Radical Cystectomy with Ileal Conduit Urinary Diversion

Here is important information about your treatment for bladder cancer. Your doctor has recommended surgery to remove your bladder. This handout gives you information about your surgery, hospital stay and recovery.

What does my urinary system look like?

The urinary system has two kidneys, two ureters, one bladder and one urethra. The kidneys are bean shaped organs that filter your blood and removes water and waste through the urine.

Connected to each kidney are narrow tubes called ureters. Ureters carry urine to the bladder. The bladder stores urine until you are ready to urinate. Urine leaves the bladder through a narrow tube called the urethra. The female urethra is just above the vagina. The male urethra passes through the prostate gland and penis.

This handout is for informational purposes only. Talk with your doctor or health care team if you have any questions about your care.

© May 19, 2016. The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute.
A cystectomy is surgery to remove the bladder. In men, the bladder, prostate, seminal vesicles and lymph nodes are removed. In women, the bladder and lymph nodes are removed. The ovaries, fallopian tubes, uterus, cervix, vagina and urethra may also be removed. Your doctor will talk with you about the surgery and what is best for you.

An ileal conduit, also called a urostomy, is a way to redirect urine to drain through a small opening in the abdomen called a “stoma”. During surgery, a short piece of the small intestine (ileum) is connected to the ureters. One end of the conduit will be closed and the other end will be pulled through the skin of your abdomen to make the new stoma.

After surgery, the stoma will be swollen and may take several months to shrink to a permanent size. The stoma should always be soft, moist and pink to red in color. The stoma does not have nerve endings, so it should not be painful to touch. It is normal to see a small amount of mucus around the stoma.
If the stoma is rubbed or hit, it may bleed easily. This minor, bleeding is normal. After surgery, a small plastic pouch will be attached to your abdomen around the stoma.

Two small thin tubes called ureteral stents will come out of the stoma. The stents drain urine from the ureters into the pouch. There is a spout at the bottom of the plastic pouch to empty out the urine.

**Important Medicine Information**

Talk to your doctor about any medicines you take to thin your blood or prevent clots. You may need to change these medicines or adjust the amount you take before surgery.

These medicines include:
- Aspirin
- Clopidogrel, brand name Plavix
- Prasugrel, brand name Effient
- Ticagrelor, brand name Brilinta
- Apixaban, brand name Eliquis
- Ticlopidine, brand name Ticlid
- Warfarin, brand name Coumadin
- Enoxaparin, brand name Lovenox
- Dabigatran, brand name Pradaxa
- Fondaparinux, brand name Arixtra
- Rivaroxaban, brand name Xarelto
- Cilostazol, brand name Pletal
- Edoxaban, brand name Savaysa

*If you have a stent, do not stop taking your medicines to prevent clots without first talking to the doctor who put in the stent.* For more information, ask a member of your health care team for the patient education handout on protecting your stent.

Radical Cystectomy with ileal Conduit Urinary Diversion
If you take aspirin or medicines like aspirin for arthritis pain, your doctor may have you take a different medicine in the weeks before your surgery.

If your surgery is canceled for any reason, call your doctor because you may need to restart the medicines you take to thin your blood or prevent clots.

**Before Surgery**
- An electrocardiogram (EKG), chest x-ray, blood work and other tests may need to be done before surgery. Your doctor and nurse will give you this information.
- You will be called the day before surgery with the time of your surgery and where to check in when you get to the hospital.
- Your doctor may give you special diet guidelines to follow before surgery.
- Do not eat or drink after midnight the night before your surgery.
- Your doctor will talk with you about which medicines are okay to take before surgery.

**After Surgery**
Once your surgery is done, you will move to the Post Anesthesia Care Unit (PACU) for 1 to 2 hours. Your doctor will decide if you need to transfer to the Surgical Intensive Care Unit (SICU), or a regular hospital room. You will be connected to monitors, drains, and tubes.

The following is a list of what to expect after surgery.

- **Oxygen (O2):** You may need oxygen for 1 to 2 days after surgery. Your nurse will check your oxygen levels often.

- **Central Venous Catheter (CVC):** You will get intravenous (IV) fluids after surgery. These fluids will go into a large vein in your body, often in your neck or chest through a CVC. A CVC is a thin, soft, plastic tube that is put in during surgery and will be used for IV fluids, medicines, blood transfusions and taking blood samples.

- **Patient Controlled Analgesia (PCA):** A PCA is a pain pump used to help control pain after surgery. The pain medicine is ordered by your doctor. The pump is connected to your IV line and is set so you can push a button when you have pain. This will give a small amount of the pain medicine into your blood stream. **You should be the only person to push the button.** Your nurse will give you further instructions about this pump.

Radical Cystectomy with Ileal Conduit Urinary Diversion
- **Sequential Compression Device (SCD):** The SCD is a soft plastic sleeve that is placed around each leg. The sleeve is connected to a pump. The pump pushes air into different parts of the sleeve in sequence, creating pressure around the legs. This air pressure pushes blood through the vessels in your legs to help prevent blood clots. You will wear the SCD’s during the night while resting, and throughout the day, except when you are out of bed or walking.

- **Incentive Spirometer:** This breathing device is used to keep your lungs clear after surgery. This helps to reduce your risk of lung infection or breathing problems. Your nurse and respiratory therapist will teach you how to use the spirometer.

- **Incision:** Your surgeon will make an incision on your abdomen from above the belly button down to the pubic bone. Staples will be used to close the wound and a dressing will be in place for a few days. Your surgeon will remove the dressing and the incision can be open to the air while it heals.

- **Ileal Conduit (Urostomy):** Most urostomy stomas are placed on the lower right side of the abdomen. A small, clear pouch will be put around the stoma to collect urine. There will also be two thin plastic tubes called ureteral stents that come out of the stoma. The stents drain urine into the pouch. The stents are often removed before you leave the hospital.

- **Hemovac:** This is a type of drain used to remove fluid from the incision area. It is put in during surgery and held in place by stitches. The drain will stay in place until you leave the hospital.

**Wound, Ostomy, and Continence (WOC) Nurse**

This is a nurse who specializes in the care of patients with ostomies. You will meet the WOC nurse before your surgery and they will mark your abdomen for the stoma placement. During your hospital stay, the WOC nurse will teach you and your caregiver how to manage and care for your urostomy at home.

**Patient Care Resource Manager**

Before you leave the hospital you will meet with a Patient Care Resource Manager (PCRM). The PCRM will work with you and your family to help with any home care needs you may have before you leave the hospital.
Discharge from the Hospital

- When you leave the hospital, you will have enough supplies to change your dressing and urostomy bag a few times.
- Your WOC nurse will give you instructions on how to care for your urostomy at home.
- Your WOC nurse will also give you prescriptions for ostomy supplies.
- Your PCRM will set up a home health care agency nurse visit you at home if you need the help.
- Your nurse will give you the following information before you leave the hospital.
  - A follow-up appointment to see your doctor
  - Important phone numbers
  - Home health care agency information
  - Signs and symptoms of infection and when to call your doctor
  - Instructions on wound and drain care
  - A list of current medicines and prescriptions
  - Activities you can or cannot do while healing from surgery