- Feel better, sooner
- Leave the hospital, sooner
- Return to normal living, sooner.

This is major surgery and will be a big change in your life. It is important that you can return to your lifestyle as quickly as possible. Returning to normal depends on how you feel physically as well as mentally. There are also resources at the end of this booklet for support.

Radical cystectomy and formation of ileal conduit is the removal of the bladder (cystectomy) and the creation of a conduit, which is another means for urine to drain from your body. An ileal conduit is a type of stoma that allows urine to exit from the kidneys to the outside.

Preparing for my operation

Before coming into the hospital

- Make yourself a “to do list”. Keep in mind even though you are leaving the hospital you will still be recovering when you go home.
- You will need people to support your recovery when you return home. Make sure that you have family and friends to help you with activities you may not be up to or allowed to do after surgery. It is a good idea to make a list of important phone numbers and bring this with you to the hospital.
- Do not be afraid to ask for help and try not to worry.

Alcohol or smoking

If you drink or smoke, you can use this as an opportunity to cut down or quit. This will help reduce the risk of complications after your surgery. Even if it is a few days before surgery this will still reduce your risks of wound healing complications. If it is even longer it may help you avoid some of the breathing problems such as pneumonia that occur in smokers more frequently after surgery.

We can help you quit smoking. If this is something you are ready to do, please tell us and we can provide you with the resources to help. If you need free help to stop smoking please contact Te Hā – Waitaha (Stop smoking Canterbury) on 0800 425 700. You may also find your primary care doctor a resource for help quitting smoking.

If you drink alcohol, consider cutting down the amount you drink or quitting two weeks before the surgery.

Deep breathing exercises

Using the incentive spirometer before your surgery can help you get your lungs ready for surgery. You use the incentive spirometer by placing your lips around the mouthpiece and making a tight seal. Breathe out all the air in your lungs. Then breathe in a big deep breath through your mouth while maintaining a good seal on the mouthpiece. Hold this breath for three seconds, then breathe out. Repeat this exercise ten times every hour.

Exercise before surgery

It is important prior to coming to the hospital that you increase your physical activity. Doing more physical activity can be as simple as taking a 30 minute walk at least five times a week. More activity than this is great, every bit of conditioning you can do for your body will aid in recovery. Increasing your exercise endurance will help your energy level before and after your surgery. Being more physically active before admission will prepare you to walk sooner after your surgery. Increasing your exercise tolerance will also help you lose less muscle mass during the surgery.

Probiotic: why should you take it?

A probiotic is a pill that contains “good” bacteria. These supplements can help reduce infections after your surgery. These probiotic supplements also can help regulate your digestive system. You should start taking it two weeks before your surgery. You can continue this in the hospital and after you are discharged.

Nutrition

Good nutrition is promoted by eating a balanced diet before you come into the hospital before your surgery. It is also recommended that you begin to try some different high protein containing drinks to figure out what tastes good. You will be offered these after surgery to help promote your recovery. If you have any nutritional deficiencies based on screening questions and lab values, we will ask you to routinely start taking protein drinks, and possibly supplements, before the surgery. Remember after surgery your taste buds may change for a while, so it is important to try new things in order to keep yourself nourished. The hospital may not have all the flavours or particular drink you like, so you may bring in protein drinks from the outside.

What should you bring to the hospital?

- Dressing gown
- Loose fitting clothes, slippers and suitable shoes to use during your stay in the hospital
- If you normally use a walking aid, please bring it with you
- Toiletries or wash bag

- Suitable foot wear: shoes or slippers that fit well with a closed back and non-slip sole with a low heel. Consider Velcro fasteners to ensure they won't slip off.
- Glasses, dentures, hearing aids
- Sugar-free chewing gum.

What not to bring into the hospital

- Valuables, such as jewellery and money, are best left at home.

Possible complications

Common complications

- Bowels can be slow to return to normal after surgery. You may require a temporary insertion of a stomach tube through the nose to help you feel less sick. Your bowels may not be back to normal for a few months after this surgery.
- Loss of erectile function: this is because the nerves that help with erection are very close to the bladder and in order to try to cure your cancer, these nerves are often removed.
- Dry ejaculation, which does not mean you will not feel pleasure / orgasm, but simply that nothing comes out of your penis during ejaculation.
- Shortened vagina from having part of the vagina removed may make sexual intercourse more difficult. Orgasms may be less easy to achieve.
- Cancer may not be cured with removal of the bladder alone.
- Infection of your bowel, urine or wound.
- Blood loss requiring you to be given blood products. This can occur even a few days after the surgery.

Occasional complications

- Anaesthesia, lung, or heart problems, possibly requiring Intensive Care Unit admission (chest infection, heart attack, stroke, death)
- Blood clots in your legs and/or lungs
- Decreased kidney function over time
- Diarrhoea
- Narrowing of where the ureter (tube for urine from the kidneys to the bladder) connects to the intestine
- Cancer reoccurrence at the remaining urethra (tube from the bladder that empties urine)
- Blood contains too much acid, needing pills for treatment
- Vitamin deficiency.

Rare complications

- Needing another surgery
- Bowel or urine leaking from where they were joined together
- Injury to the bowel, major blood vessels and nerves
- Bowel injury requiring bowel diversion.

The day before my operation

Eat and drink

Eat a normal breakfast, a normal lunch, but only clear soup for dinner. Have nothing to eat or drink for two hours prior to your surgery. Please arrive on time to the hospital.

The day of my operation

At the hospital on the day of your surgery

The nurses will check you into the hospital system. They will put a little tube in your vein, called an IV line. This will help keep you hydrated and get you important medications.

You will meet the anaesthetist and a nurse from our operating theatre before you are brought into the operating suite. They will give you a few pills to take before the surgery to help with your bowels and pain control. They will also give you a shot to help prevent blood clots from forming in your legs and lungs during the surgery.

Pain

After the surgery, moving and walking about will cause you some discomfort but this is normal. You will usually have a pain-button given to you called a PCA (patient-controlled analgesia). Each time you push this you will be given a dose of liquid pain-relief into your veins. Do not worry because the machine will not let you overdose on this.

You may have wound catheters, small tubes that deliver local anaesthetic continuously into your wound. This usually lasts for two to three days.

After a few days, you will have pain tablets given to you instead: oral paracetamol and non-steroidal anti-inflammatory drugs (NSAIDs).

By the morning of the third day after your surgery, if not sooner, your pain should be controlled with tablets alone.

Tubes and dressings after the surgery

- Most patients find the number of tubes that are left in at the time of surgery surprising.
- You will have a drain in your abdomen. This drain removes excess fluid from the surgery.
- You will have a tube in your vein (IV) for the rest of your hospital stay.
- You often will have a heart monitor on at least the first night after surgery.
- You will have two small plastic tubes (stents) coming out of the stoma. These will stay in until your surgeon decides it is safe for these to be removed, usually after 10 days.
- You may have wound catheters: small tubes that deliver local anaesthetic to your wound.
- You will have an ostomy bag over the stoma.
- You may have oxygen placed in your nose.
- You will have anti-thrombosis stockings on at all times and the use of a Sequential Compression Device (SCD) is a method of clot prevention that improves blood flow in the legs. SCDs are shaped like “sleeves” that wrap around the legs and inflate with air one at a time. This imitates walking and helps prevent blood clots.

- For the first few days you will have dressings over your incision. Once the dressings are removed you will often find your incision was closed with staples / skin clips.
- You may have some gauze left in your vagina to prevent bleeding. This will be removed on the first day after surgery.
- We encourage you to wear tight stockings to help keep swelling down. We try to prevent swelling of the legs. Leg swelling can be very uncomfortable and even inhibit walking.
- For men, you may have some swelling of your genitals. If this happens support your genitals with a rolled-up towel to elevate your scrotum while sitting or lying in bed.

Enhanced recovery after surgery (ERAS)

After you have had your surgery, there will be many people involved in your care. You will first be transferred to the postoperative care unit (PACU). Here you will be monitored by your nurse as you come out of anaesthesia to an arousal state. Communicate any needs or information you would like the nurse to know.

From here, you will be transferred to a bed in the Urology Unit, which is where you will recover from your surgery. You will then start your cystectomy enhanced recovery programme, which is outlined further here.

Keep in mind your body's response to the surgery could be different from what we hope. If this happens we may have to change the eating schedule we have outlined here. This sometimes includes inserting a tube in your nose to drain your stomach. If this happens, you will not be allowed to eat or drink anything and you may have to have nutrition through the vein.

Preventing infections

If you have not seen a member of the healthcare team who cares for you either wash their hands or use hand sanitiser, ask them to do so. The same applies to visitors. Wash your hands and use alcohol gel often. This is one of the most important ways to prevent infections.

What will my hospital stay be like?

The hospital is a very busy place and unfortunately it can be hard to get rest. However, in order for you to heal, you need a restful space.

Things that can help you get better sleep are having the door closed to your room. Be aware of side effects that medications may have, which can include feeling sleepy.

We suggest during the day that you raise your window shade. Get as much physical activity as you can during the day. Limit your daytime napping to only 30 to 45 minutes. Turn off the TV and computer screens at night.

Daily routine while in the hospital

Blood tests and vital signs

We will be monitoring you very closely after your surgery. You will have your blood pressure, heart rate, pain score and temperature taken every four hours. You will have a

blood test usually every day in the morning. We will also record how much fluid you are taking in and how much fluid is coming out.

Daily medical team ward rounds

The members of your medical team will be in to see you every morning. Our team often consists of medical student / trainee doctor, house surgeon, registrar and consultant urologist. The team will likely ask you if you have passed gas or had a bowel movement. This is nothing to be embarrassed about but is a sign your intestine is working and that you are recovering.

After the team comes to see you, if you are not clear on the plan for the day, please ask.

Daily goals for activities and exercise

- In the morning you can expect you will have help with personal hygiene, including oral care.
- On the third day after your surgery, we encourage you to take a shower.
- Walking and being out of bed are very important.
- It is also important to do deep breathing exercises, using the incentive spirometer as you did preoperatively. The nurse will provide you with a cough pillow. If you hold this tight to your belly during this exercise it will reduce your pain.
- Walk laps around the hospital floor at least four times daily.
- Your goal is to sit in a chair for six to eight hours per day after your surgery. This will be hard work but this will keep up your muscle strength.
- Chew gum at least three times daily. Sugar-free is the best kind of gum – you may bring your own favourite flavour.

Taking care of my ostomy

Hopefully before you come into the hospital for this surgery you have an idea of what to expect. When you are out of bed, we encourage you to be disconnected from the night bag. Start emptying the bag yourself when it is a third to half-full.

Your ostomy nurse will be your guide to care for the new ostomy. Over the first few days the nursing staff will teach you how to care for the ostomy. There will be two small plastic tubes coming out of your stoma. These tubes help drain urine from your kidneys for the first ten days.

It is essential that you participate in caring for your stoma. The staff will also teach whoever will be helping care for you at home.

Post-operative day one

Drinking

You may have clear liquids today. You will be given a protein drink. We would like you to take three protein drinks a day. If you are feeling nauseated or sick, tell someone. If you begin to feel nauseated, slow down on the drinking. When you feel better, then try again.

Activity

You will likely be visited by a physiotherapist today. They will assist you in getting the support you need to walk, such as a walker. You should aim to be out of bed in the chair for

six to eight hours today. You should walk at least four times around the hospital floor. Make sure you are using your incentive spirometer.

Pain control

You will receive paracetamol scheduled every six hours. You may also get a strong ibuprofen-type pain medication if your kidneys are working well enough. Pain control is an important key to getting you up and about. Pain control also aids in deep breathing, drinking and sleeping well. All of this will help promote your recovery.

Hospital staff

If you have visitors, you should tell them before they come to see you in the hospital. If a therapist or ostomy nurse comes while they are here, you are expected to work with that team member. We are all here to help you recover quickly. Keeping on pace with daily visits and goals you have to meet will advance your recovery.

Blood clot prevention

You will have a shot, usually once a day, administered for blood clot prevention. You will also wear the massaging stockings when you are not walking. You should begin to learn how to do the injections yourself. You will be going home with this medication for 28 days after your surgery.

Incision and drains

You will continue to have an IV line, a drain, stents and wound catheters in. If you have gauze left in your vagina, it will be removed today.

Post-operative day two

Drinking

You may have full liquids today. This means more soups and puddings are available. If you have started passing gas or have had a bowel movement, you may start on some regular food. Your appetite may not be the same, this is okay, as long as you can keep yourself hydrated and nourished. Again, today we would like you to take three protein drinks.

Activity

You may be visited by a physical therapist again today. You should aim to be out of bed in the chair for six to eight hours today. You should walk at least four times around the hospital floor. Continue doing your deep breathing exercises with the incentive spirometer to prevent pneumonia.

Pain control

Let someone know if you are having pain. Your pain should be controlled well enough that you can do the deep breathing exercises, walk and drink.

Ostomy

You should be starting to feel more comfortable managing the emptying of the ostomy. Make sure you are emptying the bag every time it is a third to half-full. You should be able to disconnect and reconnect to the overnight bag. You should also start learning how to do a bag change.

Hospital staff

Talk with our nursing staff. Start to get visiting nurse services co-ordinated for when you return home. Let the team know how we can assist you in planning to return home. If the physiotherapist feels you may need rehabilitation, now is the time to start planning this with your family.

Incision and drains

Your dressings will be removed today. If you have gauze in your wound this will be changed. It is normal for there to be bruising and slight redness around the incision for two to three weeks. Occasionally there is a bit of fluid leaking from the incision.

Your drain may have the fluid sent off today to test if there is urine leaking from surgery. The output from the drain will continue to be monitored. Your fluids running in the IV line should be removed if you are drinking well enough, but the IV line should remain. You will continue to have a drain and stents. Your wound catheters will most likely be removed today.

Post-operative day three

Drinking and eating

You will likely be advanced to a light diet today whether or not your bowels are working, unless you are really not feeling well. If you begin to feel sick, back-off from the food and take a rest until you feel better. Let the team know if you are having a lot of gas pains.

Try to keep yourself hydrated and continue to take three protein drinks a day. You should try to take in about 1500 mL to 2000 mL of fluid orally, or six to eight glasses each day.

Activity

You should start thinking about how you will move around at home when you return. You should aim to be out of bed in the chair for eight hours today. You should walk at least four times around the hospital floor. Continue doing your deep breathing exercises with the incentive spirometer and the cough pillow. Take a shower as able.

Pain control

You will continue to take paracetamol. All your pain control should be by mouth today. You may have episodes of 'gripping' abdominal pains during the first week or so. The pain usually is from the small bowel and lasts for a few minutes and will go away between spasms.

Planning for home

Make sure your family and friends know you are progressing and when you might be able to go home. Your family and friends will play an important role in your recovery. Our aim is for you to continue your recovery process at home as quickly and safely as possible.

Incision and drains

If you have gauze in your wound, this will be changed again and possibly removed. If you have a fold in your belly where the incision folds on itself, we recommend you place a pad in the fold to help prevent wound infection. You will continue to have drain and stents, although your surgeon may direct for the drain to be removed today.

Post-operative day three and beyond

Everybody that has surgery is different and their body responds differently. The goal of your care is to have you return to home five to seven days after your surgery. Do not be discouraged if you are not going home by hospital day five – everybody recovers differently and keeping a positive attitude will help. Here is a list of things that must be achieved before you may be discharged:

- Taking regular diet (oral intake)
- Having bowel function (passing a bowel motion)
- Walking around enough to function at home
- Pain controlled with all tablets by mouth
- Being able to care for your ostomy (stoma).

Discharging home

If you live alone or are elderly, you should have a friend or relative stay with you for the first few days

Avoid heavy lifting (over 4 kg) for six to eight weeks.

No driving for at least four weeks, or if you are taking narcotic pain medications

Plan on being out of work for at least six to eight weeks, depending on what you do.

Blood clot prevention

You will give yourself an injection usually once a day for four weeks after your surgery. You will have this education before you go home.

Drinking and eating

Continue to take three protein shakes a day for at least two weeks after your surgery. You should purchase these prior to coming into the hospital for your surgery. At the end of two weeks, if you are still not taking enough food, continue these drinks and let your doctor know. Eating can sometimes be easier if you take five or six smaller meals each day.

Try to keep yourself hydrated and continue to take three protein drinks a day. You should try to take in about 1500 mL to 2000 mL of fluid orally, or six to eight glasses each day. Your urine should be clear. If it is dark or has an odour, you need to drink more.

Activity

At home you should continue to be out of bed at least eight hours a day. Over the next six weeks after you go home you will continue to recover. Some people do not feel back to normal for up to three months after surgery.

Continue to walk at least four times daily; stairs are encouraged. You should keep trying to increase the distance you walk every day. Continue doing your deep breathing exercises with the incentive spirometer to prevent pneumonia.

You will need help with things like shopping, mowing the lawn, gardening and household chores. You should plan for help at home, before you come in for surgery. Avoid heavy lifting (over 4 kg) for six to eight weeks.

Pain and sickness

You may need to continue to take pain medications for a few weeks. You will be given a prescription for this at discharge. If you are feeling sick or nauseated, you should let your physician know.

Incision and personal care

- Bruising is normal around the incision sites and will resolve over time.
- You may shower when you are home. Pat your incision dry but do not rub it. No baths, hot tubs, spas or swimming pools until the wounds have completely healed for four weeks post- surgery.
- A bluish / purple discoloration and swelling of the genitals can be seen at times.
- For men, it might help to place a small rolled up towel under the scrotum for elevation when sitting up or lying down.
- For women, you may leak fluid from your vagina. This is normal and can continue for up to six weeks and can seem like a lot of fluid at times. You should buy pads before surgery to have at home.

Stoma

Stoma nurse service will help you with bag changes. Your ostomy nurse will help you order supplies for home. Our ostomy nurses are available to assist if you have problems after you go home. Please let us know if issues arise with your stoma.

Make sure you are emptying the bag every time it is a third to half-full. It is normal to have a little bleeding from the stoma.

Medications to take on discharge day

You will get a list of medications that you should be taking. You will also get prescriptions for new medications. Continue taking probiotics until you run out.

Follow-up

You will receive an appointment in the mail to attend the Urology Outpatient clinic. This is usually about six weeks following your surgery. At this visit, you will see your urologist.

A letter will also be sent to your own doctor about your operation.

It is a good idea to follow up with your GP in the first week after you are discharged. He/she can look over your medications and see if there are any medications that need to be changed.

Reasons to seek medical attention

- Stents become dislodged early
- Chills or a fever greater than 38°C
- Incision becomes red, swollen or drains pus
- Your incision opens
- Urine becomes very bloody or cloudy, or if you are passing blood clots
- Nausea and vomiting
- Severe pain not relieved by medications

- Catheter is blocked and obstruction cannot be relieved
- Watery or foul-smelling diarrhoea
- Calf pain, noticeable warmth and/or leg swelling which are signs and symptoms of blood clots in your legs
- Chest pain and/or shortness of breath
- Any other major medical concerns.

What do you do if problems arise?

If it is an emergency, call 111 immediately.

If it is not an emergency, during daytime hours, please contact your GP.

After hours, attend your local after-hours clinic or the Emergency Department at your local hospital.

Sexuality and sterility

Talk to your doctor about when it is safe to have sex. Generally, it is recommended you wait until after your incision is healed, which usually takes six to eight weeks.

For men

Many men are unable to achieve erections after surgery due to nerves for erections being damaged in order to try and get all of the cancer out at surgery. However, treatments are available. Talk to your doctor.

For women

- As a result of this operation, you are likely to experience pain or difficulty with sexual intercourse due to the narrowing or shortening of your vagina.
- If you have not gone through menopause already, this operation will start menopause for you if your ovaries and/or uterus have been removed.
- Just because the vagina is shorter or narrower does not mean you cannot have orgasms. Many women who have had a cystectomy with part of the vagina removed still have orgasms. Some may be less able to have an orgasm. You may have damage to some of the nerves that help you have orgasms.
- If you or your partner have any worries or concerns regarding sex, or if you are having pain or difficulty with sex, talk to us. Do not be afraid to bring these issues up with your doctor or nurse. They will understand and be able to offer help and advice.
- If you have a stoma, remember, because physical beauty can be important to us, sometimes the stoma and the idea of ostomy surgery can be threatening. For some, returning to a normal sex life will be normal. This is usually after you become more comfortable with having a stoma. Do not assume your partner is not attracted to you because of your stoma. Try to stay intimate with your partner.
- If you are having any hesitation about being intimate, talk to your ostomy nurse or your doctor. Whatever questions you may have regarding intimacy and your stoma, they likely have heard the question many times before, so please ask!

Contact information

If you have any concerns or questions regarding this procedure, please contact the Urology Unit at Christchurch Hospital, on (03) 364 4307.

Stoma Therapists (Nurse Maude) – (03) 375 4200

For more information about:

- Hospital and specialist services, go to www.healthnz.govt.nz/hospitals-services/hospitals/canterbury
- Your health and medication, go to www.healthnz.govt.nz/health-topics

For information on parking, how to get to the hospital, and visiting hours, please visit the [Christchurch Hospital](#) website.