# About Your Bladder Surgery with an Ileal Conduit (Urostomy)

## About Your Surgery

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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 so that 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 remove a small section of your intestine called the ileum. One end of the ileum will be attached to your ureters, and the other end will be attached to a surgically created opening called a stoma. Your urine will flow through the ileal conduit into an appliance you’ll wear on the outside of your body.
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.
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 already, 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.

Meet with a Wound, Ostomy, and Continence Nurse

A wound, ostomy, continence (WOC) nurse is a nurse who specializes in caring for stomas. Before your surgery your WOC nurse will mark a possible site on your stomach for your stoma. The site will be the best possible location, away from scars, creases, folds, and if possible, in an area that will make it easy for you to care for it. Even if your surgeon does not think you will need a stoma, he or she may have your WOC nurse mark a site anyway. This is done in case his or her surgical plan changes based on findings at the time of your surgery.

10 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 26 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.
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.

Notes

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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>Alka Seltzer®</th>
<th>Cama® Arthritis Pain Reliever</th>
<th>Genprin®</th>
<th>Roxiprin®</th>
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</thead>
<tbody>
<tr>
<td>Anacin®</td>
<td>Pain Reliever</td>
<td>Gensan®</td>
<td>Salet®</td>
</tr>
<tr>
<td>Arthritis Pain Formula</td>
<td>COPE®</td>
<td>Heartline®</td>
<td>Saloc®</td>
</tr>
<tr>
<td>Arthritis Foundation</td>
<td>Dasin®</td>
<td>Headrin®</td>
<td>Sodol®</td>
</tr>
<tr>
<td>Pain Reliever®</td>
<td>Easprin®</td>
<td>Isolly®</td>
<td>Soma® Compound Tablets</td>
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<tr>
<td>ASA Enseals®</td>
<td>Ecotrin (most formulations)</td>
<td>Lanorinal®</td>
<td>Soma Compound with Codeine Tablets</td>
</tr>
<tr>
<td>ASA Suppositories®</td>
<td>Aspirin®</td>
<td>Lortab® ASA Tablets</td>
<td>St. Joseph® Adult Chewable Aspirin</td>
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<tr>
<td>Ascriptin® and Ascriptin A/D</td>
<td>Empirin®</td>
<td>Magnaprin®</td>
<td>Supac®</td>
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<tr>
<td>Aspergum®</td>
<td>Epromate®</td>
<td>Marnal®</td>
<td>Synalgos® DC Capsules</td>
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<tr>
<td>Asprimox®</td>
<td>Equagesic Tablets</td>
<td>Micrain®</td>
<td>Tenol-Plus®</td>
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<td>Axotal®</td>
<td>Equazine®</td>
<td>Momentum</td>
<td>Trigesc®</td>
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<tr>
<td>Azdone®</td>
<td>Excedrin® Extra-Strength Analgesic Tablets and Caplets</td>
<td>Norgesic Forte®</td>
<td>Talwin® Compound</td>
</tr>
<tr>
<td>Bayer® (most formulations)</td>
<td>Excedrin Migraine</td>
<td>Norwich® Aspirin</td>
<td>Vanquish® Analgesic Caplets</td>
</tr>
<tr>
<td>BC Powder and Cold Formulations</td>
<td>Fiorgen®</td>
<td>PAC® Analgesic Tablets</td>
<td>Wesprin® Buffered</td>
</tr>
<tr>
<td>Bufferin®</td>
<td>Fiorinal®</td>
<td>Orphengesic®</td>
<td>Zee-Seltzer®</td>
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<tr>
<td>(most formulations)</td>
<td>(most formulations)</td>
<td>Painaid®</td>
<td>ZORprin®</td>
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<td>Buffets II®</td>
<td>Fiortal®</td>
<td>Panasal®</td>
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<td>Buffex®</td>
<td>Gelpirin®</td>
<td>Percodan® Tablets</td>
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<td>Persistin®</td>
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<td>Robaxis® Tablets</td>
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The following common medications are NSAIDs that do not contain aspirin:

| Advil® | Children’s Motrin® | Indomethacin | Mobic® | Piroxicam |
| Advil Migraine | Clinoril® | Indocin® | Motrin | Ponstel® |
| Aleve® | Daypro® | Ketoprofen | Nabumetone | Relafen® |
| Anaprox DS® | Diclofenac | Ketorolac | Nalfon® | Salet® 200 |
| Ansaïd® | Etodolac® | Lodine® | Naproxen | Sulindac |
| Arthrotec® | Feldene® | Meclofenamate | Napsyn® | Toradol® |
| Bayer Select | Fenoprofen | Mefenamic Acid | Nuprin® | Voltaren® |
| Pain Relief | Flurbiprofen | Meloxicam | Orudis® |          |
| Formula Caplets | Genprin® | Menadione | Oxaprozin |          |
| Celebrex | Ibuprofen | Midol® | PediaCare Fever® |          |

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

| Amino-Opt-E | Aquavit | E-400 IU | E complex-600 |
| Aquasol E | D’alpha E | E-1000 IU Softgels | Vita-Plus E |

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:

| Acephen® | Datril® | Di-Gesic® | Norco® | Tylenol with Codeine No. 3 |
| Aceta® with Codeine | | | Panadol® | Vanquish |
| Acetaminophen with Codeine | Excedrin P.M. | Fiercet® | Percocet® | Vico® |
| Aspirin-Free Anacin | Flurbiprofen | Lorcan® | Repan | Vicodin® |
| Arthritis Pain Formula | Lortab | Nalnep® | Roxicet® | Wygesic® |
| Aspirin-Free Darvocet-N 100® | | | Tempra® | Zydome® |
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](http://mskcc.org/aboutherbs).


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

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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 one 8 ounce glass of clear liquid every hour while you’re awake.

<table>
<thead>
<tr>
<th>Drink</th>
<th>Do Not Drink</th>
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<tr>
<td>Soups</td>
<td>• Clear broth, bouillon, or consommé</td>
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</table>
| Sweets         | • Gelatin, such as Jello®  
• Flavored ices  
• Sweetners, such as sugar or honey |
| 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 |
|                | • Any products with particles of dried food or seasoning                      |
|                | • All others                                                                  |
|                | • Juices with pulp  
• Nectars  
• Milk  
• Alcoholic beverages |

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.

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<tr>
<th>Medication</th>
<th>Dose</th>
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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 (sweat pants are a good choice).

☐ 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 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.

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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.

- **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 a urinary (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 26 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 28 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 more quickly. 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. Be sure to read the written ostomy information from your nurse.
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 Cancer Center (MSK) website at:

[www.mskcc.org/videos/how-use-your-incentive-spirometer](http://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.

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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.

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 a while, 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.

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. Your WOC nurse can give you more information. 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.
3. Discuss travel options with your WOC nurse. You may want to use a leg bag.
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.
What are the most common skin problems related to urostomies?

The most common skin problems happen when:

- You get urine under the wafer.
- You have allergies to your ostomy products.

A common skin problem causes a build-up of tissue. It looks like gray or purple warts and may have white spots. It can cause pain around your stoma. It comes from constant exposure of the skin to urine. To resolve this problem, you may need to:

- Cut or mold your wafer, or get a different pre-cut wafer.
- Change the type of wafer you are using.
- Apply a barrier to your wafer such as the Colly-Seel™ disc or Coloplast barrier ring.

You may also need to treat the skin each time you change your appliance. Mix ¼ cup of white vinegar with 1 cup of water. Soak a gauze with this solution and place it over the skin for 5 minutes. Rinse it with water. Then dry it well and apply a new wafer.

If you have an allergy, you will need to try a different brand of wafer and pouch. If you develop a rash tell your doctor or WOC nurse. They can give you something to treat it. Talk to your WOC nurse if you have any problems with the skin around your stoma.

What are the signs and symptoms of a urinary tract infection? How do I avoid a urinary tract infection?

The signs and symptoms of a urinary tract infection are:

- Foul smelling urine
- Cloudy urine
- Back pain
- Nausea and vomiting
- Loss of appetite
- Fever

To prevent an infection, drink 6 to 8 glasses of water or other liquids daily. Avoid large amounts of alcohol and caffeine. Use a pouch with an antireflux valve and a night drainage system. This prevents urine from sitting on your stoma and causing an infection. Empty your pouch when it is ⅓ to ½ full. You may want to ask your doctor if you can take vitamin C (about 500 mg–1,000 mg daily) and a sugar-free cranberry pill daily. These will increase the acidity of your urine and may help:

- Prevent urinary tract infections
- Decrease odor
- Prevent damage to your skin
**What color should my stoma be?**
Your stoma should be a deep pink or red color all the time. If your stoma looks grey, brown, or black, contact your doctor right away.

**Is it normal for my stoma to bleed when I touch it or change my appliance?**
The stoma contains many blood vessels and may bleed easily. It is common to have a small amount of blood on the tissue when cleaning the stoma. The bleeding should stop on its own within a few minutes. If you are on a blood thinner or aspirin, you may bleed more easily and for a longer time. Call your doctor if you bleed a lot or if it does not stop after 5 to 10 minutes. If there is blood in your urine or coming from the inside of your stoma, call your doctor right away.

**The area around my stoma seems to bulge. Is this normal?**
You may have a hernia. Often, the abdominal wall muscle is weak. A loop of bowel then causes a bulge to form in the area of your stoma. If you see a bulge around your stoma, contact your doctor or ostomy nurse.

Hernias often do not have any symptoms. They are not treated unless they cause a problem. If the bowel becomes blocked or twisted, it would need to be treated. Call your doctor right away if you have:

- Nausea
- Vomiting
- Pain in the abdomen
- Swelling in the abdomen

Your ostomy nurse can measure you for a hernia support belt. These belts are custom made and do not cure the hernia but may keep them from getting worse. You can also use a girdle or biking shorts to support the hernia. If you use these, you will need to cut out a hole for the ostomy pouch. The belt or shorts can make you feel more comfortable. They can also pull the area in to help your clothes fit better.

**What do I do if I develop leakage of urine under my wafer?**
If this is becoming a problem, see your WOC nurse. You may need a different system that fits better to avoid leakage.

**How do I clean my night drainage system?**
Wash it daily with warm water or a 1 to 4 white vinegar and water solution. After you wash it, let it dry. You can also buy cleansers such as M9™ Crystallizer cleansing system. The night drainage bag should be replaced every 2 to 4 weeks.
How do I find out about the latest products on the market?

Your WOC nurse will know about the latest products on the market. You may also call companies and ask for samples of their latest products. Try doing a search on the web for ostomy products or join an online chat room. Another option is to join a local support group for people with ostomies. Often, other people dealing with the same issues know of products that might meet your needs.

Can I wear a clothing belt over my stoma and how do I position the pouch?

Try to wear a belt above or below your stoma. If the belt is directly over the stoma, it may cause:

- Irritation
- Bleeding
- An overgrowth of tissue

You can also wear a stoma guard. This helps to prevent the belt from pressing on the stoma.

The pouch may point directly downward or to the side. It can also be folded if you prefer. You might also try special underwear or concealment bands such as those from www.ostomysecrets.com or www.steathbelt.com.

Is there anything I should do to prepare for tests such as a scan with contrast?

If you are having a scan with contrast, you will need to increase your intake of liquids. This is to rid yourself of the contrast. This will increase your urine output. Bring an extra appliance with you, including an extra leg bag or night bag. You may need it if you have a leak because of increased urine output. If you live an hour or more away from the hospital, empty your bag before leaving. You may also need to empty it on the trip home or use a leg bag.

If you are going to the doctor for any other tests or chemotherapy, you should bring extra supplies with you. Ostomy supplies are not stocked in all areas and you may need an extra set. Chemotherapy may cause your body to make more urine, and it may also cause a change in skin sensitivity or the way the wafer sticks to your skin. You may need to change your wafer more often during chemotherapy to protect your skin and prevent leakage. If you prefer a 1 piece system, you may need to switch to a 2-piece system for a while. You may need to switch if you are having a procedure where the doctor or nurse has to access the stoma. If you have any problems, contact your WOC nurse.

Do I need to wear gloves when I change the pouch?

That is a personal preference. Just as you didn’t wear gloves to wipe yourself before your ostomy, you do not need to wear them now. Some people prefer to because some urine could come in contact with your fingers.
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 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 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

United Ostomy Associations of America
www.uoaa.org.

Wound Ostomy Continence Organization
www.wocn.org

Go to this website to find a WOC nurse in your area. The website also has information on:
- Resources
- All major suppliers of ostomy products
- Support groups

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.