Robotic Cystectomy with Ileal Conduit Urinary Diversion

A robotic cystectomy is surgery to remove the bladder. Your doctor will use the da Vinci® Robotic Surgical System to do surgery. Once the bladder is removed, urine will be stored and pass out of your body in a new way. An ileal conduit will be created to let the urine pass through a new opening in your lower abdomen (belly). The new opening is called a urostomy. This handout gives you information about what to expect with this type of surgery.

What does the urinary system look like?

The urinary system includes two kidneys, two ureters, one bladder and one urethra. The kidneys are bean shaped organs that filter the blood and remove water and waste through the urine. Connected to each kidney are narrow tubes called ureters. The ureters carry urine to the bladder. The bladder
stores the 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.

How is the Ileal Conduit Urinary Diversion surgery done?

An ileal conduit is a way to redirect urine to drain through a small opening in the belly 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 belly to create a new opening. Most stomas are placed on the lower right side of the belly.

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 put around the stoma. There will also be two thin plastic tubes called ureteral stents that come out of the stoma. The stents drain urine into the plastic pouch. There is a spout at the bottom of the plastic pouch to empty out the urine.
Before Your Surgery

- An electrocardiogram (EKG), chest x-ray, blood work and other tests may be done before surgery. Your doctor and nurse will give you more information.
- You may be given a prescription for a bowel cleaner called GoLytely.
- You may be given a bowel preparation guide and a liquid diet to follow before your surgery.
- 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.
- Do not eat or drink after midnight the night before your surgery.

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.
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 or procedure.

If your surgery or procedure 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.

After Your Surgery
Once your surgery is done, you will be moved 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 go to 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 your surgery. This depends on your oxygen levels. Your nurse will check your oxygen levels often.

- **Patient Controlled Analgesia (PCA):** A PCA is a pain pump to help control pain after surgery. Pain medicine is ordered by your doctor. The pump is attached to your IV line. The pump 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 for pain relief. **You should be the only person to push the button.** Your nurse will give you more instructions about this pump.

- **Sequential Compression Devices (SCD’s):** A soft plastic sleeve will be put around each leg. The sleeve is connected to a pump. The pump pushes air into different parts of the sleeve to create a gentle pressure around your legs. This pressure pushes blood through the vessels in your legs to help prevent blood clots. You will wear SCD’s at night while sleeping, and throughout the day, except when you are out of bed or walking.

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

- **Urostomy pouch:** A small clear plastic pouch placed around the stoma to collect urine. Two thin tubes called ureteral stents will come out of the stoma. The stents help to drain urine into the pouch. The stents may be removed before you leave the hospital or you may go home with the stents in place for a short period of time.
• **Jackson Pratt (JP) Drain:** You may have one or more drains in place after surgery. A JP works to drain extra fluid from the wound. This prevents swelling and helps the wound to heal. The JP is placed through the skin near the wound and is held in place by stitches. If the drain needs to stay in place when you leave the hospital, your nurse will teach you how to care for it.

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

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

**How will I plan for my discharge from the hospital?**

• 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 care needs you may have after leaving 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 prescriptions to get more ostomy supplies.

• Your nurse will give you the following information when you are discharged from the hospital.
  - A follow up appointment to see your doctor
  - Important phone numbers
  - Home health care agency information
  - The signs and symptoms to watch for 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