About Your Bladder Surgery with a Continent Urinary Diversion

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This guide will help you prepare for your bladder surgery at Memorial Sloan Kettering Cancer Center (MSK), and help you understand what to expect during your recovery. Read through this guide at least once before your surgery and then use it as a reference in the days leading up to your surgery. Bring this guide with you every time you come to MSK, including the day of your surgery, so that you and your healthcare team can refer to it throughout your care.

**Removal of Your Bladder**

Surgery to remove the entire bladder is called a radical cystectomy. During this surgery, your surgeon will create a new passage where urine can leave your body. Your bladder will be taken out through an incision (surgical cut) that begins near your belly button and ends at your pelvis. In addition to your bladder, it may be necessary to remove other organs near your bladder. This is done to make sure all of the cancer is removed.

The **urinary system** is made up of organs that make urine and get it out of your body.

**Kidneys** clean the toxins out of your blood and make urine. You have 2 kidneys.

**Ureters** are tubes that connect your kidneys to your bladder.

Your **bladder** stores urine until you feel the need to urinate. Urine is then released through your **urethra**.

In females, the **urethra** is a very short tube located at the top of the vagina. In males, the tube is longer and passes through the prostate gland and the penis.
In males, the following organs may be removed:

- Prostate
- Seminal vesicles
- Part of the vasa deferentia
- Possibly the urethra

In females, the following organs may be removed:

- Uterus
- Fallopian Tubes
- Ovaries
- Possibly part of the vagina

During your surgery, the lymph nodes near your bladder will also be removed. Lymph nodes are glands that are located throughout your body and are part of the lymphatic system, which is a major part of your body’s immune system. They are removed during your surgery because they may also be involved with the cancer. If you’ve had past surgery or radiation therapy to your pelvis, we may not remove all of your lymph nodes. This is done to avoid problems after your surgery.

**Reconstruction of Your Bladder**

After your bladder is removed, your surgeon will create a new pouch to collect and remove urine from your body. This is called a urinary diversion. There are 2 main types, a cutaneous continent diversion and a neobladder. You and your surgeon will decide which diversion is best for you. However, the final decision may be made at the time of your surgery. Your surgeon will explain how these decisions are made and why a backup plan for reconstruction will be needed. These possibilities will be discussed with you before your surgery.

With a **continent cutaneous diversion**, a section of the intestine is used to create a reservoir which connects to a stoma. A surgically created valve keeps urine from flowing out of the stoma, so no external appliance is needed. To drain urine, you’ll put a catheter through the stoma several times a day.

To create a **neobladder**, the surgeon creates an internal reservoir that connects to the ureters at one end and to the urethra at the other. This allows the body to empty urine the same way a person with a normal urinary tract would. However, the neobladder does not function as well as a natural bladder. It may be necessary to insert a catheter through your urethra to completely empty the reservoir.
The information in this section will help you prepare for your surgery. Read through this section when your surgery is scheduled and refer to it as your surgery date gets closer. It contains important information about what you need to do before your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
Preparing for Your Surgery

You and your healthcare team will work together to prepare for your surgery.

About Drinking Alcohol

The amount of alcohol you drink can affect you during and after your surgery. It is important that you talk with your healthcare providers about your alcohol intake so that we can plan your care.

• Stopping alcohol suddenly can cause seizures, delirium, and death. If we know you are at risk for these complications, we can prescribe medications to help prevent them.

• If you use alcohol regularly, you may be at risk for other complications during and after surgery. These include: bleeding, infections, heart problems, greater dependence on nursing care, and longer hospital stay.

Here are things you can do to prevent problems before your surgery:

• Be honest with your healthcare provider about how much alcohol you drink.

• Try to stop drinking alcohol once your surgery is planned. If you develop a headache, nausea, increased anxiety, or cannot sleep after you stop drinking, tell your doctor right away. These are early signs of alcohol withdrawal and can be treated.

• Tell your healthcare provider if you cannot stop drinking.

• Ask us any questions you have about drinking and surgery. As always, all of your treatment information will be kept confidential.

About Smoking

People who smoke can have breathing problems when they have surgery. Stopping even for a few days before surgery can help. If you want to quit, you can call our Tobacco Treatment Program at 212-610-0507. You can also ask your nurse about the program.

Help us keep you safe during your surgery by telling us if any of the following statements apply to you, even if you aren’t sure.

• I take a blood thinner. Some examples are aspirin, heparin, warfarin (Coumadin®), clopidogrel (Plavix®), and tinzaparin (Innohep®). There are others, so be sure your doctor knows all the medications you're taking.

• I take prescription medications.

• I take over-the-counter medications, herbs, vitamins, minerals, natural, or home remedies.

• I have a pacemaker, automatic implantable cardioverter-defibrillator (AICD), or other heart device.

• I have sleep apnea.

• I have had a problem with anesthesia in the past.

• I have allergies, including latex.

• I am not willing to receive a blood transfusion.

• I drink alcohol.

• I smoke.

• I use recreational drugs.
About Sleep Apnea

Sleep apnea is a common breathing disorder that causes a person to stop breathing for short periods while sleeping. The most common type is obstructive sleep apnea (OSA). This means that the airway becomes completely blocked during sleep, so no air can get through. OSA can cause serious problems after surgery. Please tell us if you have sleep apnea or if you think you might have it. If you use a breathing machine (CPAP) for sleep apnea, bring it with you the day of your surgery.

Within 30 Days of Your Surgery

Presurgical Testing

Before your surgery, you will be given an appointment for presurgical testing (PST). During your PST appointment, you will meet with a nurse practitioner who works closely with anesthesiology staff (doctors and specialized nurses who will be giving you medication to sleep during surgery). You can eat and take your usual medications the day of your PST appointment.

During your appointment, your nurse practitioner will review your medical and surgical history with you. You will have tests, including an electrocardiogram (EKG) to check your heart rhythm, a chest x-ray, blood tests, and any other tests necessary to plan your care. Your nurse practitioner may also recommend you see other healthcare providers.

Your nurse practitioner will talk with you about which medications you should take the morning of your surgery. To help you remember, we’ve left space for you to write these medications in on page 16 of this guide.

It is very helpful if you bring the following with you to your PST appointment:

- A list of all the medications you are taking
- Results of any tests done outside of, such as a cardiac stress test, echocardiogram, or carotid doppler study
- The name(s) and telephone number(s) of your doctor(s)

Complete a Health Care Proxy Form

If you haven’t already completed a health care proxy form, we recommend you complete one now. A health care proxy is a legal document that identifies the person who will speak for you if you are unable to communicate for yourself. This person is known as your health care agent. If you are interested in completing a Health Care Proxy form, talk with your nurse. If you have completed one, or if you have any other advanced directive, bring it with you to your next appointment.
Consider Our Sexual Health Programs

Bladder surgery will affect your sexual health. If you have any concerns about how it will affect you, consider making an appointment with one of our sexual health clinics.

Information for Males

You can expect to have difficulty getting or keeping an erection right after the surgery. This is called erectile dysfunction. There are many types of treatments for erectile dysfunction, including pills, injections, or a prosthesis. Your doctor can discuss these options with you. To see a specialist in the Male Sexual & Reproductive Medicine Program, call 646-888-6024.

You may have the option of banking your sperm before surgery. Please ask your nurse for information on sperm banking and for a list of sperm banks in this area if you wish to bank your sperm.

Information for Females

If your reproductive organs are removed, you will not be able to bear children after this surgery. If you hope to get pregnant, talk to your surgeon before your surgery. You will also experience changes in sexual function after the surgery. These may include a shorter vaginal canal and menopause. Your surgeon will discuss your treatment options with you in more detail. We recommend that you make an appointment to see a specialist in the Female Sexual Medicine & Women's Health Program by calling 646-888-5076.

Days Before Your Surgery

Do Breathing and Coughing Exercises

Practice taking deep breaths and coughing before your surgery. Start using the incentive spirometer your nurse gave you. It will help expand your lungs. You can find information about how to use your incentive spirometer on page 27 of this guide. If you have any questions, ask your nurse or respiratory therapist.

Purchase Hibiclens® Skin Cleanser

Hibiclens is a skin cleanser that kills germs for 6 hours after using it. Showering with Hibiclens before surgery will help reduce your risk of infection after surgery. Hibiclens is available at your local pharmacy without a prescription.
Do Pelvic Floor Muscle (Kegel) Exercises

These exercises will strengthen the muscles that will be weakened from the surgery. Practice Kegel exercises before your surgery, so that you’ll know how it should feel. Your nurse will give you information about how to do Kegel exercises.

Notes

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Review Your Medications

Medications such as aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs), vitamin E, and COX-2 inhibitors can increase your risk of bleeding during surgery. Herbal supplements can also cause bleeding and other problems during surgery. Your nurse will review your medications with you, and more information about which medications to stop and what to take instead begins on page 10 of this guide.

Do not perform pelvic floor muscle (Kegel) exercises while you have a Foley® catheter in place.
Common Medications Containing Aspirin and Other Nonsteroidal Anti-inflammatory Drugs (NSAIDs)

This information will help you identify medications that contain aspirin and other nonsteroidal anti-inflammatory drugs (NSAIDs). It's important to stop these medications before many cancer treatments.

Medications such as aspirin and other NSAIDs, vitamin E, and COX-2 inhibitors can increase your risk of bleeding during cancer treatment. These medications affect your platelets, which are blood cells that clot to prevent bleeding. If you take aspirin or other NSAIDs, vitamin E, or a COX-2 inhibitor such as celecoxib (Celebrex®), tell your doctor or nurse. He or she will tell you if you need to stop taking these medications before your treatment. You will also find instructions in the information about the treatment you’re having.

If you're having surgery:

- Stop taking medications that contain aspirin or vitamin E 10 days before your surgery or as directed by your doctor. If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure to talk with your doctor before you stop taking it.
- Stop taking NSAIDs 48 hours before your surgery or as directed by your doctor.
- Ask your doctor if you should continue taking a COX-2 inhibitor.

If you're having a procedure in Radiology (including Interventional Radiology, Interventional Mammography, and General Radiology):

- If you take aspirin because you’ve had a problem with your heart or you’ve had a stroke, be sure to talk with your doctor before you stop taking it. If your doctor instructs you to stop taking aspirin, you should stop 5 days before your procedure or as directed by your doctor.
- Stop taking NSAIDs 24 hours before your procedure.
- Stop taking medications that contain vitamin E 10 days before your procedure, or as directed by your doctor.

Chemotherapy can decrease your platelet count, which can increase your risk of bleeding. Whether you're just starting chemotherapy or you've been receiving it, talk with your doctor or nurse before taking aspirin or NSAIDs.

Medications are often called by their brand name, which can make it difficult to know their ingredients. To help you identify medications that contain aspirin, other NSAIDs, and vitamin E, please review the list of common medications in this leaflet. While this list includes the most common products, there are others. Please check with your healthcare provider if you aren’t sure. Always be sure your doctor knows all the medications you’re taking, both prescription and over-the-counter.
The following common medications contain aspirin:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alka Seltzer®</td>
<td>Cama® Arthritis</td>
<td>Genprin®</td>
<td>Roxiprin®</td>
<td>Saletos®</td>
</tr>
<tr>
<td>Anacin®</td>
<td>Pain Reliever</td>
<td>Gensan®</td>
<td>Saldol®</td>
<td>Salco®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>COPE®</td>
<td>Heartline®</td>
<td>Soma® Compound</td>
<td>Soma Compound</td>
</tr>
<tr>
<td>Arthritis Foundation</td>
<td>Dasin®</td>
<td>Headrin®</td>
<td>Tablets</td>
<td>Tablets</td>
</tr>
<tr>
<td>Pain Reliever®</td>
<td>Easpin®</td>
<td>Isollyl®</td>
<td>Lantarone®</td>
<td>Tablets</td>
</tr>
<tr>
<td>ASA Enseals®</td>
<td>Ecotrin (most formulations)</td>
<td>Lortab® ASA Tablets</td>
<td>Magnaprin®</td>
<td>Soma Compound</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
<td>(most formulations)</td>
<td>Marnal®</td>
<td>Mictarin®</td>
<td>with Codeine Tablets</td>
</tr>
<tr>
<td>Ascriptin® and</td>
<td>Empirin®</td>
<td>Momentum®</td>
<td>Michigan®</td>
<td>St. Joseph® Adult</td>
</tr>
<tr>
<td>Ascriptin A/D</td>
<td>(most formulations)</td>
<td>Norgesic Forte®</td>
<td>(most formulations)</td>
<td>Chewable Aspirin</td>
</tr>
<tr>
<td>Aspegum®</td>
<td>Epromate®</td>
<td>Norvich® Aspirin</td>
<td>PACT® Analgesic Tablets</td>
<td>Supac®</td>
</tr>
<tr>
<td>Asprinomax®</td>
<td>Equagesic Tablets</td>
<td>Orphengesic®</td>
<td>Painaid®</td>
<td>Synalgos® DC Capsules</td>
</tr>
<tr>
<td>Axotal®</td>
<td>Equazine®</td>
<td>Panasa®</td>
<td>Persodan® Tablets</td>
<td>Tenol-Plus®</td>
</tr>
<tr>
<td>Azone®</td>
<td>(most formulations)</td>
<td>Persistin®</td>
<td>Persodan® Tablets</td>
<td>Trigesic®</td>
</tr>
<tr>
<td>Bayer (most formulations)</td>
<td>Excedrin® Extra-</td>
<td>Pervag®</td>
<td>Persodan® Tablets</td>
<td>Talwin® Compound</td>
</tr>
<tr>
<td>BC Powder and Cold Formulations</td>
<td>Strength Analgesic Tablets and Caplets</td>
<td>Pertogesic®</td>
<td>Persodan® Tablets</td>
<td>Vanquish® Analgesic Caplets</td>
</tr>
<tr>
<td>Bufferin®</td>
<td>Excedrin Migraine</td>
<td>Piroxicam®</td>
<td>Persodan® Tablets</td>
<td>Wesprin® Buffered</td>
</tr>
<tr>
<td>(most formulations)</td>
<td>(most formulations)</td>
<td>Piroxicam®</td>
<td>Persodan® Tablets</td>
<td>Zee-Seltzer®</td>
</tr>
<tr>
<td>Buffets II®</td>
<td>Fiorget®</td>
<td>Piroxicam®</td>
<td>Persodan® Tablets</td>
<td>ZORprin®</td>
</tr>
<tr>
<td>Buffex®</td>
<td>Fiorinal®</td>
<td>Piroxicam®</td>
<td>Persodan® Tablets</td>
<td></td>
</tr>
</tbody>
</table>

The following common medications are NSAIDs that do not contain aspirin:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil®</td>
<td>Children's Motrin®</td>
<td>Indomethacin</td>
<td>Mobic®</td>
<td>Piroxicam®</td>
</tr>
<tr>
<td>Advil Migraine</td>
<td>Clinoril®</td>
<td>Indocin®</td>
<td>Motrin</td>
<td>Poutest®</td>
</tr>
<tr>
<td>Aleve®</td>
<td>Daypro®</td>
<td>Ketoprofen</td>
<td>Nabumetone</td>
<td>Relafen®</td>
</tr>
<tr>
<td>Anaprox DS®</td>
<td>Diclofenac</td>
<td>Ketorolac</td>
<td>Nalfon®</td>
<td>Saletos 200</td>
</tr>
<tr>
<td>Ansaid®</td>
<td>Etodolac®</td>
<td>Lodine®</td>
<td>Naproxen</td>
<td>Sulindac</td>
</tr>
<tr>
<td>Arthrotrace®</td>
<td>Feldene®</td>
<td>Meclomenate</td>
<td>Naprosyn®</td>
<td>Toradol®</td>
</tr>
<tr>
<td>Bayer Select</td>
<td>Fenoprofen</td>
<td>Mefenamic Acid</td>
<td>Nuprin®</td>
<td>Voltaren®</td>
</tr>
<tr>
<td>Pain Relief</td>
<td>Flurbiprofen</td>
<td>Meloxicam</td>
<td>Orudis®</td>
<td></td>
</tr>
<tr>
<td>Formula Caplets</td>
<td>Genprin®</td>
<td>Menadrol®</td>
<td>Oxaprazin</td>
<td></td>
</tr>
<tr>
<td>Celebrex</td>
<td>Ibuprofen</td>
<td>Midol®</td>
<td>PediaCare Fever®</td>
<td></td>
</tr>
</tbody>
</table>

Most multivitamins contain vitamin E, so if you take a multivitamin be sure to check the label. The following products contain vitamin E:

<table>
<thead>
<tr>
<th>Product</th>
<th>Vitamin E Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amino-Opt-E</td>
<td>E-400 IU E complex-600</td>
</tr>
<tr>
<td>Aquavit</td>
<td>E-1000 IU Softgels</td>
</tr>
<tr>
<td>Aquasol E</td>
<td>Vita-Plus E</td>
</tr>
</tbody>
</table>

Acetaminophen (Tylenol®) is generally safe to take during your cancer treatment. It doesn't affect platelets, so it will not increase your chance of bleeding. The following common medications contain acetaminophen; those in bold require a prescription:

<table>
<thead>
<tr>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
<th>Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acephen®</td>
<td>Datril®</td>
<td>Norco®</td>
<td>Tylenol with Codeine No. 3</td>
<td></td>
</tr>
<tr>
<td>Aceta® with Codeine</td>
<td>Di-Gesic®</td>
<td>Panadol®</td>
<td>Vanquish</td>
<td></td>
</tr>
<tr>
<td>Acetaminophen with Codeine</td>
<td>Esgic®</td>
<td>Percocet®</td>
<td>Vicodin®</td>
<td></td>
</tr>
<tr>
<td>Aspirin-Free Anacin</td>
<td>Excedrin P.M.</td>
<td>Repan</td>
<td>Wygesic®</td>
<td></td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>Fiorcet®</td>
<td>Roxicet®</td>
<td>Talacen®</td>
<td></td>
</tr>
<tr>
<td>Aspirin-Free Darvocet-N 100®</td>
<td>Lorcet®</td>
<td>Tempra®</td>
<td>Zydone®</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lorab</td>
<td></td>
<td></td>
<td>Tylenol</td>
</tr>
</tbody>
</table>
Read the labels on all your medications.

Acetaminophen (Tylenol) is a very common ingredient found in over-the-counter and prescription medications. It’s often an ingredient in pain relievers, fever reducers, sleep aids, and cough, cold, and allergy medications. The full name acetaminophen is not always written out, so look for these common abbreviations, especially on prescription pain relievers: APAP, AC, Acetaminoph, Acetaminop, Acetamin, and Acetam.

Acetaminophen is safe when used as directed, but there is a limit to how much you can take in 1 day. It’s possible to take too much acetaminophen without knowing because it’s in many different medications, so always read and follow the label on the product you are taking. Do not take more than 1 medication at a time that contains acetaminophen without talking with a member of your healthcare team.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at ______________________. After 5:00 pm, during the weekend, and on holidays, please call ______________________. If there’s no number listed, or you’re not sure, call (212) 639-2000.
Herbal Remedies and Cancer Treatment

One week before you have surgery or start chemotherapy or radiation therapy, you must stop taking any herbal or botanical home remedies or other dietary supplements because they can:

- Interact with other drugs
- Increase or lower blood pressure
- Thin the blood and increase the risk of bleeding
- Make radiation therapy less effective
- Lower the effects of medications that suppress the immune system
- Increase the effects of sedation or anesthesia

**Common Herbs and Their Effects**

**Echinacea**
- Can cause an allergic reaction such as a rash or difficulty breathing
- Can lower the effect of drugs used to suppress the immune system

**Garlic**
- Can lower blood pressure, fat, and cholesterol levels
- Can prevent platelets (the blood cells that help stop bleeding) from sticking together, which increases the risk of bleeding

**Gingko (also known as gingko biloba)**
- Can change how platelets function, which can increase the risk of bleeding

**Ginseng**
- Can act as a stimulant, which can decrease the effects of anesthesia or sedation
- Can interfere with platelet function, which can increase the risk of bleeding
- Can lower blood glucose (sugar) level

**Turmeric**
- Can reduce the antitumor action of chemotherapy drugs

**St. John’s Wort**
- Can interact with medications given during surgery
- Can make the skin more sensitive to laser treatment

**Valerian**
- Can have a sedative effect, which can increase the effects of anesthesia or sedation
Herbal formulas

- Many herbal formulas contain different herbs. We don’t know their side effects. You must also stop taking these products 1 week before and during treatment.

For more information about herbs and botanicals, visit the About Herbs, Botanicals & Other Products website at mskcc.org/aboutherbs.

You can also download the Memorial Sloan Kettering About Herbs app from the Apple App Store at itunes.apple.com/us/app/about-herbs/id554267162?mt=8.

This information does not cover all possible side effects. Please share any questions or concerns with your doctor or nurse.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at ____________________. After 5:00 pm, during the weekend, and on holidays, please call____________________. If there’s no number listed, or you’re not sure, call (212) 639-2000.

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Day Before Your Surgery

Drink Only Clear Liquids

You will need to follow a clear liquid diet the day before your surgery. Examples of clear liquids are listed in the table below. Your doctor or nurse will tell you if you will need an extra day of clear liquids or any additional bowel preparation.

While you are on this diet:

- Do not eat any solid foods.
- Make sure to drink plenty of liquids other than water, coffee, and tea. Try to drink at least 1 (8 ounce) glass of clear liquid every hour while you’re awake.

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soups • Clear broth, bouillon, or consommé</td>
<td>• Any products with particles of dried food or seasoning</td>
</tr>
<tr>
<td>Sweets • Gelatin, such as Jello® • Flavored ices • Sweeteners, such as sugar or honey</td>
<td>• All others</td>
</tr>
<tr>
<td>Drinks • Clear fruit juices such as apple, cranberry, lemonade, or grape • Soda, such as ginger ale, 7-Up®, Sprite®, seltzer • Gatorade® • Black coffee (no cream) • Tea</td>
<td>• Juices with pulp • Nectars • Milk • Alcoholic beverages</td>
</tr>
</tbody>
</table>

Note the Time of Your Surgery

A clerk from the Admitting Office will call you after 2:00 PM the day before your surgery. He or she will tell you what time you should arrive at the hospital for your surgery. If you are scheduled for surgery on a Monday, you will be called on Friday. If you do not receive a call by 7:00 PM the evening before your surgery, please call 212-639-5014.

Use this area to write in information when the clerk calls:

Date: ____________ Time: ____________

On the day of your surgery, go to MSK’s Presurgical Center (PSC).

1275 York Avenue
Between East 67th and East 68th Street
New York, NY
B elevator to 6th floor
**Shower with Hibiclens**

The night before your surgery, shower using the Hibiclens solution. To use Hibiclens, open the bottle and pour some solution into your hand or a washcloth. Rub gently over your body from your neck to your waist and rinse. Do not let the solution get into your eyes, ears, mouth, or genital area. Dry with a clean towel after your shower.

**Sleep**

Go to bed early and get a full night’s sleep.

*Do not eat or drink anything after midnight the night before your surgery. This includes water, hard candy, and gum.*

**Morning of Your Surgery**

**Shower with Hibiclens**

Shower using Hibiclens just before you leave for the hospital. Use the Hibiclens the same way you did the night before. Do not put on any lotion, cream, powder, deodorant, makeup, or perfume after your shower.

**Take Your Medications**

Your doctor or nurse practitioner may have told you to take certain medications on the morning of your surgery. If so, list them below. Take only these medications with a small sip of water the morning of your surgery.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Doctor/Nurse</th>
</tr>
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</table>

*Do not eat or drink anything the morning of your surgery. This includes water, hard candy, and gum. Take any medication as instructed with a small sip of water.*
**Things to Remember**

- Do not put on any lotion, cream, powder, deodorant, make-up, or perfume.
- Do not wear any metal objects. Remove all jewelry, including body piercings. The equipment used during your surgery can cause burns if it touches metal.
- Leave valuables, such as credit cards, jewelry, or your checkbook at home.
- Before you are taken into the operating room, you will need to remove your hearing aids, dentures, prosthetic device(s), wig, and religious articles such as a rosary.

**What to Bring**

- This guide. Your healthcare team will use this guide to teach you how to care for yourself after your surgery.
- A pair of loose-fitting pants, such as sweat pants.
- Sneakers that lace up. You may have some swelling in your feet. Lace up sneakers can accommodate this swelling.
- Only the money you may need for a newspaper, bus, taxi, or parking.
- A CD player and CDs or an iPod, if you choose. However someone will need to hold it for you when you go into surgery.
- Your incentive spirometer, if you have one.
- If you usually wear contact lenses, wear your glasses instead. Remember to bring a case for them.
- Your Health Care Proxy form, if you have completed one.
Parking When you Arrive

Parking at  is available in the garage on East 66th Street between York and First Avenues. To reach the garage, turn onto East 66th Street from York Avenue. The garage is located about a quarter of a block in from York Avenue, on the right-hand (north) side of the street. There is a tunnel that connects the garage to the hospital. If you have questions about prices, call 212-639-2338. There are also other garages nearby, including East 69th Street between First and Second Avenues, East 67th Street between York and First Avenues, and East 65th Street between First and Second Avenues.

Once You’re in the Hospital

You will be asked to say and spell your name and birth date many times. This is for your safety. Patients with the same or similar names may be having surgery on the same day.

Get Dressed for Surgery

You will be given a hospital gown, robe, and nonskid socks. Do not bring anything else with you. Storage space is very limited.

Meet With Your Nurse

A nurse will meet with you before your surgery. Tell him or her the dose of any medications you took after midnight and the time you took them.

Marking Your Surgical Site

In addition to being asked your name and birth date, you may also be asked the name of your surgeon, what operation you are having, and which side is being operated on. Your surgeon or another member of the surgical team will use a marker to initial the site on your body that will be operated on. This is for your safety; it ensures that all members of the surgical staff are clear about the plan for your surgery.
Information for Family and Friends for the Day of Surgery

This information explains what to expect on the day your friend or family member is having surgery at Memorial Sloan Kettering (MSK).

- **Before the Surgery**

After arriving at the hospital, the patient will be asked to provide contact information for the person who will be meeting with the surgeon after the surgery. This is the same person who will get updates from the nurse liaison during the surgery. If the patient is having an outpatient procedure, he or she will also be asked to provide contact information for the person who will be taking them home.

Once the patient is checked in, he or she will go to the Presurgical Center (PSC) to be examined before surgery. One person can come along, but other visitors should wait in the waiting area. If the patient wishes, other visitors may join him or her when the nurse has finished the exam.

When the operating room (OR) is ready, the surgical team will take the patient there. They will prepare the patient for surgery, which can take 15 to 90 minutes. Then, the surgery will begin.

Please remember the following:

- Do not bring food or drinks into the waiting area or the PSC. Patients are not allowed to eat before their surgery or procedure.

- Our patients are at high risk for infection. Please do not visit if you have any cold or flu symptoms (fever, sneezing, sniffles, or a cough). We may ask you to wear a mask if there are any concerns about your health.

- If the patient brought any valuables, such as a cell phone, iPod, iPad, etc., please keep them safe for him or her during surgery.

- Sometimes, surgeries are delayed. We make every effort to tell you when this happens.

- **During the Surgery**

After the patient is taken to the OR, please wait in the main lobby on the 1st floor. While you are waiting, here are some things you can do:

- Food and drinks are available on the 1st floor in the cafeteria and in the gift shop. You can also bring your own food and eat it in the cafeteria.

- The coat-check room is located at the bottom of the escalator on the ground level. It is open Monday through Friday from 11:00 AM to 4:00 PM.

- Wireless Internet access is available in most areas of the hospital. You can also use the computers in
the rooms off the main lobby.

- Please be courteous and mindful of others while using your cell phone. Use the designated area to accept and make calls on your cell phone. It may be useful to bring your phone charger to the hospital.

- The Mary French Rockefeller All Faith Chapel is an interfaith chapel located in room M106 near the main lobby on the 1st floor. It is open at all times for meditation and prayer.

- The Patient Recreation Pavilion is open daily from 9:00 AM to 8:00 PM for patients and their visitors. Children are allowed in the pavilion as long as they are supervised by an adult. Arts and crafts, a library, an outdoor terrace, and scheduled entertainment events are available in this area. To get to the pavilion, take the M elevators to the 15th floor.

**Surgery updates**

A nurse liaison will keep you updated on the progress of surgery. He or she will:

- Give you information about the patient.
- Prepare you for your meeting with the surgeon.
- Prepare you for visiting the patient in the Post Anesthesia Care Unit (PACU).

To contact the nurse liaison:

- From inside the hospital, use a hospital courtesy phone. Dial 2000 and ask for beeper 9000. Please be patient; this can take up to 2 minutes.
- You can also ask the information desk staff to contact the nurse liaison for you.

**After the Surgery**

**Meeting with the surgeon**

When the patient's surgery is completed, we will call you and ask you to return to the concierge desk to tell you where to go to meet with the surgeon.

After you have met with the surgeon, return to the concierge desk and tell them that you have finished your consultation.

**Visiting the patient in the PACU**

After surgery, the patient will be taken to the PACU. It can take up to 90 minutes before the patient is ready to have visitors. You can use this time to take a walk or just relax in the waiting area until the patient is ready to see you.

When the patient is able to have visitors, a staff member will take you to the PACU. Please remember that only a limited number of visitors can go into the PACU. This is to keep the area quiet and avoid overcrowding. The patients in the PACU need time for rest and nursing care after surgery.

**While visiting in the PACU**

- Silence your cell phone.
• Apply an alcohol-based hand sanitizer (such as Purell®) before entering. There are hand sanitizer stations located throughout the hospital.

• Speak quietly.

• Respect other patients’ privacy by staying at the bedside of your friend or family member.

• Do not bring food or flowers into the PACU.

• If any PACU patient needs special nursing attention, we may ask you to leave or to delay your visit.

After your visit, the nurse will escort you back from the PACU. He or she will update you on the patient's condition. He or she will also explain the plan of care for the patient, such as whether the patient is staying overnight and when he or she will be moved to an inpatient room. If the patient is going home the same day, a responsible adult must take him or her home.

We will give you a card with the PACU phone number. Please appoint one person to call for updates.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at ______________________. After 5:00 pm, during the weekend, and on holidays, please call____________________. If there’s no number listed, or you’re not sure, call (212) 639-2000.
The information in this section will tell you what to expect after your surgery, both during your hospital stay and after you leave the hospital. You will learn how to safely recover from your surgery. Write down any questions you have and be sure to ask your doctor or nurse.
What to Expect

In the Recovery Room

Your surgery will take about 3 to 5 hours. When you wake up after your surgery, you will be in the Post-Anesthesia Care Unit (PACU).

You will have an oxygen mask covering your nose and mouth. A nurse will be monitoring your body temperature, pulse, blood pressure, and oxygen levels. You will also have compression boots on your lower legs to help your circulation.

You will have several different types of drainage tubes in your body. The types of tubes will depend on the type of urinary diversion that was created for you.

If you have a cutaneous continent diversion, you may have a:

- Cecostomy tube
  - This is a catheter that exits from the lower part of your stomach. It drains the pouch.

- Stoma catheter
  - This is a thin, flexible tube that exits through your stoma to drain the pouch.

If you have a neobladder, you may have a:

- Foley® catheter
  - This is a flexible tube that exits from your urethra. It drains the neobladder.

- Suprapubic tube
  - This is a catheter that exits from the lower part of your stomach and may also be used to drain your neobladder.

No matter which type of urinary diversion you have, you may have a:

- Jackson Pratt® drain
  - This is a small, egg-shaped container that is connected to a drainage tube. It exits through an opening in the lower part of your stomach and collects liquid from your pelvis.

- Nasogastric (NG) tube
  - This is a tube that is inserted through your nose into your stomach. It will drain the liquids from your stomach and may stay in place for a few days after your surgery. It will be removed when you begin passing gas. This is a sign that your intestines have regained function.

- Penrose drain
  - This is a small, soft, flat drainage tube. It exits through an opening in the lower part of your stomach to drain liquid from your pelvis.

- Stents
  - These are 2 small, white tubes that are used to drain your kidneys. They may exit through an opening in your stomach or be attached internally to your Foley catheter.
Your visitors can see you briefly in the PACU, usually within 90 minutes after you arrive there. A member of the nursing staff will explain the guidelines to them.

You will probably stay in the PACU overnight. You will be taken to your room the next morning. There, your nurse will tell you what you can do to recover from your surgery.

**During Your Hospital Stay**

You will be in the hospital for about 1 week. However, your stay may be shorter or longer, depending on your recovery. Below are 2 examples of ways you can help yourself recover safely.

- It is important to walk around after surgery. Walking every 2 hours is a good goal. This will help prevent blood clots in your legs.
- Use your incentive spirometer. This will help your lungs expand, which prevents pneumonia. When using your incentive spirometer or other breathing exercises, it may help to splint your incision. To do this, hold a pillow or blanket against the incision sites. This will reduce movement in your muscles. Instructions on how to use your incentive spirometer are on page 27 of this guide.

**Managing Your Pain**

You will have some pain after your surgery. Your doctor and nurse will ask you about your pain often. You will receive medication to help your pain through a pain pump that you can control. This is called patient-controlled analgesia (PCA). For more information about PCA, see page 29 of this guide. If your pain is not relieved, please tell your doctor or nurse. It is important to control your pain so you can cough, breathe deeply, use your incentive spirometer, and get out of bed and walk.

**Swelling**

Right after surgery, you may have some swelling in your genitals and groin area. This is normal and will go away after several weeks. You may also notice some discharge from your penis or vagina. This should also go away over several weeks.

**Eating**

You will not be able to have solid foods for a few days after your surgery. During this time you will receive liquid through a vein. Some patients need to have a nasogastric tube for a few days after surgery. This tube helps drain liquids in your stomach if your bowel function is slow.

Your appetite may not be the same as it was before your surgery and you may feel full quicker. Eat several small meals throughout the day, rather than 3 large meals. Eating this way will help your digestion and give you energy throughout the day.

Eating a balanced diet high in calories and protein is important for healing after surgery. Your diet should include a good protein source at each meal, as well as fruits, vegetables, and whole grains. For more tips on increasing your calorie and protein intake, ask for the booklet *Eating Well During and After Your Cancer Treatment*. If you have questions about your diet, ask to see a dietitian.
**Learning to Care for Yourself**

You will be able to shower with help within 3 to 4 days after your surgery.

While you're in the hospital your nurse will teach you how to care for your urinary diversion and any drains you'll have when you leave the hospital. If you have a caregiver who will help you when you go home, it will be helpful to have him or her be there during teaching. Your nurse will also give you written information that you can place in this folder to review when you're at home.

Your case manager will work with you to arrange for a visiting nurse to see you when you leave the hospital.

**Getting Your Supplies**

Your nurse will give you about a 3 week supply of the equipment you'll need to care for yourself at home. He or she will also give you the names of places to order your supplies from.
How to Use Your Incentive Spirometer

This information will help you learn how to use your incentive spirometer.

An incentive spirometer will help you expand your lungs by encouraging you to breathe more deeply and fully. Using your incentive spirometer after your surgery, along with deep breathing and coughing exercises, will help keep your lungs active throughout the recovery process and prevent complications such as pneumonia.

A video demonstrating how to use your incentive spirometer can be found on the Memorial Sloan Kettering (MSK) website at:

www.mskcc.org/videos/how-use-your-incentive-spirometer

The first time you use it, you will need to take the flexible tubing with the mouthpiece out of the bag. Expand the tubing and connect it to the outlet on the right side of the base (see figure). The mouthpiece will be attached to the other end of the tubing.

To use your incentive spirometer:

1. Sit upright in a chair or in bed. Hold the incentive spirometer upright at eye level.
2. Exhale (breathe out) once slowly. Put the mouthpiece in your mouth and close your lips tightly around it.
3. Take a slow, deep breath in through your mouth. As you take a slow, deep breath, you will see the piston rise inside the large column. While the piston rises, the indicator on the right should move upwards. It should stay in between the 2 arrows (see figure). If the indicator does not stay between the arrows, you are breathing either too fast or too slowly.
4. Try to get the piston as high as you can, while keeping the indicator between the arrows.
5. When you get it as high as you can, try to keep it at that level for 2 to 5 seconds or longer, if possible.
6. Exhale slowly, allowing the piston to fall all the way back to the bottom. Rest for a few seconds.
7. Take 10 breaths with your incentive spirometer every hour while you are awake, or as instructed by your clinician. Try to get the piston to the same level with each breath.
8. After each set of breaths, cough 3 times. This will help loosen or clear any secretions in your lungs.
Special Points

- If you feel dizzy at any time, stop and rest. Try again at a later time.
- If you had surgery on your chest or abdomen, hug or hold a pillow to help splint your incision. This will help decrease pain at your incision.
- Breathe through your mouth. If you breathe through your nose the incentive spirometer will not work properly. You can plug your nose if you have trouble.
- Keep the incentive spirometer clean by covering the mouthpiece when it is not in use.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _________________. After 5:00 pm, during the weekend, and on holidays, please call____________________. If there’s no number listed, or you’re not sure, call (212) 639-2000.
Patient-Controlled Analgesia (PCA)

This information will help you understand what patient-controlled analgesia (PCA) is and how to use your PCA pump.

Patient-controlled analgesia (PCA) helps you control your pain by administering your pain medication. PCA uses a computerized pump to deliver pain medication into a vein (intravenous, or IV) or epidural space (in your spine). Whether you have an IV PCA or epidural PCA depends on what you and your doctor decided was right for you. When you have pain, you simply press the button attached to the pump. The pump will deliver a safe dose that your doctor has prescribed. Only you should push the PCA button. **Family and friends should never push the button.**

**How Medication is Given with PCA**

The pump can be programmed to deliver your medication in 2 ways:

- **As needed** - You get your pain medication only when you press the button. It will not allow you to get more medication than prescribed. The pump is set to allow only a certain number of doses per hour.

- **Continuous** - You get your pain medication at a constant rate all the time. This can be combined with the as needed mode. That allows you to take extra doses safely if you are having pain.

**Possible Side Effects**

Pain medication delivered by the PCA pump can have side effects. Tell your doctor or nurse if you have any of these or any other problems:

- Constipation
- Nausea, vomiting
- Dry mouth
- Itching
- Changes in your vision, such as seeing things that are not there
- Drowsiness, dizziness, or confusion
- Weakness, numbness, or tingling in your arms or legs
- Difficulty urinating
Special Instructions

PCA is not right for everyone.

- People who are confused or cannot follow these instructions should not use PCA.
- If you have been told you have sleep apnea, tell your doctor. This may affect the way we prescribe your PCA.
- If you have weakness in your hands and may have trouble pushing the PCA button, talk with your doctor or nurse.

When using PCA, tell your doctor or nurse if:

- The medication is not controlling your pain.
- You are having side effects.
- Your pain changes, such as if:
  - It gets worse
  - You feel it in a new place
  - Feels different than before

Your doctor may be able to change the medication to one that may work better for you or give you fewer side effects.

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _________________. After 5:00 pm, during the weekend, and on holidays, please call____________________. If there’s no number listed, or you’re not sure, call (212) 639-2000.
Caring for Yourself at Home

The visiting nurse arranged by your case manager will see you when you're home from the hospital. He or she will monitor your recovery and teach you how to care for yourself after surgery.

Schedule an appointment with your surgeon for a follow-up care plan for your new pouch.

Buy a medical alert bracelet (such as MedicAlert®) that states the type of surgery you had in case of an emergency. Ask your nurse for an application, or you can get one at your pharmacy.

**Caring for Your Drainage Tube(s)**

You will leave the hospital with at least 1 drainage tube. This will allow your urine to keep draining from your neobladder and help the area heal.

Because your neobladder was created out of a piece of your intestine, and your intestine produces mucus, you will need to irrigate the tube(s) in your neobladder before and after you leave the hospital. This will ensure that the tube(s) do not become clogged with mucus. Your nurse will teach you how to do this, and a visiting nurse will see you at home. After the catheter(s) are removed, you'll see the mucous in the urine that you urinate. This is normal. With time, you will make less mucus from your neobladder.

Before you leave the hospital, your nurse will give you enough equipment for the irrigations to last until your catheter(s) come out. You will also be given the names of supply sources to order the equipment. Your case manager will work with you to arrange for a visiting nurse to see you at home. The visiting nurse will check to make sure you are healing well and review how to care for your.

When you see your surgeon in his or her office, you may have an x-ray to make sure your neobladder has healed. Contrast dye will be put into your neobladder through your urinary (Foley) catheter, and the x-ray will show whether it's working properly. If it is, the catheter will be removed.

**Caring for Your Suprapubic Tube**

If you have a suprapubic tube, keep it clamped during the day. When you sleep, your doctor may suggest that you unclamp the tube and attach it to a night drainage bag. Attaching it to the night drainage bag saves you from having to wake up in the middle of the night to empty your bladder. Your doctor may instruct you irrigate your suprapubic tube once a day until it is removed. This will happen about 1 week after the urinary (Foley) catheter is taken out.

After your urethral catheter is removed, check for any remaining urine from your suprapubic tube to make sure your pouch is emptying. When your suprapubic tube is unclamped, measure the amount of urine that empties from the tube. Keep a record of the amount during the day. The nurse will show you how to do this when you see your surgeon.

Begin doing pelvic muscle (Kegel) exercises when your urethral catheter is removed. Your nurse will tell you how to do them and give you written instructions. These exercises will help strengthen your pelvic muscles, which will help you regain the ability to control when you urinate. You will have some leakage until your pouch stretches and your pelvic muscles are strengthened. If you do the Kegel exercises as directed, you will begin to see improvement in about 2 months during the daytime. Nighttime control will follow.

You should expect leakage of your urine after the urethral catheter is removed. This will improve over time. You will need or urinary pads or briefs such as Depends® for the first few months after surgery. Leakage under stress conditions will take longer to resolve. You should expect some leakage when you cough, sneeze, or strain, and at nighttime. Speak with your doctor or nurse if the leakage does not improve.
The sensation you feel to urinate will be different after surgery. People have described it as:

- A feeling of pressure
- A sensation of fullness
- Mild abdominal cramps

Some people don’t have any of these feelings.

To completely empty the bladder after surgery, sit to urinate and bear down slightly using your abdominal muscles. This technique is similar to what is used to have a bowel movement. Men will also need to sit to urinate after surgery.

You will need to urinate on a schedule. Following a schedule you will allow your neobladder to stretch slowly and minimize the risk of overfilling your neobladder. Your doctor may instruct you to catheterize yourself if your pouch does not empty totally. You will be shown how to do it. Your ability to adequately empty your neobladder will be checked when you visit your doctor.

<table>
<thead>
<tr>
<th>Week</th>
<th>Daytime</th>
<th>Nighttime</th>
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<tbody>
<tr>
<td>Week 1</td>
<td>Every 2 to 3 hours</td>
<td>Every 3 to 4 hours (Set an alarm clock to wake you up once in the middle of the night to empty the pouch.)</td>
</tr>
<tr>
<td>Week 2</td>
<td>Every 3 or 4 hours</td>
<td>Every 4 to 5 hours</td>
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<tr>
<td>Week 3</td>
<td>Every 4 to 5 hours</td>
<td>Every 4 to 5 hours</td>
</tr>
<tr>
<td>Week 4</td>
<td>Every 4 to 5 hours</td>
<td>Every 6 hours</td>
</tr>
<tr>
<td>Week 5</td>
<td>Every 4 to 6 hours</td>
<td>Every 6 hours</td>
</tr>
</tbody>
</table>

**Tips**

- Never go more than 6 hours without emptying your pouch. You could over stretch it and the body may start to reabsorb the urine, or the pouch could be damaged or ruptured.

- If you have leakage between urinating or catheterizing, go back to the last week’s schedule. Your new pouch may not be able to hold the increased amount of urine.

- You may feel pressure or fullness between the times you are scheduled to empty your pouch. If so, urinate before the next scheduled time to empty your neobladder.

**Managing Your Pain**

The length of time each patient has pain or discomfort varies. Some patients may have incisional soreness, tightness, or muscular aches for up to 6 months or longer. It does not mean that something is wrong. Follow the guidelines below.

- Call your doctor if the medication prescribed for you doesn’t relieve your pain.

- Do not drive or drink alcohol while you are taking prescription pain medication.

- As your incisions heal, you will have less pain. As time goes on, the amount of pain medicine that you need will decrease. A mild pain reliever such as acetaminophen (Tylenol®) or ibuprofen (Advil®) will relieve aches and discomfort.
• Pain medication should help you as you resume your normal activities. Take enough medication to do your exercises comfortably. Pain medication is most effective 30 to 45 minutes after taking it.

• Keep track of when you take your pain medication. It will not be as effective if your pain has been allowed to increase. Taking it when your pain first begins is more effective than waiting for the pain.

Managing Constipation

Your usual bowel pattern will change after surgery. You may have trouble passing stool (feces). This is a common side effect of pain medication. Here are some suggestions to help prevent constipation:

• Take a stool softener such as docusate sodium (Colace®) 3 times a day. Continue taking the stool softener until you are no longer taking pain medications.

• If you have not had a bowel movement in 2 days, take a mild laxative. We recommend 1 packet of polyethylene glycol (MiraLAX®) with a tall glass of warm water. Do not take a laxative if you have nausea, vomiting, or stomach swelling. If you have these symptoms, call your doctor.

• Drink at least 2 liters of liquids a day, preferably juice or water. Prune juice may also help.

• If you feel bloated, avoid foods that can cause gas, such as beans, broccoli, onions, cabbage, and cauliflower.

• Make sure your meals and snacks are well balanced and high in protein.

• Increase the fiber in your diet to soften your stool. Foods high in fiber include:
  − Bran
  − Whole-grain cereals and breads
  − Unpeeled fruits and vegetables
  − Mixed green salads
  − Apricots, figs, and raisins

• Walk daily

After awhile, some patients have frequent bowel movements. This is because part of your intestine was removed. If this is an issue for you, please speak to your doctor or nurse. You may need to change your diet or take medication. If you have any questions about your diet when you are at home, speak with your doctor or call a dietitian.

Eating

You may eat all the foods you did before unless your doctor has put you on a special diet. You may drink alcohol in moderation if:

• You are not taking a narcotic, such as morphine, hydromorphone or oxycodone.

• Your doctor says it is okay.

Drink plenty of liquids without alcohol or caffeine each day. The amount you need to drink may vary based on your body size and the temperature outside. You should drink enough liquids so that the urine in your bag is a very light yellow color or clear. If it becomes dark yellow or orange, that is a sign that you need to drink more
fluids. (Note: beets will turn your urine a reddish color temporarily. Do not worry if this happens.) Foods with protein (meat, fish, eggs) and vitamin C (fruits) help heal wounds.

**Caring for Your Incision**

- You may have some pain at the incision for the first few weeks after the surgery. If this occurs, take your pain medication as prescribed by your doctor.

- Before you leave the hospital, your doctor will probably remove your staples and place butterfly strips over your incision. These strips will loosen and fall off by themselves. Sometimes, the doctor will decide to keep the staples in. In that case, you will need to return several days later to have them removed.

- Shower daily but do not take a bath until 4 weeks after your surgery. Use soap but not directly on your incision. Do not rub the area around your incision. Pat the area dry with a clean towel after you shower and leave your incision uncovered. You may place a small bandage over your incision if your clothing may rub it (e.g., your waistline).

**Sexuality**

Sexuality includes many aspects of caring and closeness. It is not only having sex. You and your partner can build other forms of sexual and emotional expression. Most important, remember that your surgery does not change your feelings for each other. Sexual counseling to talk about these issues can help. Any member of your healthcare team can refer you to counseling.

After surgery, most males will have erectile dysfunction. There are a number of treatments to help with this. We recommend that male patients make an appointment to see a specialist in the Male Sexual & Reproductive Medicine Program by calling 646-888-6024.

After surgery, females will not be able to bear children if their reproductive organs were taken out. There may also be changes to the structure of the vagina. We recommend that female patients make an appointment to see a specialist in the Female Sexual Medicine & Women’s Health Program by calling 646-888-5076.

The American Cancer Society (ACS) offers free booklets on cancer and sexual health called *Sexuality for the Man With Cancer* and *Sexuality for the Woman With Cancer*. You can get copies by calling 1-800-ACS-2345, or go to [www.cancer.org](http://www.cancer.org).

You can’t harm your stoma during sex as long as there is not constant pressure on it. Do not put anything into the opening of your stoma.

**Resuming Activities**

It is normal to have less energy than usual after your surgery. Recovery time varies with each patient. Increase your activities each day as much as you can. Always balance activity periods with rest periods. Rest is a vital part of your recovery.
When you leave the hospital, your incision will appear to be healed on the outside but it will not be healed on the inside.

- Do not lift anything heavier than 10 pounds (about 4 ½ kilograms).
- Do not do any strenuous activity for at least 6 weeks after your surgery. For example, do not jog or play tennis or any contact sports. Ask your doctor about any other exercise.
- Walk 2 to 3 times a day for 20 to 30 minutes. If the weather does not permit you to walk outside, your local mall or shopping center may be a good alternative.

**Returning to Work**

Having a stoma should not stop you from going back to work. Tell your doctor or nurse what you do so they can decide when it is safe for you to return. For example, if your job involves heavy lifting, you may need to stay out a little longer than if you sit at a desk.

**Driving**

Ask your surgeon when you can drive. For most people, it will be at least 6 weeks after surgery. Do not drink alcohol or drive while you are taking prescription pain medication.

To protect your stoma from your seatbelt, place a small pillow next to it. You may ride in a car as a passenger at any time after you leave the hospital.

**Travelling**

You will be able to travel. Here are some suggestions, which may make your travel experience worry-free.

1. Bring extra supplies, just in case it is hard to get them at your destination.
2. Carry all your equipment with you instead of checking it in on a plane, train, or bus. There is always the chance you may become separated from your luggage.

**Managing Your Feelings**

After surgery for a serious illness, you may have new and upsetting feelings. Some people say they feel weepy, sad, worried, nervous, irritable, and angry at one time or another. You may find that you can’t control some of these feelings. If this happens, it’s a good idea to seek emotional support.

Talking about how you feel with family and friends can help you cope. Your healthcare team are also available to reassure, support, and guide you, so let your nurse, doctor, or social worker know how you’re feeling. There are many resources available to you and your caregiver(s), including MSK’s on-line and in-person bladder cancer support groups. Information about those groups and other resources such as the Bladder Cancer Advocacy Network (BCAN) is located in the “Resources” section of this guide.
Contact your doctor or nurse if you have:

- Fever 101°F (38.3°C), chills, or both
- Any bleeding
- Leakage or drainage from your incision
- Redness at your incision
- Increased pain
- Nausea or vomiting
- Leg swelling or pain
- Shortness of breath
- Catheter or drainage tubes that are dislodged or not draining
- No bowel movement for more than 2 days
- Decreased urine output
- Any problems you did not expect
- Any questions or concerns

After 5:00 PM, during the weekend, and on holidays, call 212-639-2000. Ask to speak to the doctor on call for your service.
Caring for Your Urinary (Foley) Catheter

This information will help you care for your urinary (Foley®) catheter while you’re at home.

A Foley catheter (a thin, flexible tube) has been placed into your bladder to drain your urine. It is held inside your bladder by a balloon filled with water.

A video demonstrating how to change your Foley catheter drainage bag can be found on the Memorial Sloan Kettering (MSK) website at:


Daily Catheter Care

Perform catheter care every day. You can do this while in the shower, but not while taking a tub bath.

You will need the following supplies:

- Mild soap, such as Dove®
- Water
- A clean washcloth (not one already used for bathing) or a 4”x 4” piece of gauze
- 1 Cath-Secure®
- Night drainage bag
- 2 alcohol swabs

1. Wash your hands thoroughly with soap and water.
2. Using mild soap and water, clean your genital area.
   - Men should retract the foreskin, if needed, and clean the area, including the penis.
   - Women should separate the labia, and clean the area from front to back.
3. Clean your urinary opening, which is where the catheter enters your body.
4. Clean the catheter from where it enters your body and then down, away from your body. Hold the catheter at the point it enters your body so that you don’t put tension on it.
5. Rinse the area well and dry it gently.
6. Use a Cath-Secure to keep the catheter from moving.
### Changing the Drainage Bag

You will change your drainage bag twice a day.

- In the morning after you shower, change the night bag to the leg bag
- At night before you go to bed, change the leg bag to the night bag

1. Wash your hands thoroughly with soap and water.
2. Empty the urine from the drainage bag into the toilet before you change it.
3. Pinch off the catheter with your fingers and disconnect the used bag.
4. Wipe the end of the catheter using an alcohol pad.
5. Wipe the connector on the new bag using the second alcohol pad.
6. Connect the clean bag to the catheter and release your finger pinch.
7. Check all connections. Straighten any kinks or twists in the tubing.

### Caring for the Leg Bag

- Always wear the leg bag below your knee. This will help it drain.
- Keep the leg bag secure with the Velcro® straps. If the straps leave a mark on your leg, they are too tight and should be loosened. Leaving the straps too tight can decrease your circulation and lead to blood clots.
- Empty the leg bag through the spout at the bottom every 2 to 4 hours, as needed. Do not let the bag become completely full.
- Do not lie down for longer than 2 hours while you are wearing the leg bag.

### Caring for the Night Bag

- Always keep the night bag below the level of your bladder.
- To hang your night bag while you sleep, place a clean plastic bag inside of a wastebasket. Hang the night bag on the inside of the wastebasket.

### Cleaning the Drainage Bags

1. Wash your hands thoroughly with soap and water.
2. Rinse the equipment with cool water. Do not use hot water because it can damage the plastic equipment.
3. Wash the equipment with a mild liquid detergent (e.g., Ivory®) and rinse with cool water.
4. To decrease odor, fill the bag halfway with a mixture of 1 part white vinegar and 3 parts water. Shake the bag and let it sit for 15 minutes.
5. Rinse the bag with cool water and hang it up to dry.

### Preventing Infection

- Keep the drainage bag below the level of your bladder and off the floor at all times.
Keep the catheter secured to your thigh to prevent it from moving.

Do not lie on or block the flow of urine in the tubing.

Shower daily to keep the catheter clean.

Clean your hands before and after touching the catheter or bag.

The spout of the drainage bag should never touch the side of the toilet or any emptying container.

**Special Points**

- You may see some blood or urine around where the catheter enters your body, especially when walking or having a bowel movement. This is normal, as long as there is urine draining into the drainage bag.

- Drink 1 to 2 glasses of liquids every 2 hours while you're awake.

**Call your doctor immediately if:**

- Your catheter comes out; do not try to replace it yourself
- You have a temperature of 101° F (38.3° C) or higher
- You have a decrease in the amount of urine you are making
- You have foul-smelling urine
- You have bright red blood or large blood clots in your urine
- You have abdominal pain and no urine in your catheter bag

If you have any questions or concerns, talk with a member of your healthcare team. You can reach them Monday through Friday from 9:00 am to 5:00 pm at _________________. After 5:00 pm, during the weekend, and on holidays, please call _________________. If there’s no number listed, or you’re not sure, call (212) 639-2000.

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Notes
This section contains information about resources that you may find helpful before, during, and after your surgery. You may also wish to add other information, which you can list on page 1 of this guide. Write down any questions you have and be sure to ask your doctor or nurse.
The following are resources that you may find helpful.

**Integrative Medicine Service**
646-888-0800
Our Integrative Medicine Service offers patients many services to complement traditional medical care, including music therapy, mind/body therapies, dance and movement therapy, yoga, and touch therapy.

**Nutrition Services**
212-639-7071
Our Nutrition Service offers nutrition counseling with one of our certified dietitians, who will review your current eating habits and give advice on what to eat while you're going through treatment.

**Patient-to-Patient Support Program**
212-639-5007
You may find it comforting to speak with a cancer survivor or caregiver who has been through a similar treatment. Through our Patient-to-Patient Support Program, we are able to offer you a chance to speak with former patients and caregivers.

**Patient Representatives**
212-639-7202
If you have any questions about hospital policies and procedures, need help completing a Health Care Proxy form, or if you have concerns about your care, call the Patient Representatives office. A patient representative can serve as your advocate anytime, but they can best help you if you contact them while a situation is occurring, instead of after the fact.

**Resources for Life After Cancer (RLAC) Program**
646-888-8106
The RLAC Program is for patients and their caregivers who have finished treatment. This program has many services, including seminars, workshops, support groups, and counseling about life after treatment, as well as help with insurance and employment issues.

RLAC runs a support group for people with bladder cancer called Challenges & Solutions. For more information call RLAC or 646-422-4628.

**Sexual Health Program**
Cancer and its treatments can have an impact on your sexual health. MSK's Sexual Health Program can help you take action and address sexual health issues before, during, or after your treatment.

Our Male Sexual and Reproductive Medicine Program helps male patients who are dealing with cancer-related sexual health challenges, including erectile dysfunction. For more information, or to make an appointment, please call 646-888-6024.

Our Female Sexual Medicine and Women's Health Program helps female patients who are dealing with cancer-related sexual health challenges, including premature menopause and fertility issues. For more information, or to make an appointment, please call 646-888-5076.
Social Work
212-639-7020
Social workers help patients, family, and friends deal with issues that are common for people with cancer. They provide counseling throughout the course of a your illness and treatment, and can help you communicate with children and other family members. Our social workers can also help with referrals to community agencies and programs as well as financial resources, when eligible.

Tobacco Treatment Program
212-610-0507
Whether you’ve just been diagnosed with cancer, are undergoing treatment, or have overcome the disease, Memorial Sloan Kettering’s Tobacco Treatment Program can help you stop smoking. Call for an appointment.

Virtual Bladder Support Group
This is a live, online support and education group for people undergoing treatment for bladder cancer. People share their personal experiences and provide practical and emotional support for one another. This group meets the fourth Thursday of each month from 4:00 PM to 5:00 PM. Discussions are led by a social worker and a nurse. For more information, or to register, email virtualprograms@mskcc.org.

External Resources

The following are resources outside of that you might find helpful.

American Cancer Society
www.cancer.org

Bladder Cancer Advocacy Network
www.bcan.org

National Cancer Institute
www.cancer.gov

National Association for Continence
www.NAFC.org

For additional web based information visit LIBGUIDES on ’s library website at http://library.mskcc.org or the Kidney Cancer section of MSKCC.org. You can also contact the library reference staff at 212-639-7439 for assistance.