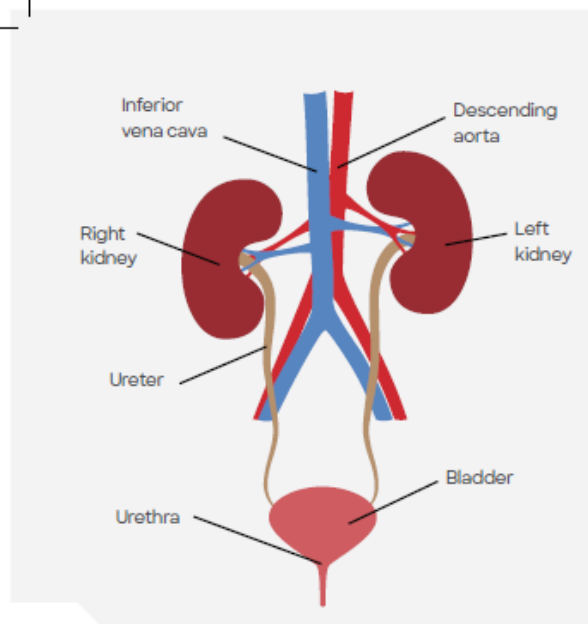




Urology surgery guide





About the urology system

What is a cystectomy?

A cystectomy is a surgery to remove the bladder. Your doctor will make a new way to pass urine. This will be done by making an ileal conduit or a neobladder.

What is an ileal conduit?

This is made from a piece of your intestine. One end is connected to your ureters, the other goes to an opening the doctor makes in your lower belly called a urostomy, or stoma. After surgery urine will pass through the stoma into a plastic bag. A nurse will teach you how to care for your stoma.

What is a neobladder?

This is when your surgeon makes a new bladder from a piece of your intestine. To empty your neobladder you need to use your stomach muscles to squeeze out the urine. If you cannot do this you may need to use a catheter to pass urine. A catheter is a thin plastic tube you put into your urethra up to six times a day. If you need a catheter a nurse will show you how to use it.

What is a nephrectomy?

A nephrectomy is a surgery to remove all or part of your kidney. A radical nephrectomy removes all of the kidney and sometimes additional parts. A partial nephrectomy is when the surgeon removes diseased parts of the kidney and leaves the healthy parts.

What is a stent?

A stent is often placed in the ureters during surgery to protect the connection of the ureters to the bowel. They are usually left in place for 14 days. You will have a follow-up appointment to have these removed. If they are accidentally removed before your appointment, please let your surgeon know and watch for fevers over 101.5° F or new-onset back pain.

Prepare: Getting ready for your surgery

Today

- ☐ Drink six to eight glasses of fluids, especially water, every day before surgery.
- ☐ Limit alcohol like beer, wine and liquor. Stop drinking alcohol 24 hours before surgery.
- ☐ Stop smoking.
- ☐ Visit [BSWHealth.com/Specialties/Surgical-Services](https://www.bswhealth.com/specialties/surgical-services) for more information.

Did you know?

Drinking fluids, especially water, and eating healthy foods before surgery will help your body heal after surgery.

Day before surgery

- ☐ Bathe with chlorhexidine (CHG or Hibiclens®).
Wash your entire body except for your face, hair and genital area.
- **Do NOT** shave.
- **Do NOT** use lotions.
- **Do NOT** put on makeup or perfumes.

Did you know?

Bathing before surgery helps prevent infection after surgery.

Morning of surgery

- ☐ Bathe with chlorhexidine (CHG or Hibiclens®).
Wash your entire body except for your face, hair and genital area.
- ☐ Stop eating all solid food eight hours before surgery.
- ☐ Drink only clear liquids up to two hours before surgery.
- ☐ The special pre-surgery drink should be the last drink you have. Finish it at _____
- ☐ Arrive at the hospital at _____
- **Do NOT** shave.
- **Do NOT** use lotions.
- **Do NOT** put on makeup or perfumes.

Did you know?

Drinking clear liquids up to two hours before surgery is safe and good for your body. This includes water, sports drinks, clear juice, coffee and tea without milk or cream, Popsicles®, Jell-O®, and the special pre-surgery drink.

Recover: What to expect as you start your recovery

Surgery day

- ☐ Manage pain with medicine taken by mouth.
- ☐ Drink liquids.
- ☐ Eat if able.
- ☐ Use an incentive spirometer every hour while awake.
- ☐ Cough and deep breathe as much as possible.
- ☐ Spend time out of bed.
- ☐ Start walking.

Day AFTER surgery and beyond

- ☐ Manage pain with medicine taken by mouth.
- ☐ Drink six to eight glasses of liquids per day.
- ☐ Eat solid food.
- ☐ Sit up for meals.
- ☐ Cough and deep breathe as much as possible.
- ☐ Spend at least four hours out of bed.
- ☐ Walk in the halls at least four times.

Before going home, you will need to:

- ☐ Walk safely in the halls.
- ☐ Eat and drink without nausea or vomiting.
- ☐ Manage pain with medicine taken by mouth.
- ☐ Be able to urinate (pee) without problems.
- ☐ Show signs your bowels are working.
- ☐ Know about your new prescriptions.
- ☐ Know when your follow-up appointment is scheduled.
- ☐ Care for your ostomy if you have one.
- ☐ Care for your urinary catheter if you have one.

Resume: What to expect when going home

Pain management

- ☐ It is normal to have some pain while you are healing.
- ☐ Follow medicine instructions given to you by your healthcare team.
- ☐ Use ice packs, deep breathing, walking and distractions like music to help with pain management.

Drinking

- ☐ Drink at least six to eight glasses of water every day to stay hydrated.
- ☐ Watch for signs of dehydration, including being overly tired, having a dry mouth, feeling dizzy, nausea, dark-colored urine or urinating less than normal.
- ☐ Call your healthcare team if you have signs of dehydration.

Eating

- ☐ Eat healthy foods like cooked vegetables, low-fat dairy products, and proteins like lean meats and chicken.
- ☐ Talk to your healthcare team at your follow-up visit about advancing your diet.
- ☐ Chew food well.
- ☐ If your stomach gets upset after eating, eat bland, low-fat food like plain rice, boiled chicken, dry toast and yogurt.



Activity

- ☐ Increase what you do each day to get back to your regular activities.
- ☐ Sit up for all meals.
- ☐ Spend at least six to eight hours out of bed each day.
- ☐ Walk for 15 minutes four to six times during the day.
- ☐ Rest when you feel tired.
- ☐ **Do NOT** lift more than 10 pounds until your healthcare team says you can and follow all other activity instructions.
- ☐ Ask your healthcare team when you can start activities like jogging, cycling and lifting weights.

Driving

- ☐ **Do NOT** drive if you are taking opioid medicine.
- ☐ You must be able to wear a seatbelt and turn your body to see for safe driving.
- ☐ Ask your healthcare team when it is safe for you to drive.

Returning to work

- ☐ Talk with your healthcare team to decide what is best for you. Going back to work depends on the type of work you do.
- ☐ Slowly increase the hours you work.

What to expect at home

Pain management

Follow the instructions given to you by your healthcare team for taking medicine. Some people go home taking over-the-counter medicine to manage pain, and some people go home with prescription medicine to manage pain. Your healthcare team will talk with you about what is best for you. There are other things you can do to manage pain like moving around, using an ice pack, deep breathing, and finding a distraction like music, TV and games. What works best is different for each person.

Incision care

- Wash the area gently with warm, soapy water every day in the shower.
- Pat the area dry with a clean towel.
- If your incision is draining, cover it with a dry gauze pad and medical tape or with an adhesive bandage.
- Once the incision is not draining, leave it uncovered.
- If you have strips of tape on the incision, leave the tape on until it falls off.
- If you have staples at the incision, they will be removed at your follow-up visit seven to 14 days after surgery.
- If you have clear surgical glue on your incision, it will fall off in 10 to 14 days.

Do NOT:

- Use hydrogen peroxide or alcohol on the incision.
- Soak in a bath or get in a pool until at least two weeks after surgery.
- Put ointments, creams or oils on the incision for six weeks.

Who and when to call for problems

Call your surgeon's office for:

- Pain that is not getting better or gets worse
- Fever over 100.4° F
- Incision opens up or is bleeding

- Incision becomes redder, hard or has pus in it
- Signs of dehydration that do not get better by drinking water
- Increased blood in urine (slightly bloody urine can be normal after your procedure)
- Increased mucous or clumping (small amounts of mucous and/or clumps may be normal after your procedure)
- Urine (pee) is cloudy, bloody or smells very bad or has pus or clots
- Blood in stools more than three days after surgery
- Nausea or vomiting that does not stop
- Not getting better as expected
- If you have trouble with the urinary catheter (if you have one) or if it comes out
- You have a stoma and:
 - You have signs of infection like red streaks or pus around your stoma
 - Your stoma turns pale or dark purple
 - You have increased mucous or clumping (small amounts of mucous and/or clumps may be normal after your procedure)
 - Your stoma swells or bleeds
 - You have little or no urine going into the pouch
 - You are having trouble keeping your bag on

Call 911 for:

- Passing out
- Sudden chest pain
- Shortness of breath that is getting worse

Ostomy management

- Empty your bag before it is half full to lower the chance of infection and leakage.
- Change your pouch every three to seven days, unless it is burning, itching or leaking. Measure stoma with each change.
- Follow up with your home healthcare team if you have any trouble.
- Drink at least six to eight glasses of liquids each day.
- Chew your food well.



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