Enhanced recovery after having a cystectomy (removal of the bladder)

What is the enhanced recovery programme?

Enhanced recovery is a pathway that aims to improve patient recovery after surgery. The programme focuses on making sure you play an active role in your recovery, 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 decide whether to consent to surgery or not.
- Be in the best possible condition for surgery. This includes improving your nutrition and physical fitness before 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 daily plan that specifies your goals for drinking, eating, mobilising and managing your urostomy (opening/stoma on your abdomen) or neobladder (internal pouch) to enable early recovery and discharge from hospital.

What should I do before I come into hospital?

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 well-nourished.

Please highlight any recent weight loss, loss of appetite or restricted dietary requirements to the ERAS (enhanced recovery after surgery) nurse or your surgeon. You will be given a dietary sheet and guidance on how to improve your diet. You may be referred to the dietitian for further assessment and advice.

You will be asked about your normal bowel pattern; if you suffer with constipation, please inform the ERAS nurse.

In the days leading up to your operation

- You will be given four ‘fortisip’ drinks which are high protein, high calorie nutritional supplements. We ask that you have two of the drinks two days before surgery and the remaining two drinks the day before surgery.

- You will normally be given four carbohydrate ‘pre-op’ drinks. These drinks can help reduce the stress of the operation on your body and aid your recovery from the operation. You need to take two the night before your surgery. Please note, the pre-op drinks are contraindicated for patients with diabetes.
- You will be asked to start a low residue diet the day before your operation.

On the day of your operation

- You will be able to drink clear fluids up till 6am on the morning of your surgery.
- You can take the other two high energy “Pre-op” drinks, before 6am on the morning of your surgery.
- You will be given a dietary information sheet for the above.

Oral Care

A build-up of bacteria in your mouth can increase the risk of infection in your lungs after major surgery. Practicing good oral hygiene can reduce these bacteria. It is recommended that you:

- Brush your teeth or dentures twice a day.
- Rinse your mouth with mouthwash 30 minutes after brushing.
- Visit your dentist or dental hygienist as part of your routine check-up, to manage any existing dental health problems.

Please bring your toothpaste, toothbrush and mouthwash with you when you come into hospital, to continue with your oral care after surgery.

Fitness

We will discuss your 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 (eg brisk walking) or 75 minutes of strenuous exercise per week (eg running). Improving your fitness levels has many benefits in preventing complications during and after surgery and promoting your recovery.

You can also access fitness sessions via the following website:

Brighter outlook (Albion in the community).

Website: https://albioninthecommunity.org.uk/community-wellbeing/supporting-your-wellbeing/living-with-cancer/
Telephone: 01273 878265.
Email: info@albioninthecommunity.org.uk

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 reducing 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:**

- Telephone: 01323 404600.
- Website: www.oneyoueastsussex.org.uk
- Email: hello@oneyoueastsussex.org.uk

What is expected afterwards?

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 same rate, we provide individualised care and your care plan will be adapted accordingly.

Pain control

It is important that your pain is controlled so that you can walk, breathe deeply, eat and drink, feel relaxed and sleep well, all of which will aid your recovery. The doctors will prescribe different types of pain relief, which work in different ways and you will have these regularly (four to six hourly). If at any time you feel your pain is not well controlled or the side effects are making you feel unwell, it is very important that you inform the nursing staff.

Sickness

Following your operation, you may feel sick. Although unpleasant, this is usually easily treated. You will be given anti-sickness medication 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

Due to the manoeuvring of your bowel during the surgery and the stress response that this can cause, we are cautious with your dietary intake after this surgery. Below is an overview of how food and drink may be introduced during your recovery.

You will be able to drink clear fluids a few hours after your operation, it is important to sip water initially and not gulp as this will help your digestion. You will be provided with sugar-free chewing gum, this can help stimulate the gut after your surgery.

Building up your diet is dependent on your progress and your bowel function, which will be assessed every day. If you are tolerating clear fluids, a super light diet will be introduced, this consists of mainly: nourishing drinks, jelly, ice cream and soup.

If you have good gut motility (passing flatus and bowels are opening) and little nausea or vomiting, we may commence you on a light diet. It is important during this time to eat smaller portions, chew well and snack rather than having large meals. A menu of the ideal foods will be provided to you. If your bowels are opening, we will then progress you onto a normal diet, alternatively the surgeon may recommend you remaining on a light diet for a few weeks post-surgery to allow your bowel to fully recover, this will be recommended on an individual basis and your enhanced recovery nurse will discuss this with you.

Sitting out of bed and walking

We encourage activity as soon as possible after your operation. The benefits of early mobilisation include:

- Prevention of complications such as, chest infections and developing blood clots.
- Accelerating your recovery.
- Improving your wellbeing.

After you wake up from your operation, it is important that you start deep breathing exercises (as described in the physiotherapy advice leaflet). We also advise gentle leg exercises when in bed, for example, pointing your feet up and down and circling your ankles.

The morning after your surgery the ward nurses, along with the physiotherapist, will assist you out of bed to sit in the chair.

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 short distances four to six times a day after surgery and use a foot bike. By being out of bed, in a more upright position and by walking regularly, lung function is improved and there is less chance of developing a chest infection. Gut motility is improved which helps to avoid sluggish bowel and constipation. In addition, mobilisation improves your circulation; this also helps with blood clot prevention and assists with the healing process.

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 while you are in hospital.

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 nurse specialists or Hailsham/Michelham ward via switchboard. If you cannot contact these people, then ring your GP.

If you are very unwell and think you need to be seen urgently call 111 or 999.

Abdominal pain

You may experience some ‘griping’ abdominal 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).

If you have severe pain and/or have a fever and feel unwell, you should phone 111 or 999, and should inform them you have recently had major urological surgery at Eastbourne DGH.

Wound Care

Your wounds will be stitched with dissolvable stitches and glue – the sutures may take a few weeks to dissolve. Your wounds may feel itchy as they are healing, if this happens, please DO

NOT scratch or remove the glue, as this can delay the healing process and lead to infection. You can have a shower but we do not advise a bath until your wounds have healed.

If your wounds are clean and dry you will not routinely see a district or practice nurse. Please contact ERAS nurse or your practice (GP) nurse if your wound is:

- Becoming inflamed (red), painful or swollen
- Starting to discharge fluid
- Appears to be separating or opening.

Venous thromboembolism prophylaxis
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. The ward nurses will teach you how to self-administer the injection before you are discharged home. You will also be asked to keep the compression (TED) stockings on for 28 days, we recommend you changing once a week. You can take them off for a few hours a day to allow for showering. You will need to make sure there is someone to assist you on putting them back on.

Bowel pattern
Your bowel pattern may change after your operation. Your motions may become constipated or loose for up to six weeks after your surgery. You will be given laxatives to take home, if you feel you need a further supply, please contact your GP.

We recommend you eat regular well-balanced meals and drink 2-2.5 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 days.
- You are vomiting for more than 24 hours.

How long will I be in hospital?

Your length of stay in hospital is very dependent on your recovery. After this surgery the average length of stay is 6-10 days.

How soon will I be able to resume normal activities?

Exercise
You should plan to undertake regular walking several times a day and gradually increase during the six weeks following your operation.

Do not undertake heavy lifting until 12 weeks following your surgery. After this period, if you plan to do heavy manual labour, gardening or weightlifting it is important you wear your stoma support belt, which can be provided by your stoma nurse.

Driving
Do not drive until you are confident that you can drive safely, and make an emergency stop without hesitation. This is usually four to six weeks after surgery. You should check with your insurance company before you start driving again.

Will I have to come back to hospital?

You will usually come back 10 days after surgery to have your bloods checked and for stent removal.

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 robotically, 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.

Consent

Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

Further information

NHS Choices – your health, your choices. 'Information from the National Health Service on conditions, treatments, local services and healthy living' - www.nhs.uk

Brighter Outlook: https://albioninthecommunity.org.uk/community-wellbeing/supporting-your-wellbeing/living-with-cancer/

NICE: https://www.nice.org.uk/guidance/ng89/resources/venous-thromboembolism-in-over-16s-reducing-the-risk-of-hospitalacquired-deep-vein-thrombosis-or-pulmonary-embolism-pdf-1837703092165

'One You' East Sussex – Smoking and Alcohol Cessation service
Telephone: 01323 404600.
Website: www.oneyoueastsussex.org.uk
Email: hello@oneyoueastsussex.org.uk

Eastbourne District General Hospital

- Enhanced recovery nurse practitioner: 0300 131 4500 ext 770661 or 770662 or 07929823738
- Uro-oncology clinical nurse specialist: 07790888083
- Stoma nurses: esh-tr.StomaCareDept@nhs.net or 0300 131 5128
- Hailsham/Surgical ward: 0300 131 5414
- Michelham urology emergency admissions ward: 0300 131 5476

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.

Your comments

We are always interested to hear your views about our leaflets. If you have any comments, please call 0300 131 4784 or email esh-tr.patientexperience@nhs.net

Hand hygiene

We are 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

If you require any of our leaflets in alternative formats, such as large print or alternative languages, please contact the Equality and Human Rights Department on 0300 131 4434 or esh-tr.AccessibleInformation@nhs.net

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

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Reference

The following clinicians have been consulted and agreed this patient information: Mr Peter Rimington - Consultant Urologist. Mr Edward Calleja - Consultant Urologist. Victoria Blaker - Lead stoma nurse. Abdoulai Samoteh - Advanced surgical care practitioner. Clare Callaghan - Uro-oncology Clinical Nurse specialist. Sylvia Harris – Head of Nursing DAS.

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Responsible clinician/author: Gabby Sullivan Lead ERAS Urology Nurse Practitioner, EDGH and Nicola Milton ERAS/ Survivorship Urology Nurse Practitioner EDGH

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