

## Enhanced recovery after having a Cystectomy (removal of the bladder)

### Introduction

The information in this leaflet aims to increase your understanding of the Enhanced Recovery programme and how you can play an active part in your recovery. If there is anything you are not sure about, please ask a urology nurse or doctor. It is important that you understand the recovery programme so that you, and if you wish your family or friends, can take an active role in your recovery.

### What is enhanced recovery?

The aim of enhanced recovery is to speed up your recovery from surgery, so you :

- Leave hospital sooner
- Feel better sooner
- Return to normal living sooner

To achieve the above goals you need to:

- Understand the risks and benefits of surgery. The medical staff will have discussed this with you to help you make a decision whether to consent to surgery or not.
- Be in the best possible condition for surgery. It is important to identify and correct any existing health concerns prior to undergoing surgery. This will be addressed by your surgical team with your GP support and finalised at your preoperative assessment.
- Have the best possible management during and after surgery to minimise the physical effects and reduce the risk of complications
- Have a careplan that specifies your daily goals for drinking, eating, mobilising and managing your urostomy or neobladder to enable early recovery and discharge from hospital.

We aim to discharge you from hospital in line with your recovery careplan. Your length of stay in hospital can vary but is likely to be from 4 days post-operatively onwards.

### Pre-assessment clinic

Before your admission we will want to make sure that you are in optimum health. An anaesthetist, who is an important member of the surgical team, will see you in a pre-operative assessment clinic (Firle Unit). The anaesthetist will ask you questions about your medical history and general health; assess your risk of having a cystectomy and discuss your care during and after the operation. You will also be told about the types of anaesthetic and pain relief available.

You will be seen by a nurse who will ask questions about your usual day to day activities, this information helps us to plan your care with you while you are in hospital. You will have routine blood tests taken and an ECG ( heart tracing). If you are prescribed warfarin, aspirin, anti-platelet drugs or other blood thinning drugs and hormone replacement therapy, you may need to stop these before the procedure. You will be given advice on this at your pre-operative clinic appointment.

We will also want to know the arrangements you have made for travelling to and from hospital and what arrangements you have put in place for your care and support at home after your discharge.

The Enhanced Recovery Nurse Practitioner will usually come and talk to you during your pre-assessment visit. However, this is not always possible; in which case she may contact you at home, or see you on the ward when you come in for your operation.

## Before your operation - Diet

Good nutrition is perhaps the most important element in the enhanced recovery process - both before and after your surgery. This will assist with:

- the healing of your wound,
- reducing the risk of infection
- improving your general recovery.

It is important that when you have your surgery your body is as well-nourished as is possible.

When you visit the pre-assessment clinic before your operation you will be asked about your weight (in particular whether you have lost weight recently), appetite and dietary intake.

Patients who have experienced unplanned weight loss, have poor appetite, or those who are on a restricted diet for any reason, will be given a selection of nutritional supplement drinks to try, and will be given some of these to take at home. These should be taken in addition to whatever food you are currently taking, whether it is a normal diet or a restricted diet. You will be given a dietary sheet and guidance on how to improve your dietary intake.

If you are given supplement drinks the Enhanced Recovery Nurse or the Urology Nurse Specialists will give you some instructions as to when you should have them (usually it is two drinks daily on the two consecutive days before admission) but some patients may be given more than this). You may be referred to the dietitian for further assessment and advice.

You will be asked about your normal bowel pattern; if you have a tendency to constipation you will be advised to see your GP to assist in resolving constipation before admission.

## Before your operation - Fitness

We will discuss your level of fitness with you and, if required, suggest ways in which you can improve this. To maintain optimum health, the World Health Organisation recommend that adult individuals do 150 minutes of moderate exercise a week (e.g. brisk walking) or 75 minutes of strenuous exercise per week (e.g. Running). Improving your fitness levels has many benefits in preventing complications during and after surgery and promoting your recovery

## Stopping smoking and drinking alcohol

We strongly advise you not to smoke. If you continue to smoke, this will reduce the chance of treatment being successful and increase the chance of complications.

If you drink alcohol consider cutting down the amount you drink and/or stopping in the weeks leading up to your surgery. Do not drink any alcohol for at least 24 hours before your operation.

Free advice and support is available from 'One You' East Sussex Please ring **01323 404600**.

**Website: [www.oneyoueastsussex.org.uk](http://www.oneyoueastsussex.org.uk) email: [hello@oneyoueastsussex.org.uk](mailto:hello@oneyoueastsussex.org.uk)**

## Preparing for Theatre

You will usually be admitted to hospital via the Admission Lounge (Littlington Ward) on the day of your operation. Please bring with you any medication you are taking and show them to the doctor or nurse. A nurse will check you in, note your personal details, take some observations and re-record your weight.

### In the evening of the day before your operation

- You will normally be given two high energy “Pre-op” clear sugary drinks. These drinks will load your body with carbohydrate which will help you withstand surgery and aid your recovery from the operation.
- **You will** be allowed a low residue diet the day before your operation. You will receive a dietary sheet to explain this
- **You will not** be allowed any solid food for six hours before your operation and do not chew ‘gum’.

### On the day of your operation

- **You will** be able to drink water up to two hours before your operation
- **You will** be given two further high energy “Pre-op” drinks, to be taken two hours before your anaesthetic

The anaesthetist and surgeon will visit you before the operation.

After your operation you will be admitted to the High Dependency Unit for at least the first 24 hours. If your condition remains stable you will be transferred to the Urology Ward, Hailsham 4 or Michelham ward if you have made arrangements for a private or amenity bed. You will be given the opportunity to visit these areas before you are admitted so that you are familiar with the environment in which you will be receiving your care.

## After surgery

After your surgery it is important for you to take an active part in your recovery and follow the daily routine outlined in your recovery plan. The Enhanced Recovery Nurse Practitioner and the clinical team will explain the planned pathway of care. Not everyone recovers at the planned rate, you will be treated as an individual and if your recovery is rapid or delayed your care plan will be adapted accordingly.

## Pain control

It is important that your pain is controlled so that you can walk about, breathe deeply, eat and drink, feel relaxed and sleep well, all of which will aid your recovery. You may be given pain relieving medication via a drip into a vein or via a fine plastic tube in your back (Epidural) which allows a continuous supply of pain relieving medicine to be given. This is usually removed two to three days after your operation. The doctors will also prescribe other types of pain relieving medicines which work in different ways and you will have these regularly (three or four times a day). If at any time you feel your pain is not well controlled, it is very important that you inform the nursing staff.

## Sickness

Following your operation, you may feel sick (nausea). Although unpleasant, this is usually easily treated. You will be given anti-sickness medicine during the operation and regularly post operatively to reduce the chance of this happening. However, if you do feel nauseous after your

operation, tell the nursing staff who can give you further treatment. It is important to relieve sickness, not only for you to feel better but also to help you to eat and drink sooner, aiding your recovery.

## Eating and drinking

You may be able to drink clear fluids a few hours after your operation. If you are tolerating clear fluids, nourishing drinks will be introduced. Providing these drinks do not cause nausea and vomiting you will be allowed to eat soft and then solid food. It is important that you eat and drink early after your operation and supplement your diet with the nourishing drinks as this will aid your recovery.

## Staying out of bed and walking

We encourage activity as soon as possible after your operation. After you wake up from your operation, it is important that you start deep breathing exercises. This should reduce your risk of developing a chest infection. You should also point your feet up and down and circle your ankles to reduce the risk of blood clots forming in your legs from inactivity.

A separate physiotherapy instruction sheet will be given to you, by the nursing staff, along with verbal advice. You may also be shown how to use a seated exercise pedal device to further enhance your mobility

The staff will help you out of bed on the day after your operation. You will spend up to two hours out of bed on your first time and then aim for six hours out of bed on each subsequent day. You will be encouraged to walk (mobilise) short distances four to six times a day after surgery. By being out of bed in a more upright position and by walking regularly, lung function is improved and there is less chance of a chest infection. In addition, mobilisation improves your circulation; this also helps with blood clot prevention and assists with the healing process. In addition, you will be given a daily injection to prevent blood clots developing. You will continue to have this injection for 28 days post-operatively; it is supplied in a small prefilled syringe with a very small needle. The ward nursing staff will teach you how to self-administer the injection before you are discharged home.

It is a good idea to wear your day clothes after your operation, as this can help you stay more active and feel positive about your recovery. Select comfortable and loose fitting clothes to wear whilst you are in hospital.

## Tubes and drips

- You will have a tiny tube (drip) put into a vein in your arm or neck during your operation to make sure you receive enough fluid. This will be removed when you are drinking well.
- You may be given extra oxygen to breathe after the operation until you are up and about.
- You will have a tube in your abdomen (tummy) to drain excess fluid from the operation site. This will be removed as soon as drainage has subsided.
- You may also have a drainage tube in the urethra (the water pipe via which you normally passed urine before removal of your bladder). This will be removed as soon as drainage has subsided.

## Monitoring

Many different things will be monitored during your treatment including:

- Blood pressure, pulse, temperature and oxygen levels.
- Food eaten

- Fluid intake and output
- Urostomy or Neobladder
- When your bowel first starts working
- Pain assessment
- Number of walks
- Time out of bed

Please remember to tell us about everything that you eat and drink and what you pass. You can also record your progress in your own personal diary.

## Important discharge information

Complications do not happen very often, but it is important that you know what to look for. If you are worried about any of the following, please phone the Enhanced Recovery Nurse, Urology Nurses Specialists or the Duty Urology Registrar via switchboard. If you cannot contact these people, then ring your GP. If you very unwell and consider you need to be seen urgently call 111 or 999.

## Abdominal pain

You may experience some 'gripping' abdominal (tummy) pains during the first week or so following surgery which involves the small bowel. The pain usually lasts for a few minutes and will go away completely between spasms.

Severe pain that lasts for several hours may indicate a leakage of fluid at the area where the small bowel was joined together. This can be a serious complication, although it is quite rare. Should it occur, it may be accompanied by a fever (raised temperature). Occasionally a leak may occur which makes you feel generally unwell and causes fever without pain.

**If you have severe pain lasting more than one to two hours or have a fever and feel generally unwell, you should attend the urology assessment unit . You will be assessed and if necessary transferred to the Urology ward. You may also need a CT scan of your abdomen.**

## Your wound

It is not unusual for your wound to be slightly red and uncomfortable during the first one to two weeks. A District Nurse will be informed of your discharge and will visit to redress your wounds if required. Please contact us or your district nurse if your wound is:

- Becoming inflamed, painful or swollen
- Starting to discharge fluid
- Separated in any place

## For patients with a urostomy

Your Stoma Care Nurse will give you a supply of urostomy bags to take home and discuss how to obtain a further stock. Guidance on how to care for your urostomy will be given to you while you are in hospital. A follow up appointment to see you in your home or the Stoma Care Department will also be arranged.

## For patients with a Neobladder

You will be taught how to manage your new bladder prior to discharge. You will be given the contact number of the Urology Nurse Practitioner to use if you experience problems.

Please contact us if you are experiencing any problems such as:

- urine not draining.
- Signs of infection, offensive smelling urine, feeling unwell, temperature above 38 degrees

## Your bowels

Your bowel habits may change after part of your bowel is removed. Your motions may become constipated or loose. Make sure you eat regular meals three or more times a day, drink 2 to 2.5 litres of fluid daily. Please contact us or your GP if:

- you have persistent diarrhoea for more than three days.
- you are constipated for more than three to four days

## How soon will I be able to resume normal activities?

### Exercise

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 a normal level of activity. This can take twelve weeks. Common sense will guide your exercise and rehabilitation.

Do not undertake heavy lifting until six weeks following your surgery. If your wound is uncomfortable, go easy with your exercise. Once your wound is pain free, you can undertake most activities. Continue to wear your support stockings for two to three weeks.

### Driving

Do not drive until you are confident that you can drive safely, and make an emergency stop. This is usually four to six weeks after surgery. You should check with your insurance company before you start driving again.

### Hobbies/ Activities

In general, you can take up hobbies and activities as soon as possible after your surgery. This will benefit your convalescence. However, do not do anything that causes significant pain or involves heavy lifting for the six weeks following your surgery.

## When can I return to work?

Returning to work can vary from person to person and depends on the extent of surgery. If your surgery has been performed laparoscopically recovery time may be quicker. If your work involves heavy lifting, you will not be able to return to work for approximately 12 weeks following your surgery.

## Sources of information

NHS website – your health, your choices. ‘Information from the National Health Service on conditions, treatments, local services and healthy living’ - [www.nhs.uk](http://www.nhs.uk)

The Enhanced Recovery Partnership - [www.improvement.nhs.uk/enhancedrecovery](http://www.improvement.nhs.uk/enhancedrecovery)

### Conquest Hospital

**Stoma Nurse**, Sue Field and Gillian Churchill - Tel: (01424) 755255 Ext: 8537 or ask for Bleep 2725

### Eastbourne District General Hospital

**Urology Nurse Specialists**, Sally Sawyer, Tessa Rodgers, Jo Gainsford, Kelly Murrey, Nicky Jebbett - Tel: (01323) 438246, or ask for Bleep 8246 (Urgent calls only)

**Stoma Nurse**, Maggie Bennett-Tomlin - Tel: (01323) 417400 Ext: 4552

**Enhanced Recovery Nurse Practitioner**, Kelly Smith - Tel: (01323) 417400 Ext: 4478 or ask for Bleep 0159.

**Urology Clinical Nurse Specialist**, Penny Whitling - Tel: (01323) 417400 Ext: 3470.  
or ask for Bleep 0654.

**Firle Pre-assessment unit.**- Tel: (01323) 417400 Ext: 4153

**Urology Ward Hailsham 4** - Tel: (01323) 417400 Ext: 6648, 3413, 4056

**Urology Assessment Unit** - Tel: (01323) 417400 Ext 3465, 4747

**Brighton Nurse Specialists.** Sharon Clayton - Tel: (01273) 696955 Ext 7800

**Brighton Stoma Nurse specialists** - Tel: (01273) 696955 Ext 4215

## Important information

The information in this leaflet is for guidance purposes only and is not provided to replace professional clinical advice from a qualified practitioner.

## Hand hygiene

The trust is committed to maintaining a clean, safe environment. Hand hygiene is very important in controlling infection. Alcohol gel is widely available at the patient bedside for staff use and at the entrance of each clinical area for visitors to clean their hands before and after entering.

## Other formats

This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

### Conquest Hospital

Email: [palsh@esht.nhs.uk](mailto:palsh@esht.nhs.uk) - Telephone: **01424 758090**

### Eastbourne District General Hospital

Email: [palse@esht.nhs.uk](mailto:palse@esht.nhs.uk) - Telephone: **01323 435886**

## Reference

The following clinicians have been consulted and agreed this patient information:

Mr P Rimington, Consultant Urologist - Mr J Moore, Consultant Urologist - Mr S Garnett, Consultant Urologist - Dr C Scanlan, Consultant Anaesthetist - Dr R Edwards, Consultant Anaesthetist - Alison Gidlow, Tessa Rodgers, Joanna Gainsford, Urology Cancer Nurse Specialists - Rebecca Rushton, Clinical Matron Urology - Jayne Cannon, Divisional Head of Nursing

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