

Radical Cystectomy with Ileal Conduit Urinary Diversion

Preparing for a major operation can be a stressful time. The purpose of this note is to reinforce our conversations in the office and to help you better understand and prepare for what lies ahead.

Radical cystectomy is performed in people who have potentially curable bladder cancer. There are several things you need to do in the time before surgery to help ensure a fast and safe recovery.

During surgery of this nature, it is not uncommon to have a significant amount of blood loss. Although transfusion is not normally or automatically given, we prefer to prepare for this possibility. A blood recycling machine will be available during the procedure. Banked blood is checked for AIDS and other diseases such that there has not been a case of AIDS associated transfusion in Santa Clara County in the over 15 years that screening has been available. You may elect to donate some of your own blood ahead of time at your own cost, although this does require delaying surgery at least two weeks for each unit given. Blood relatives may be eligible to donate for you if their blood types are sufficiently compatible with yours.

PRE-OPERATIVE INSTRUCTIONS

Avoid all blood thinning products one week prior to surgery, including Aspirin, Excedrin, Ecotrin, Naprosyn, Ibuprofen, Motrin, Advil, Coumadin and other “nonsteroidals”.

The anesthetic and surgery you will receive ordinarily puts the intestines “asleep” for several days. We find that the surgery is safer and the stomach will recover quicker if you follow these instructions closely:

Two days prior to surgery – Clear liquids and Jell-O without additives only. Please drink a lot of fluids to stay well hydrated.

The day prior to surgery – Continue the clear liquids and add three bottles of Magnesium Citrate – starting about midday. This will produce significant amount of diarrhea, so keep the fluids going as well. You will also receive a prescription for antibiotics (Neomycin and Erythromycin) to be taken at approximately 1, 4 and 10 p.m. the night prior to surgery.)

Nothing to eat or drink beginning at midnight the night before surgery. You may take your normal medicines that morning with a sip of water. We will supply your normal medicines for you while you are in the hospital. Please bring all your regular medicines to the hospital with you.

SURGERY

On the day of surgery you will be asked to report to the hospital two hours before the scheduled surgery time. You will have the opportunity to speak to your anesthesiologist who will review the risks and benefits of different methods of administering anesthetic agents and what he feels is best for you. We only permit anesthesiologists who are qualified to do open heart surgery anesthesia to help on these cases.

Your family members and friends may stay with you in the surgery holding room until it is time for you to enter the operating room itself. Your family can then wait in the surgical waiting room or go home and leave a phone number for us to call. We will come speak with them as soon as you are stable in the recovery room when the procedure is completed. Please remember that the time it takes to set up and perform surgery can vary considerably so do not be alarmed if things take longer than expected.

We will begin the surgery by making an incision from just below the umbilicus (belly button) down to the pubic bone. The lymph nodes draining the bladder will be sampled for pathologic staging, and the bladder removed. A portion of your intestine will then be utilized to replace your bladder function.

POST-OPERATIVE CARE

A tube in your nose will go down into your stomach to drain secretions until your intestines fully “wake up”, which will prevent the nausea and vomiting that might otherwise occur. Signs that your stomach is ready for food include grumbling noises from your abdomen, the passing of flatus or gas from your rectum and a sense of hunger. An intravenous line will enter a large vein in your neck to keep your arms relatively free. You will be constantly receiving a non-narcotic pain reliever through the intravenous line. There will be balloon-like devices inflating and deflating periodically on your legs to help prevent blood clots from forming there. The best part is the button you will have that will allow you to give yourself an instant intravenous dose of morphine whenever you desire. We will be checking on you very frequently while you are hospitalized to monitor and oversee your recovery.

You will receive complete instruction concerning the care of your stoma through trained nursing personnel while you are in the hospital.

We will be getting you out of bed walking around as early as the night of surgery or the next day. You will be discharged home as soon as you are able to eat regular food and can walk in the hallways. You will be able to have a full normal diet. Pay close attention, however, to be sure your bowels are moving properly, as they can be slowed by immobility and the effects of anesthetic and pain medications. You may freely use Docolax tablets, prune juice and fiber products as needed. Resume all your regular medicines as well.

We will give you an appointment plan for office follow-up prior to discharge and look forward to monitoring your progress for many years to come!

NOTE

Materials needed include one bottle of magnesium citrate and one Fleet's enema kit, all available at any drug store.

Summary

One week prior to surgery – no aspirin or blood thinners

Two days prior to surgery – clear liquids only

The day prior to surgery

- Clear liquids
- Three bottles Magnesium Citrate starting in afternoon
- Both antibiotic pills at 1, 2 and 10 p.m.
- Nothing to eat or drink after midnight

Day of surgery

- Usual medicines with a sip of water only

Arrive at the hospital at least two hours prior to surgery