

Radical cystectomy enhanced recovery plan

Information for patients



Your doctor has recommended surgery to remove your bladder (radical cystectomy).

This booklet is designed to explain the operation and the enhanced recovery programme you will follow afterwards. It outlines what is likely to happen each day, and will help you and your family understand what to expect before and after your surgery.

Please take some time to read through it carefully. If you have any questions initially or at any time during your recovery, speak to a member of your nursing or medical team.

What is enhanced recovery?

Enhanced recovery aims to ensure that you recover from your operation as quickly as possible, by limiting the disruption caused to your body by the surgery. This is associated with fewer complications so you feel back to normal quicker. Enhanced recovery also aims to help reduce the amount of time you have to spend in hospital after surgery. It's likely that your stay will last for between three and ten days (for most patients six days). Your medical team will be able to give you more information about this.

Before your operation, and before you embark on your enhanced recovery plan it's essential that:

- You understand the risks and benefits of surgery. Your medical staff will discuss this with you to help you make a decision whether to go ahead with the operation or not.
- You are in the best possible condition for surgery. Identifying and correcting any existing health concerns is important and is best done by your GP prior to referral or at your pre-operative assessment (see opposite page).
- You have the best possible management during and after surgery to reduce pain, and enable you to get back on your feet as soon as possible. This includes early mobilisation (moving around) and introduction of food and fluids soon after your procedure.

Pre-assessment clinic

Before your admission, you will attend a pre-operative assessment clinic, where you'll be seen by nurses and an anaesthetist (specialist doctor).

You will be asked questions about your medical history, general health and wellbeing. We want to make sure that you are in the best possible condition for surgery, and that there are arrangements in place for your admission, discharge and post-operative care at home.

You will be examined and have routine blood tests and an ECG to check your heart. If you have to stop any medicines before the operation (such as aspirin, warfarin, clopidogrel and any diabetic medication, for example) you will be told at your pre-assessment appointment, and given written information to remind you which ones to stop and when.

Some herbal and homeopathic remedies can have side effects, and some can increase your risk of bleeding which could mean we have to delay your surgery. We cannot always tell which ones do this, so please stop taking any such preparations at least one week before your operation.

The anaesthetist will discuss the types of anaesthetic available with you, as well as any problems you may have had with anaesthesia in the past.

Before your operation

Your body needs plenty of nutrients to recover from an operation. Although you won't be allowed solid food for six hours before your operation, you will be able to drink water up to two hours before. We will also give you carbohydrate-rich drinks to have on the morning of surgery. The nurse practitioner at your pre-assessment appointment will advise you when to take them, and you'll be given a supply to take home and bring into hospital on the day of your surgery.

Your medication

Please bring your usual medications into hospital with you.

Make sure you keep them in their original containers as we cannot use them if they have been transferred into anything else.

You will also need to make sure you have plenty of your usual medicines at home before you come into hospital.

Do not stop taking any medication, even on the day of your operation, unless advised to do so at your pre-assessment appointment.

On the day of surgery

You will usually be asked to come into hospital early on the morning of your surgery. Remember to bring any medicines you are taking and show them to your doctor or nurse.

A nurse will check you in, note your personal details and take some observations. If you are arriving on the day of your surgery you are likely to be admitted to the pre-operative ward, the surgical day unit (SDU). After your operation you will be admitted to a ward area specific to your needs – usually the surgical high dependency unit (HDU) on ward E8. The anaesthetist and surgeon will visit you before the operation to make sure that there have not been any last minute changes in your health and to get your permission to do the planned operation. Please feel free to ask any questions that you may have.

After surgery

After your surgery it's important for you to follow the daily routine outlined in the enclosed recovery plan. It's a good idea to wear your day clothes after your operation, rather than pyjamas or nightwear, as this can help you stay more active and feel positive about your recovery.

Pain relief

It's important that your pain is well controlled so that you can walk about, breathe deeply, eat, drink and sleep well, all of which will aid your recovery. If at any time you feel your pain is not well controlled, it's very important you inform the nursing staff.

Exercise

We encourage activity as soon as possible after your operation. You should plan to undertake regular exercise several times a day and gradually increase during the six weeks following your operation until you are back to your normal level of activity. This can take twelve weeks. Allow common sense to guide you as you increase your levels of activity; do as much as you feel you can do without exhausting yourself. However, please be aware this is a challenging time and will require effort – even on days when you don't really feel up to it.

Your wound

It's normal for your wound to be slightly red and uncomfortable during the first one or two weeks.

Please let us know if your wound has:

- become more red and inflamed, painful or swollen
- started to discharge fluid
- or if you notice any separation of the wound edges anywhere along the wound.

Going home

Our aim is for you to be able to recover at home as soon as possible. Getting back to normal levels of activity is encouraged, but you may need family and friends to support you, assisting with any shopping or household chores that you are unable to do, for example anything that involves lifting or carrying heavy items. We advise you to make arrangements and organise support **before** your admission to hospital.

Hospital stay

Daily routine

The information below outlines what you can expect each day during your initial recovery in hospital.

If you have any questions, or think that any of the activities are not proceeding as planned each day, speak to a member of your nursing or medical team.

DAY 0 Day of operation

Mobilisation (getting moving)

After your operation you will need to do deep breathing exercises. This helps to inflate your lungs and prevent you developing a chest infection.

How to perform your deep breathing exercises:

- 1) Take a deep breath in through your nose and release air out through your mouth. Repeat 3 times.
- 2) Breathe out like you are steaming up a mirror or cleaning your glasses. Repeat 3 times.
- 3) Cough. Holding a rolled up towel firmly to your tummy will make this more comfortable.

You should do this at least twice an hour.

We will help you to sit upright in bed and ask you to do some simple calf exercises. To help reduce the risk of developing clots (deep vein thrombosis or DVT) in your legs after your operation you will receive a daily injection which thins your blood. It is also important that you wear your white anti-clot stockings.

Eating and drinking after your operation

After your operation it's important that you drink unless you feel sick. We advise 'patient led' fluids, which simply means "if you are thirsty, drink, and if you are not, don't".

The best fluids are high-energy drinks which you will be prescribed. Aim for three of these per day, remembering to sip them and to stop if you feel sick. Chewing gum (three times a day before mealtimes) may help stimulate the gut. Sucking mints is an alternative if you don't like chewing gum.

Pain relief

Good pain control improves your recovery, helping you to walk about more easily, breathe deeply, eat and drink, feel relaxed and sleep well. You will have two very small tubes going into your abdomen called rectus sheath catheters. These bathe the operation site in local anaesthetic and help reduce pain. In addition, you will be given pain relief by mouth and may also have patient controlled analgesia (PCA). This is a device featuring a button that you press to give yourself a set dose of pain relief medication intravenously (via a vein in your arm). To prevent you taking too much it will only allow another dose after a set amount of time has passed. The anaesthetist will have discussed these options with you before the operation.

Feeling sick

After your operation you may feel sick or vomit. This can be caused by the operation, anxiety, anaesthetic or pain control drugs. You will be given medication during and after your operation to reduce this but if you feel sick please speak to your nurse who will be able to give you something to help.

Tubes and drips

You will have a drip placed into a vein in your arm through which fluids will be given to ensure you do not become dehydrated. You may also have a tube into a vein in your neck. This can also be used to give fluids and drugs as well as monitoring your heart. There will also be a drain tube on the left side of your abdomen which will normally be removed two days after surgery. There may also be a tube in the urethra (the tube that passes urine out from the bladder). If so, this will normally be removed on the first day after surgery.

Stoma

Over the next few days, the stoma team and nursing staff will teach you how to care for the stoma. There will be two small tubes coming out of your stoma (stents). These tubes help to drain urine from your kidneys while the stoma is healing.

Monitoring

While you're in hospital we will check your blood pressure, pulse and temperature regularly. We will also check how much fluid you are taking in and urine you are passing out and perform blood tests to help assess your progress.



The day after your operation

Mobilisation

On each day after your surgery, we advise you to sit in the chair for a total of six hours, with rests on the bed as needed. By being out of bed in a more upright position and walking regularly, your breathing is improved and there is less chance of you developing a chest infection or clots in your legs. Your bowel function usually also recovers faster too.

Eating and drinking

You can drink a variety of non-fizzy drinks. The important thing is to drink as much as you feel able to without forcing yourself. The high protein, high energy drinks you will be given will help with healing, reduce your risk of infection and accelerate your overall recovery. We would like you to drink three of these each day. You may be able to start to eat today but your doctors will advise you on this.

Pain relief

We will give you regular pain relief tablets. If your pain is well controlled we will remove the PCA today to help you move about more freely. Once removed, additional pain relief tablets/liquids are available if you need them. The rectus sheath catheters are likely to remain in today.

Feeling sick

As before, tell the nurses if you feel sick and you will be given medication to help.

Tubes and drips

If you are drinking well the drip will usually be removed this morning. The drain tube will also be removed, providing it's not draining too much fluid, or shortened and placed in a bag to ease movement. If there is a tube in the urethra this is likely to be removed today as well.

Stoma

You will be encouraged to start to care for your stoma today. This will initially be emptying the bag, moving on to changing the bag as you feel able.

Monitoring

Your blood pressure, pulse, temperature, fluid balance and weight will be measured. You will be assessed regularly throughout the day.



The second day after your operation

Mobilisation

Today you should aim to walk a minimum of 75 metres, several times with assistance.

Eating and drinking

You can start to eat solid food today. It's usually sensible to start with simple foods such as cereal, soup and light desserts. There are no restrictions on what you can drink.

Pain relief

You will continue on regular pain relief tablets and we will remove your PCA if we have not already done so. The rectus sheath catheters may be removed today.

Stoma

You will be supervised changing your stoma bag today and we'll demonstrate how to attach and detach the night bag.

Monitoring

Your blood pressure, pulse, temperature and urine output will be checked throughout the day. Further routine blood tests may be carried out.

DAY 3 The third day after your operation

Mobilisation

Continue to stay mobile as before. We will help you walk to the bathroom and you should continue to do calf exercises while sitting or in bed.

Eating and drinking

Continue to eat and drink today as you feel you want to.

Pain control

Your pain control will continue as before.

Stoma

You will be asked to assist with care of your stoma today.

DAY 4 The fourth day after your operation

You should continue to increase the amount you eat and drink today and try to further increase your mobility. We would expect you to be able to walk without assistance.

Pain control

Your rectus sheath catheters will be removed today if they have not been already. Pain relief tablets will continue to be given as before.

Stoma

You will be asked to assist with the care of your stoma. We would hope for you to be able to care for your stoma independently by today.

Eating and drinking

Some patients feel distended or slightly sick around this stage of their recovery and you may need to reduce the amount that you are eating and drinking for 24 hours. The feeling of sickness is temporary and may be because you haven't opened your bowels. The doctors and nurses will advise you.

Bowels

It often takes three or four days before you are able to open your bowels, and when you do manage to, it's likely that initially the stools will be very loose.

DAYS 5-7 Days five to seven after your operation

Continue to increase the amount you are eating, drinking and moving around. We would expect you to be able leave the ward and walk along the hospital corridors. Your pain relief will all be given as tablets. You will be able to look after the stoma yourself, with occasional guidance from the nursing staff.

One in three patients undergoing surgery to remove their bladder experience an ileus - when the bowel stops working for a period of time (usually a few days but in some cases longer). If you are affected we may need to alter your treatment according, and may temporarily place a tube through your nostril into your stomach to reduce the nausea and let your gut 'rest'. An ileus can make you feel sick (nausea) or you might be sick, so if this occurs remember to tell your nurse as soon as possible.

If you have any questions about this or anything else covered in this booklet please speak to a member of your healthcare team who will be very pleased to advise you.

If your care needs to change from what's outlined in this booklet we'll discuss this with you. If you have further questions or would like more information, you can get in touch with us via the contact details below.

Contact us

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If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688 for help.**

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