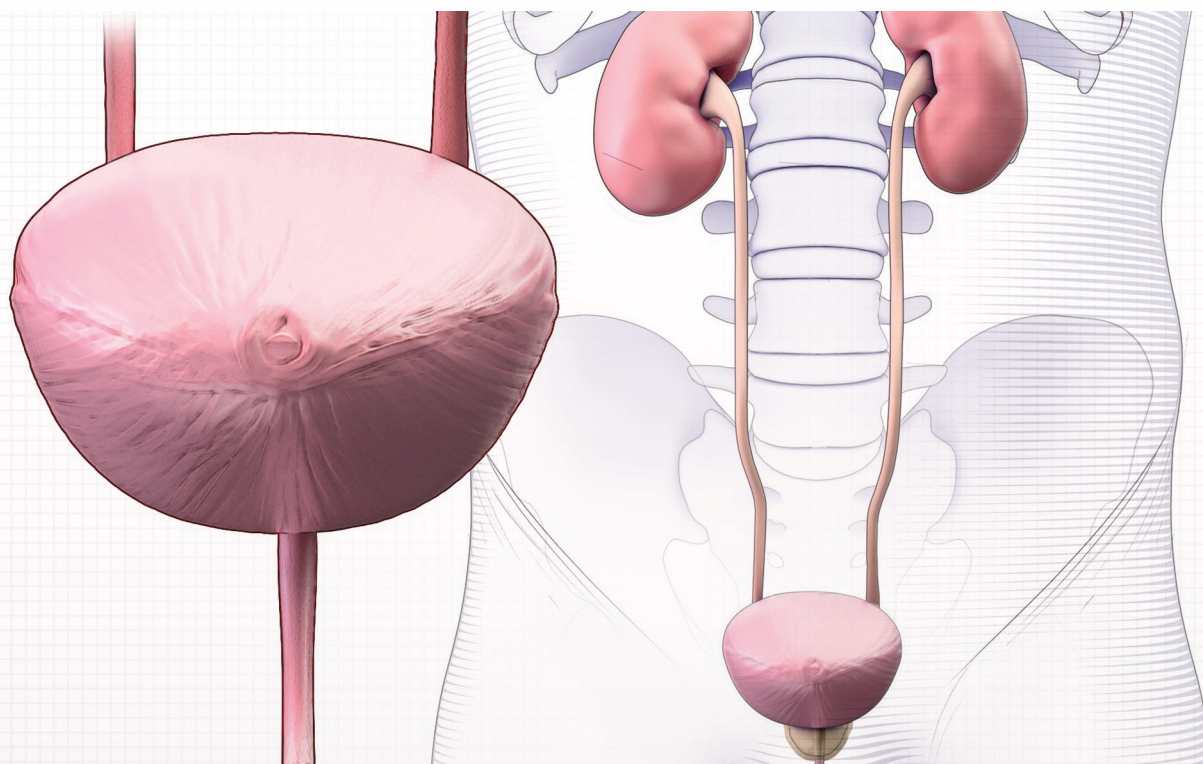


BRING THIS BOOKLET TO ALL HOSPITAL AND CLINIC VISITS



# *Your Guide to* **Bladder Cancer Surgery**

The purpose of this booklet is to **help you prepare for your surgery**. By becoming informed and involved, patients and family members can contribute to the success of the procedure.

Our goal is to help you:

- Heal more quickly
- Control your pain
- Get you back to your normal life sooner

Please review this booklet with your surgeon and bring it with you to both the Anesthesiology Preoperative Clinic appointment and on the day of your procedure. If you have any questions, please ask any member of your care team.

# Table of Contents

Chapter 1      **Before Surgery**

Chapter 2      **Day of Surgery**

Chapter 3      **Your Hospital Stay**

Chapter 4      **At Home**

Appendix

# Before Surgery

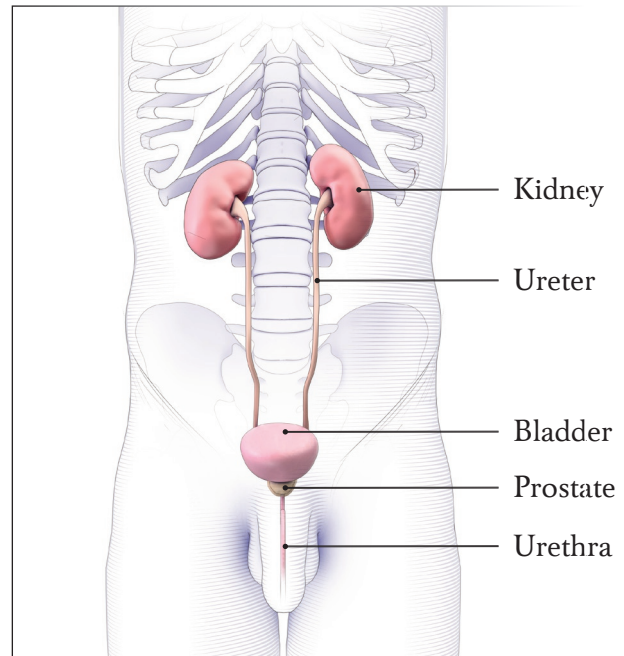
## Your Anatomy

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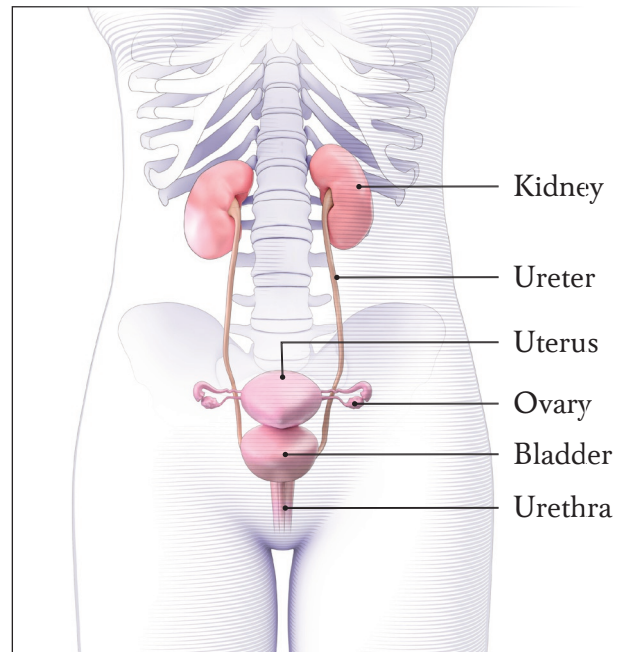
Your doctor will talk to you about having this procedure because you have a medical condition that requires your bladder to be removed.

*Use the images below when discussing your procedure with your doctor.*

Front View of  
Male Urinary System



Front View of  
Female Urinary System



# Your Surgery

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Your doctor will perform surgery that removes your bladder and diverts the flow of urine. There are two types of common surgeries performed.

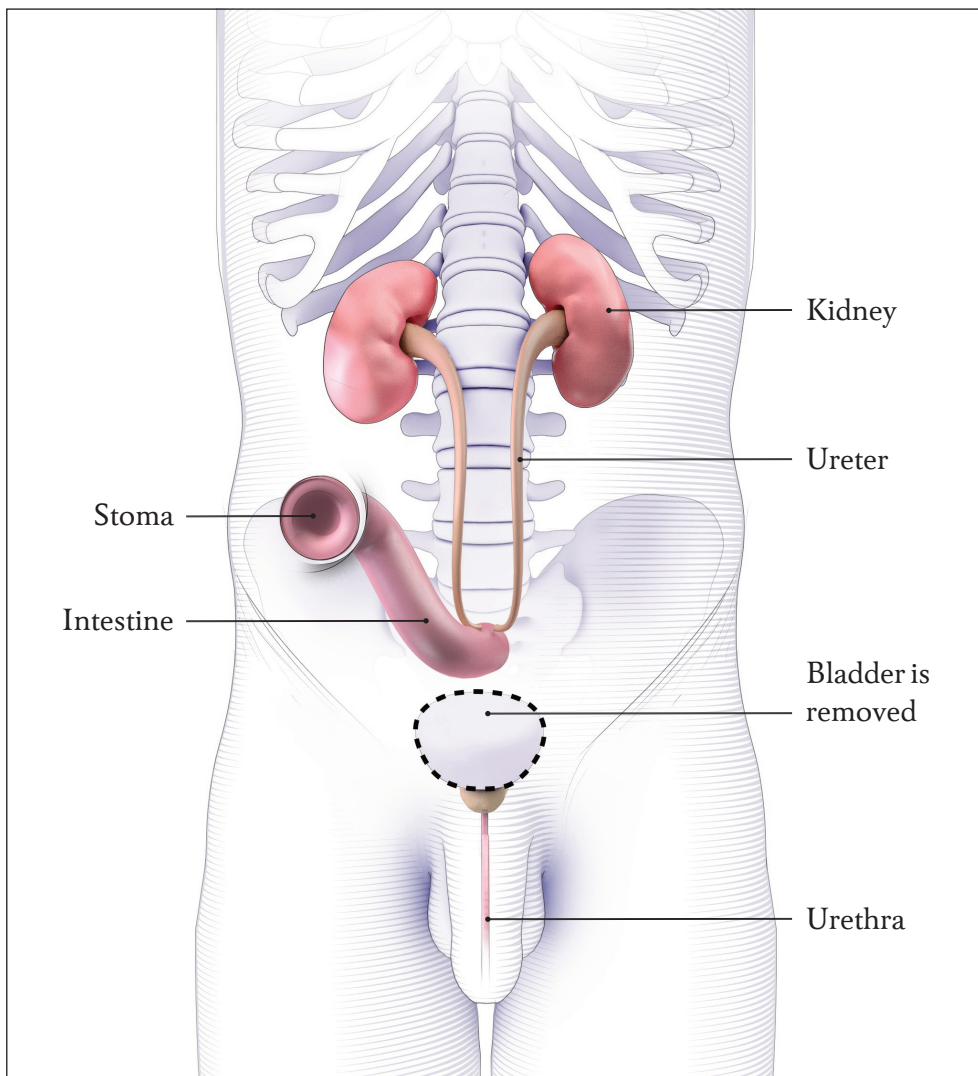
*Use the images below when discussing your procedure with your doctor.*

## Incontinent Diversion

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### Ileal Conduit

Your bladder is removed and a piece of your intestine is used to re-direct urine through a stoma. The urine is collected in an external bag.



# Your Surgery

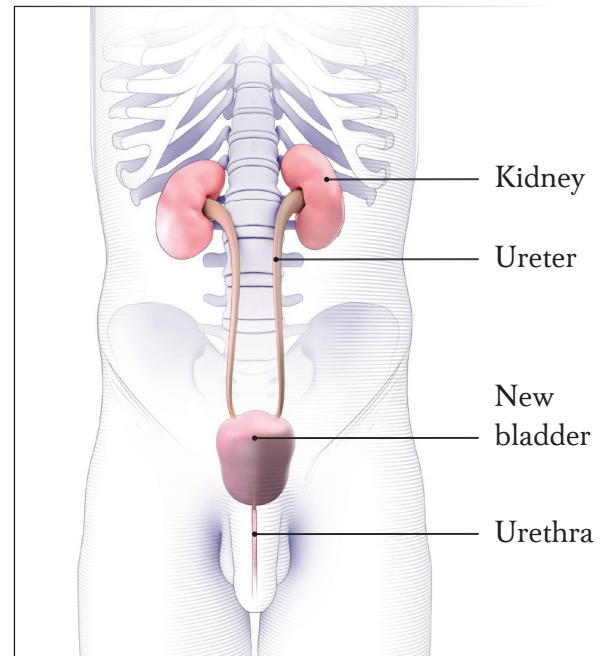
Your doctor will perform surgery that removes your bladder and diverts the flow of urine. There are two types of common surgeries performed.

*Use the images below when discussing your procedure with your doctor.*

## Continent Diversion

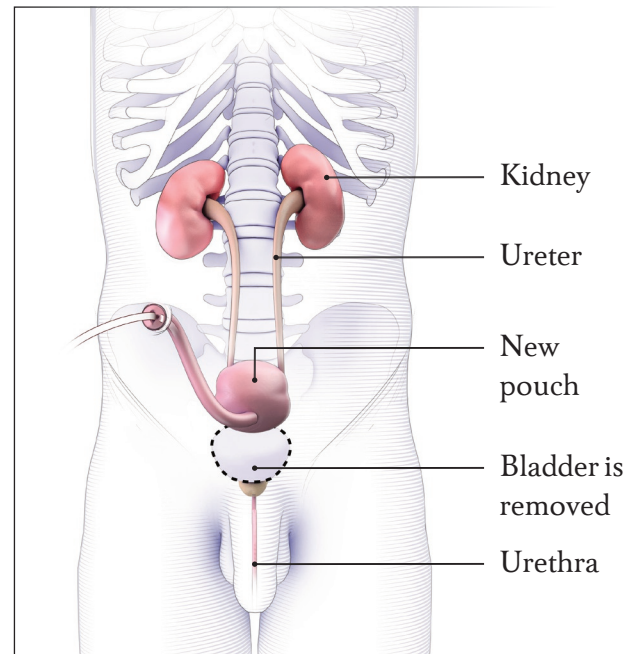
### Neobladder

Your bladder is removed and a piece of your intestine is used to make a pouch that holds urine so you can empty through your urethra. Your urethra is connected to the new bladder.



### Indiana Pouch

Your bladder is removed and a piece of your intestine is used to make a pouch that holds urine. This pouch is connected to the skin by a small channel that can be catheterized to empty your urine. Catheterization is required to empty the pouch for the rest of your life.





# What You can do to Improve Your Outcome Before Surgery



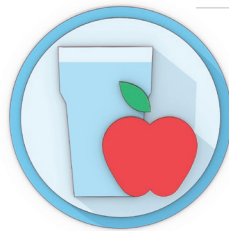
**Exercise will give you the energy needed to recover faster.** Try to exercise for 30 minutes a day. Having an operation makes the body work as hard as when you exercise. Doing physical activity beforehand will help train you for surgery. If you exercise regularly, keep up the good work! We suggest increasing the intensity and length of your exercise routine as your surgery approaches.



**Stop Smoking.** If you are a smoker, stop smoking before your surgery. Also, avoid smoking throughout your recovery (6-8 weeks). Studies have shown that people who smoke are 3 times more likely to develop an infection. Please let us know if you would like more information about help quitting smoking.

Here are a few references for you to access:

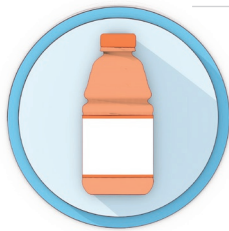
- [www.smokefree.gov](http://www.smokefree.gov)
- National Cancer Institute’s quitline: 1-877-44U-QUIT
- Local quitline: 1-800-QUIT-NOW



**Nutrition.** You are encouraged to stay well hydrated (drink plenty of water) in the days leading up to your surgery. It is important to eat healthy and, if you are diabetic, keep your blood sugar under control. Please start "Low Residue Diet" outlined on the next page starting 2 weeks before surgery.



**Anesthesia.** Before you are able to have your procedure, you will be given an appointment with the Anesthesia Pre-operative Clinic (APC). You will be given your specific pre-op instructions on pre-surgical bathing, bowel/dietary prep, and medication instructions.



**Supplemental Nutrition.** You can ensure adequate nutrition by adding high-calorie and protein-rich supplemental shakes such as Ensure, or similar products, to your diet.



Many people find that walking with a pedometer is a helpful way to keep track of how far you walked. Pedometers may be purchased from most sporting goods stores.

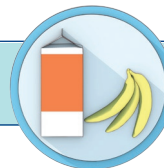
# Low Residue Diet - Start 2 Weeks Before Surgery

If you have an ostomy as a part of your surgical care, you will hear the doctors, nurses, and physician assistants talk about maintaining a “low residue diet”. Simply put, this type of diet is **low in fiber, and limits the amount of complex sugar (like lactulose, found in milk) and protein that is entering your intestines.** Avoiding these complex nutrients makes your food easier to digest, and puts less stress on your bowels while they are healing. Refer to the charts below for some helpful tips.



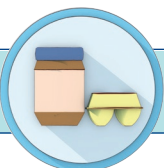
## Vegetables

- It is ok to eat well-cooked vegetables without seeds or skins, such as cooked green beans or carrots
- Strained vegetables juices are a good source of vitamins and minerals
- Other recommended vegetable preparations:
  - Shredded lettuce on a sandwich
  - Potatoes without skin



## Fruits

- Pulp-free fruit juices
- Ripe bananas
- Peeled & Cooked apple slices
- Soft melons
- Avoid heavy syrups in canned fruits, because these can make diarrhea worse



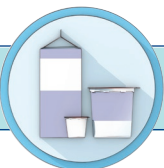
## Protein Foods

- Very tender meats and poultry, well-cooked and prepared without any added fat
- Fish
- Eggs (scrambled are easiest to digest)
- Smooth nut butters (limit to 1-2 tablespoons a day)
- Marinate meats first with an acidic ingredient (vinegar, lemon juice), and pour off the marinade before cooking
- **Supplemental protein shakes should be taken daily**



## Grains

- Choose foods with less than 2g fiber per serving
- White rice
- Crackers
- Pasta
- Cream of Wheat
- Rice Chex or Cornflakes



## Dairy

- If you feel bloated after drinking or eating dairy foods, try lactose-free products
- Aged cheeses (cheddar and swiss) are lower in lactose
- Use fat free or 1% milk
- Yogurt is a good source of calcium



## Added Fat

- Limit fats and oils to less than 8 teaspoons per day.
- Choose Olive or Canola Oils for cooking



# On the Day Before Surgery

One day prior to surgery date, your diet should consist ONLY of Clear Liquids.

| What are Clear Liquids?  |  |
|--|--|
| These Items Are Allowed  | These Items Are NOT Allowed  |
| <ul style="list-style-type: none"><li>• Water or sports drinks</li><li>• Clear broth: beef or chicken</li><li>• Juices without pulp</li><li>• Sodas, tea, coffee (<i>no cream</i>)</li><li>• Gelatin (<i>no red and no fruit</i>)</li><li>• Popsicles/Italian ices</li></ul> | <ul style="list-style-type: none"><li>• Milk or cream</li><li>• Milkshakes or tomato juice</li><li>• Creamy or chunky soups</li><li>• Cream of Wheat</li><li>• Oatmeal</li><li>• Grits</li></ul> |

Drink a **32 oz** bottle of Sports Drink throughout the day prior to surgery to stay hydrated in addition to the above.

## Bowel Prep

Depending on the details of your procedure you **MAY BE** asked to perform **BOWEL PREP** on the day before surgery to reduce the risk of infection. **ONLY IF** you are specifically told to do a bowel prep, please follow the exact instructions below:



- ☐ NO, you do not need to complete a bowel prep.
- ☐ YES, you need to complete a bowel prep. See below for instructions.

1. Buy and prepare Suprep® Bowel Prep Kit.
2. On the **day before your surgery**:
  - Drink one bottle in the morning.
  - After 12 hours, drink the second bottle.

# Day of Surgery

## Morning of Your Surgery

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### Pre-Surgical Bathing

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Shower with an antibacterial soap the morning of your surgery.



### Diet

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You can continue clear liquids until 3 hours before your scheduled procedure.



### Medications

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During your visit to the anesthesia preoperative clinic, your medicines have been reviewed by one of our anesthesiologists. You will be given a list of medicines that are ok to take. The anesthesiologist asks that you follow this for taking your medicines on the morning of surgery.



# Your Schedule

## Day of Surgery

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



Arrival Time at the Hospital: \_\_\_\_\_

Scheduled Procedure Time: \_\_\_\_\_

## Be Sure to Bring the Following:

- ☐ This booklet
- ☐ Loose-fitting, comfortable clothes
- ☐ 1-3 packs of chewing gum
- ☐ Glasses, contacts, or hearing aids if you use them
- ☐ Socks, slippers, and your own pillow for extra comfort

If you use the following, be sure to bring it as well:

- ☐ CPAP
- ☐ Wheelchair, crutches, or walker

# Immediately Before Your Surgery

## Pre-Operative Holding Area (POHA)

After check-in, you will be brought to the pre-op suite where you will be examined by a nurse and members of the anesthesia and surgery team. Your care providers will be asking you similar questions. This is for your own safety and to make sure you are getting the right care.



Your family members and/or friends will be asked to sit in the waiting area during your procedure. You will be reunited with them when you wake up and are in your room.



## Pre-Op Pain Control

At Emory, our goal is to control your pain. Our approach is to avoid narcotic (or *opiate*) pain medication. Narcotics can cause you to feel tired, sick, and not interested in moving. As a part of your recovery, we will give you a balanced way to control your pain and help you recover faster. You may get a regional anesthetic block using special anesthetic (numbing) medicines that will help with your pain control.

## Preventing Blood Clots

You may also receive a heparin shot, or another blood thinner, to help prevent blood clots while you are in the hospital. We will also apply compression socks to your legs to help the blood circulate well while you are in the hospital.

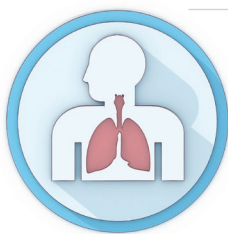


## Maintaining Body Temperature

A purple vest called “Bair Paws” will be applied in the pre-op holding area. This vest is meant to keep you warm prior to surgery, and help maintain your temperature during your procedure.

# Your Hospital Stay

## What You can do to Improve Your Recovery



**Lung Health.** You will receive a device called an incentive spirometer. It will help you strengthen your lungs after surgery. The goal is to practice taking slow deep breaths and holding your deep breaths in for a few seconds before exhaling slowly.



**Diabetes and Blood Sugar (glucose control).** We will monitor your blood sugar even though you may not have a history of diabetes or high blood sugars. This is to make sure your blood sugar is not elevated at the time of surgery. High blood sugars affect your body's ability to fight infection and slows healing. Please let us know if you would like to see a diabetes educator.



**Pain.** It is important to talk to your surgeon about ways to control pain after surgery. We will try to avoid narcotic pain medication (*opiates*) because they can slow down your bowel recovery and make you drowsy. Instead, you will be given other non-narcotic medications.

## Staying Hydrated

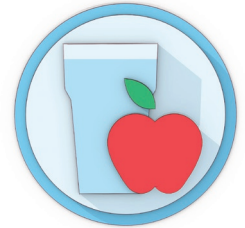
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Your bowel activity will not be normal right after surgery. It usually takes 4-6 weeks to return to normal. Because of this it is important to stay properly hydrated.

## Diet

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Following surgery, it is important to add food back slowly, beginning the night after surgery. We will start with a clear liquid diet in the first few hours after surgery, then advance you to a low-fiber diet as you become more able to tolerate food. Eat small meals throughout the day. Chewing gum each day after surgery will also help wake up and stimulate your bowels to begin functioning normally after surgery.



## Hand Hygiene

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It is important to keep your hands clean in the days after surgery. Be sure to wash thoroughly with soap every time after you eat or go to the bathroom. Your family and friends should also wash their hands while visiting you.

## Activities

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You will recover better if you begin getting out of bed, and eating or drinking within the first day following surgery. On the following pages, we have included a daily checklist of activities and goals for you to complete while you are recovering in the hospital.

Getting up and walking after surgery is very important in decreasing blood clots that can be life threatening, preventing pneumonia, and helping your bowels wake up sooner!





# Leaving the Hospital

## When Can I Leave the Hospital?

The typical length of stay in the hospital is about 1 week.

I can leave the hospital when I can do all of following:

- I am able to eat small meals without nausea or vomiting
- I am able to walk up and down the hallway 2-3 times a day
- I have a plan that works for controlling my pain, using only oral pain medications
- I am having bowel activity (gas or bowel movements)
- My doctor feels I am ready

## At Home

You should continue to keep up your logbook and your recovery activities.



## Bowel Recovery

Your bowels may be irregular following surgery.

- Narcotic pain medication can cause constipation.
- If you are prescribed narcotic pain medication, take a stool softener daily.
- Dehydration and a low fiber diet may cause constipation.
- Be sure to drink 6-8 glasses of water daily (at least 1/2 a gallon).
- A fiber supplement may help you prevent frequent bowel movements.
- Call the office if you are having greater than 10 bowel movements in 24 hours.



# Post-Operative Recovery

## General Instructions

### Lifting

- Avoid lifting greater than 10 lbs (about 1 gallon of milk) for 6 weeks.

### Bathing

- Pat yourself dry after showers; avoid scrubbing your skin.
- Shower daily (NO tub baths/soaking/swimming in pools) for 6 weeks.

### Medications

- Use Tylenol or ibuprofen for pain unless you are told otherwise.
- If prescribed, use narcotics only for extreme pain.

## Typical Recovery Timeline

### Week 1

No Driving

Walk 4 times per day (20 minutes each time)

Get out of bed for at least 6 hours a day

Takes naps and rest as necessary

Drink at least 6 glasses of water a day

Eat 4-6 small meals a day

Perform wound care daily

### Week 2-3

Staples are removed

Walk 4 times per day

You may be ready to drive if you are no longer taking narcotic pain medications

Drink at least 6 glasses of water a day

Eat 4-6 small meals a day

Perform wound care daily

### 1 Month After Surgery

Bring logbook to post-operative appointment

You should no longer need pain medication

Return to work with approval

Appetite should be improving, and you should be regaining any lost weight

You may continue to increase activity as tolerated

### 3 Months After Surgery

You will likely have returned to work and resumed regular activities

You will continue to get stronger and your appetite will improve

Ostomy patients may need to re-evaluate pouching due to changes in body shape and activity levels

# Keep Us Informed

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## Call Your Doctor or Surgeon if You:

- Have pain that is not decreasing with medication
- Are experiencing unpleasant side effects of your pain medication
- Start to develop a fever above 101°F for more than 24 hours
- Cannot drink fluids or keep them down
- Notice redness, warmth, or drainage coming from your surgical site
- Become dehydrated: have decreased or dark urine, headaches, or severe changes in energy levels
- Have nausea or vomiting
- Have shortness of breath or chest pain
- Have swelling or pain in one leg
- Cannot pass gas or have bowel movements or urinate

## It is **Normal** to Experience the Following During Recovery:

- Experience a change in the way food tastes with a decreased appetite that can last for a couple of months
- In women occasional vaginal spotting for up to 1-2 months
- In men penile and scrotal swelling as well as spotting is normal
- Changes in your usual bowel movements with greater or lesser frequency and softer or harder consistency than usual
- Itching of the incision sites with tenderness
- Mucus or debris in the urine
- Mucus or debris in the urine

After 5pm: Call 404-686-1000 to reach the operator & ask for the on-call physician.

# Ostomy Education

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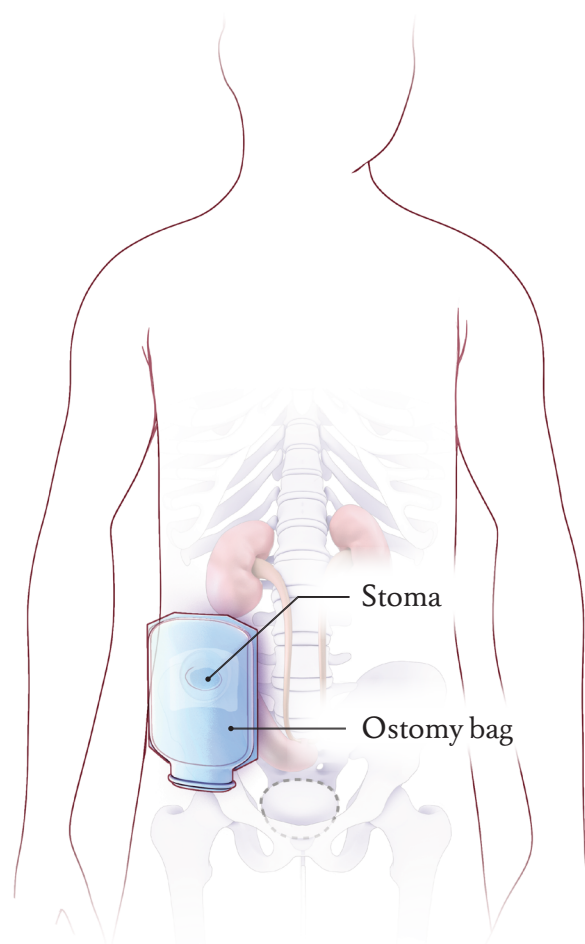
## What is an ostomy?

An ostomy is an alternate path for waste to leave your body. This is done by creating a *stoma*, or opening, that will be in your abdomen. It will be created during your surgery.

With an ostomy, the rest of your intestine will continue to function normally, and waste will exit regularly into the ostomy bag. This bag is odor-proof, and can easily be removed by you.

Your surgeon will discuss with you whether you will need to have an ostomy as a part of your operation. If you do need an ostomy, there are certain steps you will have to take as a part of your recovery plan, but we will help you learn all that you need to know, and connect you with excellent nursing and medical support to help you succeed. Refer to the following pages for helpful tips on living with an ostomy.

Living with an ostomy is like living with any other medical condition where you might have to take pills, or measure your blood sugar daily. We want for you to continue to live your life well, and will help you learn how to manage this new change easily.



## Contact Information

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Please call the Emory page operator at 404-712-2000 and ask for the Outpatient Wound and Ostomy Care Team

\*for emergencies after-hours, ask for surgical resident on-call

# Ostomy Resources

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## Organizations

|  |  |                |
|--|--|----------------|
| • United Ostomy Association of America             | <a href="http://www.uoaa.org">www.uoaa.org</a>           | 1-800-826-0826 |
| • American Cancer Society                          | <a href="http://www.cancer.org">www.cancer.org</a>       | 1-800-227-2345 |
| • Crohn's & Colitis Foundation of America          | <a href="http://www.ccfa.org">www.ccfa.org</a>           | 1-800-932-2423 |
| • C3Life - resource for living with ostomies       | <a href="http://www.C3life.com">www.C3life.com</a>       |                |
| • Ostogroup - provides discounted or free supplies | <a href="http://www.ostogroup.org">www.ostogroup.org</a> | 1-877-678-6690 |

## Companies – Customer Support and FREE Sample request

|                          |  |                |
|--------------------------|--|----------------|
| • Hollister Incorporated | <a href="http://www.hollister.com">www.hollister.com</a>     | 1-800-323-4060 |
| • Convatec               | <a href="http://www.convatec.com">www.convatec.com</a>       | 1-800-422-8811 |
| • Coloplast              | <a href="http://www.coloplast.com">www.coloplast.com</a>     | 1-800-533-0464 |
| • NuHope                 | <a href="http://www.Nu-Hope.com">www.Nu-Hope.com</a>         | 1-800-899-5017 |
| • Marlen                 | <a href="http://www.marlenmfg.com">www.marlenmfg.com</a>     | 1-216-292-7060 |
| • CyMed Ostomy Company   | <a href="http://www.cymedostomy.com">www.cymedostomy.com</a> | 1-800-582-0707 |

## Clothing and Essentials

|  |  |                |
|--|--|----------------|
| • OstomySecrets                          | <a href="http://www.ostomysecrets.com">www.ostomysecrets.com</a>                   | 1-877-613-6246 |
| • Intimate Moments                       | <a href="http://www.intimatemomentsapparel.com">www.intimatemomentsapparel.com</a> | 1-201-825-9486 |
| • White Rose Collection                  | <a href="http://www.whiterosecollection.com">www.whiterosecollection.com</a>       | UK company     |
| • My Heart Ties Ostomy pouch covers      | <a href="http://www.myheartties.com">www.myheartties.com</a>                       | 1-888-338-8437 |
| • StealthBelts                           | <a href="http://www.stealthbelt.com">www.stealthbelt.com</a>                       | 1-800-237-4491 |
| • Trendy Top (also find at CVS, Walmart) | <a href="http://www.trendytop.org">www.trendytop.org</a>                           |                |
| • NuHope Ostomy Support Belts            | <a href="http://www.Nu-hope.com/beltlit.pdf">www.Nu-hope.com/beltlit.pdf</a>       |                |

## Deodorizers

|   |  |                |
|---|--|----------------|
| • M9 Drops by Hollister   |  |                |
| • Ostofresh   |  |                |
| • Na'Scent Odor Eliminator  | <a href="http://www.Nascent4u.com">www.Nascent4u.com</a> | 1-888-880-1959 |
| • NeutralEz Extended Wear Odor Eliminator Tabs  | <a href="http://www.neutralez.com">www.neutralez.com</a> | 1-877-396-3887 |
| • Devrom Chewable tablets ( 100 tablets per bottle) – eliminates odor from flatulence and stool |  |                |

## Clothing Tips for Women

- Boy Shorts underwear- they are sexy, comfortable and the pouch lays flat and the stool is distributed throughout the pouch instead of collecting at the bottom of the pouch.
- Camisoles or Trendy Top are perfect to wear with low cut jeans or fitted outfits. The pouch will stay in place. (No more pooching out at the waist line).

## Clothing Tips for Men

- If you have a stoma above the waist line, supportive wraps by OstomySecrets or Trendy Top will help distribute and smooth the contents of your pouch and conceal pouch. They are also great to wear for romantic moments.

## Your Home Intake/Output Record Logbook

[illegible]

1 ounce = 30mL      4 ounces = 1/2 cup      8 ounces = 240mL



Contact your doctor if ostomy output is less than **500mL** OR greater than **1200mL** in one day.

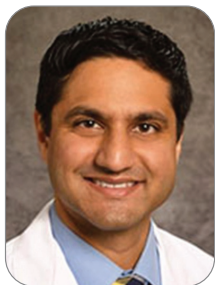


# Appendix

## Contact Information

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### Emory Urology Group



**Dr. Shreyas Joshi**

Care Team:

*Phone:* 404-778-3358

*Fax:* 404-778-4006



**Dr. Lindsey Hartsell**

Care Team:

*Phone:* 404-778-2867

404-778-6530

*Fax:* 404-778-4006



**Dr. Christopher Filson**

Care Team:

*Phone:* 404-712-5822

*Fax:* 404-778-4006



**Dr. Viraj Master**

Care Team:

*Phone:* 404-778-4898

*Fax:* 404-778-4006



**Dr. Ken Ogan**

Care Team:

*Phone:* 404-778-0379

*Fax:* 404-778-4006



**Dr. Vikram Narayan**

Care Team:

*Phone:* 404-778-4898

*Fax:* 404-778-4006



**Anesthesia Preoperative Clinic**

**EUH Clinic**

**404-712-5306**

# Hospital Map

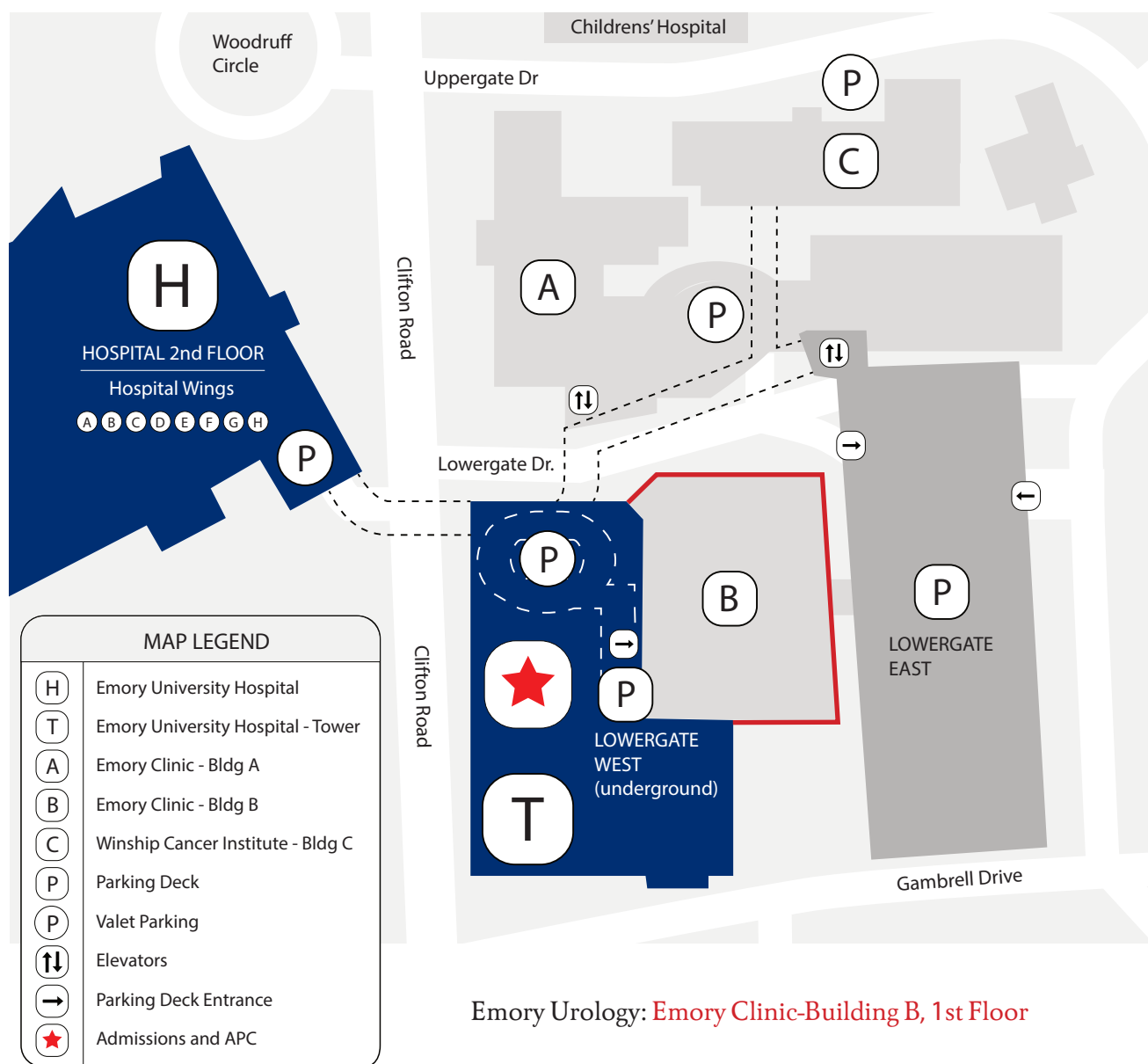
## Emory Urology at Emory University Hospital - Clifton Campus

Clinic B, 1st Floor  
1365 Clifton Road  
Atlanta, GA 30322

[emoryhealthcare.org/emory-clinic/urology](http://emoryhealthcare.org/emory-clinic/urology)

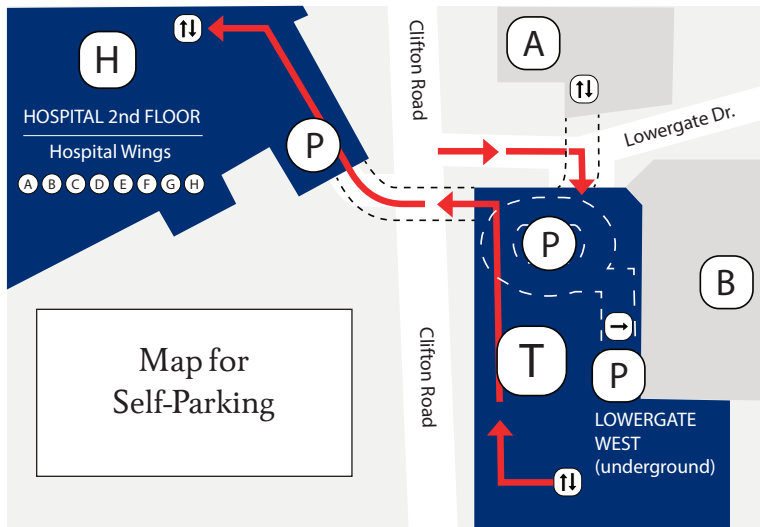
(P) 404-778-4898

Admissions and APC are located on the 1st Floor of the Emory University Hospital Tower.



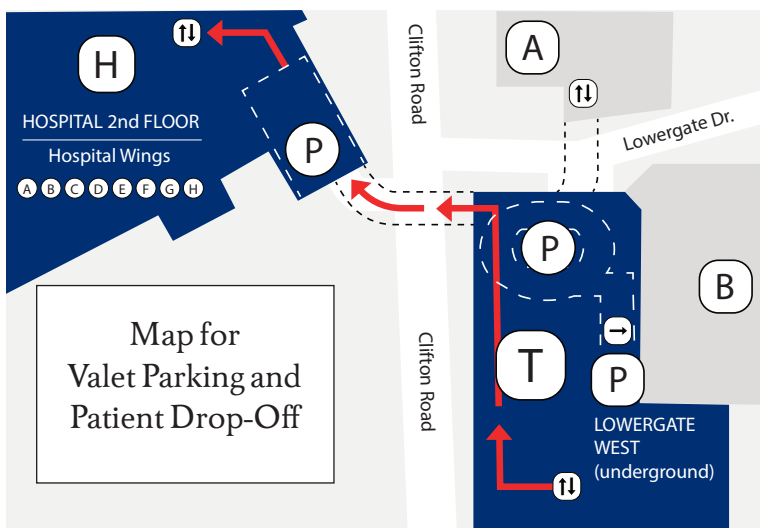
# Hospital Map

## On the Day of Surgery



Follow the **Red Lines** and **Arrows** on this Map.

From Clifton Road, turn on Lowergate Drive. Emory University Hospital and Lowergate WEST Parking Entrance will be on your right. Take the Elevator to the 2nd Floor. Exit the elevators and turn right, following the signs to Emory University Hospital. Cross the Pedestrian Bridge to your left. Follow the hallway past the Gift Shop, and go to the Main Lobby. Turn left at the Guest Services desk and proceed a short distance to Elevator. Take this elevator on the 3rd Floor Reception Area for surgery check-in.



Follow the **Red Lines** and **Arrows** on this Map.

If traveling north on Clifton Road, turn **LEFT** into Emory University Hospital, Valet Parking, and Patient Drop Drive. If traveling south on Clifton Road, turn **RIGHT**.

Enter the Lobby. Go left at the Guest Services Desk. Follow the corridor to Elevator A/B. Take this elevator to the 3rd Floor Reception Area for surgery check-in.

# EMORY

## HEALTHCARE

[www.emoryhealthcare.org](http://www.emoryhealthcare.org)  
404-778-7777