Memorial Sloan Kettering Cancer Center

PATIENT & CAREGIVER EDUCATION

Caring for Your One Tube Ileal Neobladder

This information explains how to irrigate (wash out) your one tube ileal neobladder.

About Your Ileal Neobladder

A neobladder is a bladder made from a piece of your intestine. It allows your body to empty urine (pee) through your urethra (the tube that carries urine from your bladder out of your body).

However, the neobladder does not function the same way a natural bladder does. A one tube neobladder has a Foley® catheter (thin tube) that drains urine while your body heals after surgery. A Foley catheter is a flexible tube that goes through your urethra and into your bladder to drain urine (see Figure 1).

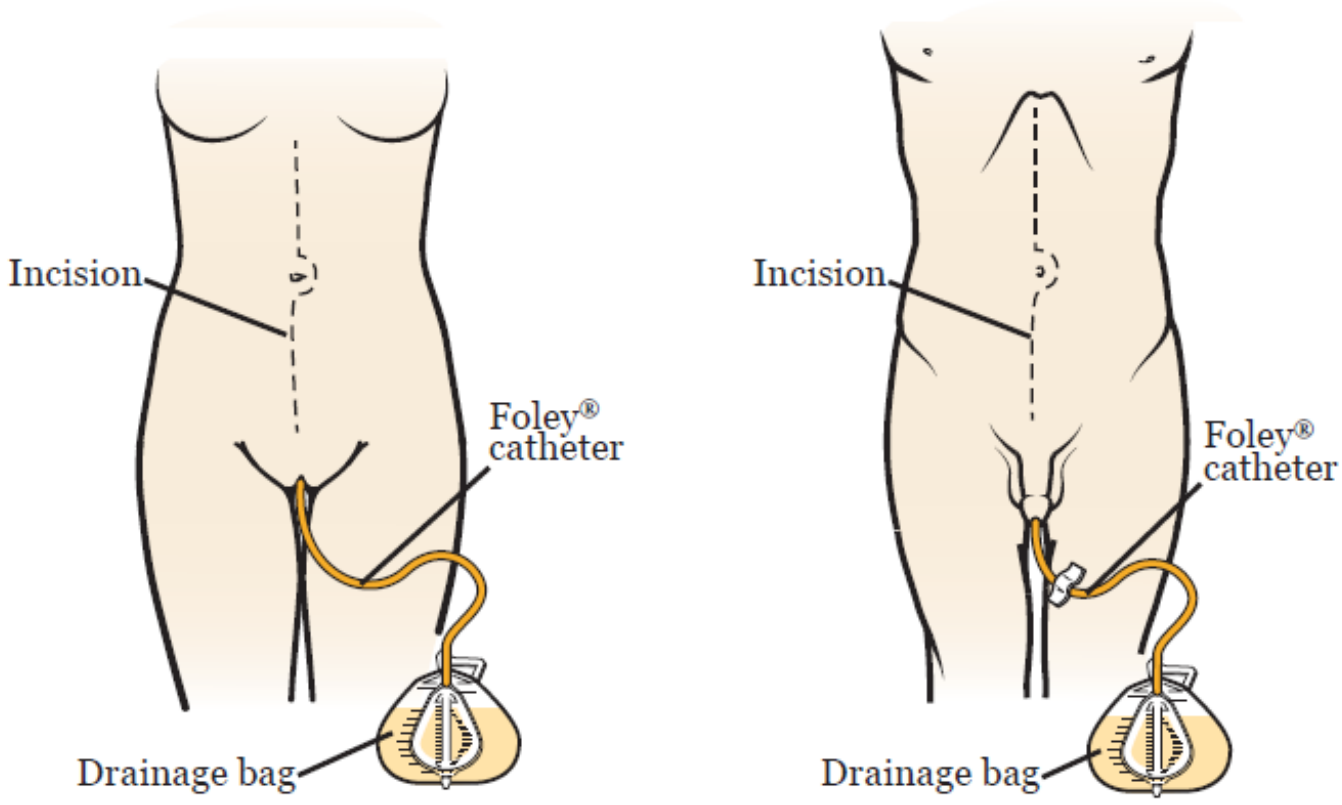


Figure 1. Female anatomy (left) and male anatomy (right) with Foley® catheter

Your urine will drain into a drainage bag attached to your catheter. During the day, your drainage bag can be attached to your leg so you can move around more easily (see Figure 2). You will need to empty this bag every 2 to 3 hours. At night, connect the catheter to the large drainage (night) bag with Cath-Secures® or tape. This will allow you to sleep through the night without emptying your bag. If you do not see urine in your drainage bag, call your healthcare provider.

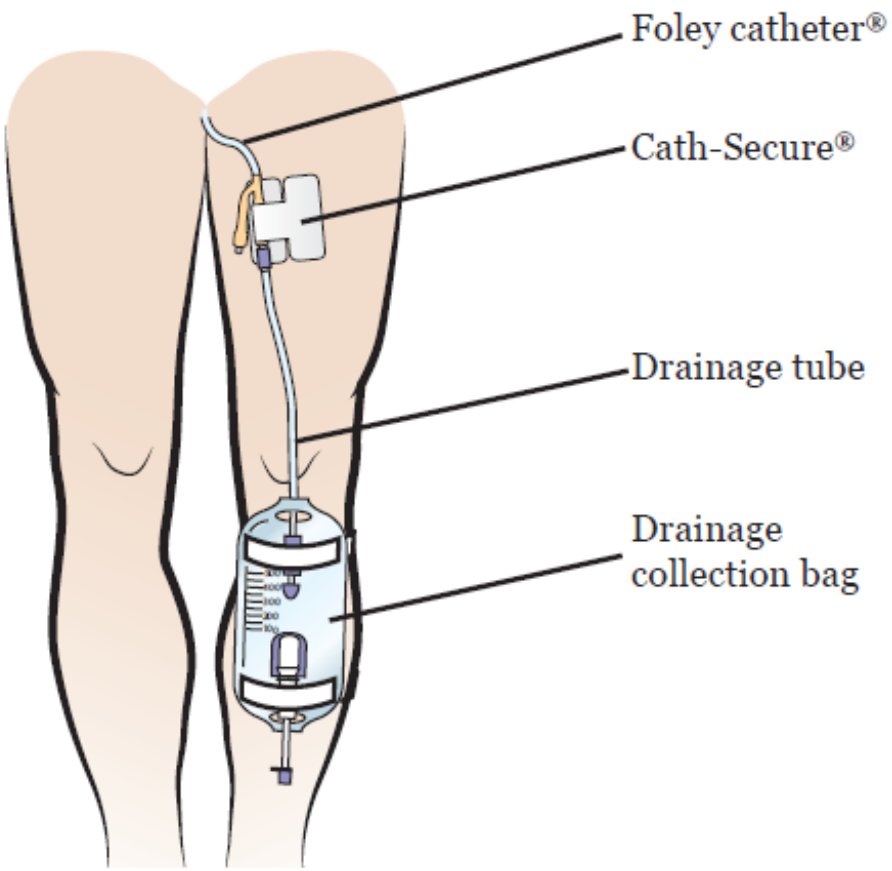


Figure 2. Drainage bag attached to leg

Your neobladder was made from a piece of your intestine and your intestines create mucus. This mucus can buildup and block your catheter. To prevent this, you will need to irrigate the catheter in your neobladder.

Before you leave the hospital, your nurse will give you enough supplies for the irrigations to last until your catheter comes out. You will also be given the names of supply sources to order the equipment in case you need more.

Self-Irrigation Instructions

You will need to do self-irrigations 4 times a day unless otherwise instructed by your healthcare provider. If you feel any pressure, pain, or bloating in your abdomen (belly), try irrigating your catheter to relieve any mucus that may be causing these symptoms. If this doesn't help, call your healthcare provider.

1. Clean your hands. If you're washing your hands with soap and water, wet your hands, apply soap, rub them together thoroughly for 20 seconds, then rinse. Dry your hands with a disposable towel, and use that same towel to

turn off the faucet. If you're using an alcohol-based hand sanitizer, be sure to cover all of your hands with it, rubbing them together until they're dry.

2. Gather your supplies on a clean surface. We recommend using a portable table, such as a TV dinner table. You will need:
    - 1 (60 mL) syringe
    - Normal saline
    - A small container
3. If your drainage bag is filled with urine, empty it out into the toilet and flush it.
4. Open the bottle of saline.
5. Sit down in a chair and recline (lean back) your body at a 30 to 45 degree angle.
6. Pull up 60 mL of saline into the syringe.
7. Put the syringe down on a clean surface and disconnect the drainage bag from the Foley catheter.
8. Place the tip of the syringe into the Foley catheter. Very gently push all 60 mL of saline into the tube. This is called flushing.
9. Pull back on the syringe. This is called aspiration. You will probably see some mucus mixed in the saline in the syringe.
    - If you are able to aspirate your Foley catheter, empty the syringe into the small container and flush it down the toilet. Continue to step 10.
    - If you are not able to gently pull back on the syringe during aspiration, do not force it. Remove the syringe and reconnect the Foley catheter to the drainage bag. Get up and walk around; you will probably see the drainage mixed with mucus flow from the Foley catheter into the drainage bag at this time. Repeat steps 6 through 9 to try flushing and aspirating your Foley again. If you're still unable to do so, call your healthcare provider.
10. Repeat the flushing and aspiration up to 5 times or as instructed by your healthcare provider.

11. Remove the syringe and reconnect the Foley catheter to the drainage bag.
12. You can reuse the same syringe for your next irrigation. Clean the syringe after each use by pulling the plunger out of the syringe and washing both with warm water and soap. Let them air dry on a clean surface.
13. Clean your hands following the instructions in step 1.

Caring for Yourself at Home

- Drink 8 (8-ounce) glasses of non-caffeinated liquids per day.
- Do not drink any alcohol until your catheter has been removed.
- Get up to walk at least 3 times a day. You should be walking the same amount or more than you were in the hospital.

For information about caring for catheter, ask your nurse for the resource *Caring for Your Urinary (Foley) Catheter*.

Call Your Healthcare Provider If You:

- Cannot flush the tube or catheter
- Do not get drainage from your tube or catheter after irrigation
- Have no urine draining from the bag
- Feel pressure, pain, bloating, or cramping in your abdomen after irrigation.
    - Try to irrigate first to relieve any mucus plug that could be causing these symptoms.
- Have a fever over 100.5° F (38.1° C)
- Have pus leaking from your incision (surgical cut)
- Have redness around your incision
- Have foul-smelling urine
- Have nausea (feeling like you're going to throw up) with vomiting (throwing up)
- Have nausea with vomiting

- Have any unexpected, unexplained problems
- Have any questions or concerns

If you have questions or concerns, contact your healthcare provider. A member of your care team will answer Monday through Friday from 9 a.m. to 5 p.m. Outside those hours, you can leave a message or talk with another MSK provider. There is always a doctor or nurse on call. If you're not sure how to reach your healthcare provider, call 212-639-2000.

For more resources, visit www.mskcc.org/pe to search our virtual library.

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