IMPORTANT!
Please read this booklet **BEFORE** your surgery to prepare you.

Please bring this booklet with you to the:
- Pre-Admission Clinic
- Hospital
- Family Doctor
Pre-op information at a glance

Your Surgeon is: ________________________________

Office number: ________________________________

Your surgery date is: __________________________

If you have any of the following before your surgery:
- Cold
- Fever
- Cough
- Flu
- Other infections (e.g. bladder infection)
- Become pregnant
- Any new sickness

Call your surgeon's office as soon as possible.

Your planned surgery is: __________________________

Check in time is: ________________________________

One business day before your surgery date, your surgeon’s office calls you to give you your check-in time. If you have not heard from the office by 2:00 p.m., call the office yourself.
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Important Notice - the information contained in this booklet is intended for educational purposes and describes anticipated events. Each person responds differently and your recovery may not be exactly as described. This booklet does not replace instructions or advice given by your healthcare provider. If you have any questions, please ask any member of your care team.
In this section, you will learn about:

- Enhanced Recovery After Surgery (ERAS) program
- Patient checklists
- Your bladder – a quick review
- Radical cystectomy surgery
- Urinary diversion education video
You are going to have radical cystectomy surgery. This booklet will help guide you through the sequence of events and provide you with information to answer common questions you may have.

We will be using a program called Enhanced Recovery After Surgery (ERAS) to help plan your surgery. The ERAS program contains standardized care guidelines with specific daily goals for early eating and early mobilization. ERAS goal is to improve your surgical experience and outcomes after your surgery.

We will be using QR codes throughout the booklet. If you have a smart phone, open the camera and hold over the QR code image. A link will pop up to take you to the website.

To find out more about ERAS and your role, click the link http://bit.ly/enhancedrecovery to watch a 5 minute video (if the link fails, copy and paste directly into your web browser) or scan the QR code.

For a 4 minute video about the patient’s experience with the ERAS journey, click the link http://bit.ly/eraspatient or scan the QR code.

Having surgery can be a stressful event. We hope this booklet will help you understand your surgery, decrease some of the stress, and give you information to help speed up your recovery.

Quick facts about the ERAS program

- An evidenced based care pathway that has instructions about eating and drinking, physical activity, and controlling your pain and nausea

Why use ERAS?
- Patients feel better faster
- Fewer complications
- Shorter hospital stay

When does ERAS happen?
- Before, during, and after surgery

Who takes part in ERAS?
- Patient
- Family members
- Everyone in your healthcare team

Where is it used?
- Around the world
Different parts of your ERAS journey

**Pre-Operative Optimization - Getting yourself into better shape for surgery**
1. Nutrition
2. Be active
3. Deep breathing exercise
4. Smoking and tobacco use
5. Alcohol
6. Relax
7. Improve anemia and iron stores
8. Blood sugar control

**ERAS - Before surgery**
1. Reading this booklet
2. Watching the urinary diversion education video (see link later in booklet)
3. Pre-admission counselling
4. Drinking juice or PREcovery® the morning of surgery
5. Planning about going home after surgery

**ERAS - During surgery**
1. Medication to reduce pain, nausea, and blood clots
2. Keeping your body warm with blankets

**ERAS – After surgery**
1. Gum chewing
2. Medication to reduce nausea
3. Early eating
4. Early activity
5. Reviewing your daily goals in this booklet

You are an important member of your care team. **You will benefit from taking an active part in preparing for your surgery and your recovery.** Your care team is here to help you and your family through your surgery.

Please feel free to ask any healthcare provider to wash their hands.
Quick Overview of the Patient Journey:
Home ➔ Surgeon’s Office ➔ Home ➔ Pre-Admission Clinic appointment ➔ Home ➔ Admitting/Surgical Day Care (SDC Red Zone for surgery at Richmond Hospital), Pre-Operative Care Centre, Operating Room, Post-Anesthesia Care Unit ➔ Surgical Ward ➔ Home ➔ Surgeon’s Office ➔ Home

Patient checklists

Please check off each item as you complete them.

What to bring/have ready for the Pre-Admission Clinic (PAC) appointment:

☐ This booklet
☐ All of your prescription medication, supplements and herbal products you are taking in their original containers
☐ A list of all your non prescription medication
☐ A summary of your medical history and your health problems
☐ Advanced directive or a living will if you have one

*Please ensure a family member, friend, or interpreter is at this appointment (in-person, over the phone or video).

Things to prepare for when you are discharged home:

☐ Arrange a ride home from the hospital for 10:00 a.m.
☐ Arrange accommodation for after you leave the hospital if you are from out of town (hotel, friend’s place, etc.)
☐ Arrange for a family or friend to help with house work for the first week after your discharge
☐ Shop for extra food that is easy to prepare
☐ Prepare and freeze meals ahead of time so all you have to do is microwave or reheat
☐ Do your laundry
☐ Clean the house
☐ Move frequently used items to places where they are easy to reach
☐ Pay your bills
☐ Register for Fair PharmaCare
What to bring to the hospital?

☐ This booklet
☐ 2 packages of sugar-free gum (chewing gum will help wake up your bowels after surgery)
☐ Your BC Service Card/Care Card and private insurance information
☐ Your Driver’s License or other government-issued identification
☐ If you do not speak English, bring someone to assist you. If you need an interpreter, please advise your surgeon before your hospital admission.
☐ All your medications in original containers (including non-prescription medications - DO NOT bring your opioid pain medications to the hospital)
☐ Rubber-soled shoes and comfortable loose clothing
☐ Toothbrush, toothpaste, soap, deodorant, shaving equipment, earplugs
☐ Clothes to wear on the day of going home
☐ Glasses, dentures, hearing aids and spare batteries (in the case with your name on it)
☐ Mobility aids you normally use (cane, walker)
☐ Noise cancelling headphones (if applicable)
☐ Continuous Positive Airway Pressure (CPAP) machine (if applicable)

Please limit belongings to one small bag.

Note: We have a ‘No Scent’ policy. Do not bring in any scented products or perfumes.

The hospital is not responsible for lost or stolen valuables. Please leave any valuables at home (including credit cards and jewelry).
Before you leave the hospital, do you/have you:

- Know what to do or who to call if you have a problem?
- Have a prescription for your medications (if needed)?
- Know how to care for your incision?
- Know where and when you are to get your staples removed?
- Asked your surgeon when you need to make a follow-up appointment?
- Know how to manage your pain?
- Know how to prevent constipation?
- Know how to self-inject your blood thinner? (if applicable)
- Know about your activity levels at home?
- Talked with an occupational therapist or a physiotherapist if you need equipment at home?
- Someone to stay with you for the first few days at home in case you need help
- Know how to manage your ostomy? (if applicable)
- Know how to order your ostomy supplies? (if applicable)
- Arrange your ostomy or catheter care follow-up

If you have staples or stitches, you need to have these taken out by your family doctor unless you are told otherwise.

If you have discharge prescriptions, try to get a family member or a friend to fill the prescription ahead of time. This can be done prior to discharge or on the day of discharge.

Things to pack before you leave the hospital:

- All your personal belongings including any medications you brought with you
- Your house keys
- Your phone and charger
- Your prescriptions
- Discharge summary sheet
- Instruction sheet for any new medications
- This booklet
- Staple remover (if needed)
Your bladder – a quick review

The bladder is a hollow muscular balloon-like organ that lies in the pelvis. As your bladder fills, it expands. Its job is to store urine. Urine is the water and waste products the body doesn’t need. When the muscular wall of the bladder squeezes, urine empties through a tube (the urethra) that leads from the bladder to the outside of the body.

On average, your bladder can hold 400 to 600 mLs of urine for up to about 5 hours.

What is a radical cystectomy?

The surgical procedure performed to remove your bladder. In men, the prostate, and seminal vesicles are removed. In woman, often the ovaries, fallopian tubes, uterus, and part of the vagina are removed. In both men and woman, removal of surrounding lymph nodes in the pelvis is an important part of the operation.

When faced with the need to have the bladder removed, there are three options for surgery:

1. Ileal Conduit (Urostomy)/Ileal Loop
2. Indiana Pouch
3. Studer Neobladder

Your Surgeon will discuss with you the option that is best for you.
Ileal Conduit (Urostomy)/Ileal Loop

Introduction to an Ileal Conduit

A urostomy is a surgically created opening for urine. It is located on the front of your abdomen. You will need to wear a pouching system to collect your urine as it exits your body. In adults this procedure is usually permanent. This operation to remove your bladder and create an ileal conduit is 3–5 hours long. You can expect to be in the hospital for 5 to 7 days.

Creating an Ileal Conduit

To make a permanent urostomy, a 10 cm piece of small intestine is taken from the digestive tract. The remaining small intestine is reconnected and will return to normal function. The piece of borrowed small intestine is closed at one end and the ureters are sewn into it. The other end is brought to the outside of your abdomen. The surgeon will cut a hole in your abdominal muscle and skin and bring the open piece of borrowed small intestine to the outside of the skin and suture it in place. The part of the small intestine which can be seen on your abdomen is called a stoma.

The stoma is usually located on the right side of the abdomen slightly below your belly button. An ostomy nurse will mark the chosen spot for the stoma before your operation. The stoma is soft, moist and red in color, similar to the tissue inside your mouth. At first the stoma may be 2.5-4 cm in size but may get smaller than 2.5 cm as it heals. There is no feeling in your stoma so it does not hurt. Urine passes out of the stoma without any sensation. You will have a pouch around the stoma to collect the urine. During this operation, 2 small tubes called stents are placed into the ureters and exit through the stoma to assist healing. These stents may be removed before you go home. There will also be a drain tube that exits through an abdominal wound that is connected to a vacuum to assist in draining the fluid. Depending on your condition after surgery, you may be discharged with more than one tube.
Introduction to the Indiana Pouch

An Indiana Pouch is a surgically created urinary pouch made from part of the digestive tract. The opening to this pouch, called a “stoma”, is located on the lower right area of your abdomen. Urine is held in the pouch, without any leakage, until a catheter is put through the stoma opening into the pouch to drain the urine. You may experience some urinary leakage at the beginning after surgery. This operation to remove your bladder and create an Indiana Pouch is about 5 hours long. You can expect to be in the hospital for 5 to 7 days.

Creating an Indiana Pouch

To make the Indiana Pouch, about 25-30 cm of large intestine, and 9-10 cm of small intestine are used. The ileocelecal valve is used as the continent mechanism to prevent urine leakage. The remaining small intestine is then reconnected to the remaining large intestine and the digestive tract will return to normal function. The ureters are sewn into the Indiana Pouch. The end piece of the borrowed small intestine is brought to the outside of your abdomen. The surgeon will cut a hole in your abdominal muscle and skin and bring the open piece of borrowed small intestine to the outside of the skin and suture it flush with your abdominal wall. The part of the small intestine which can be seen on your abdomen is called a stoma.

During the operation, several tubes are put in place to assist healing. A large drainage tube is put directly into the pouch and exits through the abdominal wall. Two small tubes called stents are placed into the ureters and exit either through the stoma or an abdominal wound. These stents may be removed before you go home. If you go home with stents you may have a pouch around your stents. Another catheter is placed inside the pouch that exits through the stoma. Most stoma catheters are left in for about 3 weeks. There will also be a drain tube that exits through an abdominal wound that is connected to a vacuum to assist in draining the fluid. Depending on your condition after surgery, you may be discharged with more than two tubes.
Studer Neobladder

Introduction to the Studer Neobladder

A Studer Neobladder is just one option for how your surgeon may create a neobladder. The Studer Neobladder is a surgically created pouch made from part of the small intestine. The neobladder is sewn at the bottom to your own urethra so urine can be passed. This operation is about 5 hours long. You can expect to be in the hospital for 5 to 7 days.

Creating a Studer Neobladder

The Studer Neobladder is made using 50-60 cm of small intestine. The remaining small intestine is sewn back together and will return to normal function. The ‘borrowed’ piece of small intestine is reshaped into a pouch. The ureters are sewn into the upper end of this pouch. A very small hole is cut into the lowest part of the pouch wall and the pouch is sewn to connect to the urethra.

During the operation, several tubes are put in place to assist healing. A large drainage tube (suprapubic catheter) may be put directly into the pouch and exits through an abdominal wall. Two small tubes called stents are placed into the ureters and exit through an abdominal wound. These stents may be removed before you go home. If you go home with stents you may have an ostomy pouch around your stents. Another catheter is placed inside the pouch that exits through your urethra. Most catheters are left in for about 3 weeks. There will also be a drain tube that exits through the abdominal wall that is connected to a vacuum to assist in draining the fluid. Depending on your condition after surgery, you may be discharged with more than one tube.
Urinary Diversion Education Video

For an 8 minute video about urinary diversion, click the link https://bit.ly/urostomy or scan the QR code. If the link does not work, please search "VCH Urostomy ERAS Pathway" on youtube.com

This video provides step by step guide on how to care for your urinary diversion. In the comment section below the YouTube video, you can find the steps separated for your convenience.

Please review this video prior to your Pre-Admission Clinic appointment (in-person, over the phone or video). The nurses from the Wound Ostomy Continence Team may review these steps in your Pre-Admission Clinic appointment.

If you did not speak with the nurse from the Wound Ostomy Continence Team during your Pre-Admission Clinic appointment, you may see one right before your surgery to mark your abdomen.
Before Your Surgery

In this section, you will learn about:

➤ Getting yourself ready
➤ Planning ahead
➤ Pre-Admission Clinic
Getting yourself ready

It is important for you to be in the best possible condition for your surgery. This will help you recover faster and decrease the chances of any problems.

The recommendations below are things you can do to help prepare yourself for surgery.

1. Nutrition

Food plays an important role in helping you heal. Eating enough calories, protein, vitamins, and minerals can help you get better faster.

Before your surgery, eat a healthy balanced diet to better prepare you for the procedure and your recovery. It is important to eat enough so your body has the right material to build tissue, minimize muscle loss, and help you fight infections.

If you are losing weight, you are likely not getting enough calories. Below are some tips that you may find helpful.

Improve my nutritional status before surgery

- Make the most of each bite by choosing high protein, nutrient rich foods. For example: chicken, beef, pork, tofu, fish, eggs, Greek yogurt, milk
- Try to eat at least **3 meals and 1 snack** a day to help meet your calorie and protein needs
- For **quick and easy snacks**, try items like protein bars, nut butter on toast, hummus and crackers or trail mix
- **Choose fresh, frozen or canned fruits.** They are a good source of vitamins and minerals
- **Limit foods** like pop, potato chips, and chocolate bars. They are low in nutrients needed for healing
- Discuss with your doctor to see if you should take a multivitamin and mineral tablet

It may be helpful to speak to a family doctor or a dietitian if you have had any of the following:

- Unexplained weight loss or weight gain in the past 6 weeks
- Decrease in appetite
- Nausea
- Problems with digestion
- Problems with swallowing
A dietitian can help you choose healthy foods that will help prepare you for surgery.

You can get a referral to see a dietitian from your family doctor or if you have questions about your diet, contact HealthLink BC by dialing 8-1-1 on your phone and ask to speak to a dietitian (9:00 a.m. to 5:00 p.m. Monday to Friday). Be sure to tell them you are going for surgery.

For information on the Canada Food Guide, click the link: https://food-guide.canada.ca/en/ or scan the QR code.

**Healthy eating for your condition**
For more information about healthy eating from the British Columbia government website, click the link: https://bit.ly/HealthyEatingforYou or scan the QR code.

**Healthy Eating for Seniors handbook**
For more information about nutrition for seniors from the British Columbia government website, click the link: https://bit.ly/HealthyEatingforSeniors or scan the QR code.

2. Be active
Exercise helps you be in the best shape possible before your surgery and can help speed up your recovery. You do not need to join a gym. Just going for a walk 15–30 minutes per day is helpful. Talk to your doctor before starting an exercise plan. The mall is a good place to walk during the winter and summer months.

Exercising may:
- Build and maintain healthy bones, muscles, and joints
- Build and maintain balance and exercise endurance
- Reduce feelings of depression and anxiety
- Increase energy levels

**Home Exercises**
We suggest you start slow with 10 minutes, 3 days a week, and gradually build up – ideally to 30 minutes, 5 days a week.

We suggest completing the exercises listed here three times a week prior to surgery.

- Calf raises 10 times
- Knee bends 10 times
- Sit to stand (2 hands for support) 10 times
- Walk up flight of stairs 1 flight
Calf Raises
- Stand facing a bench, stool, or table
- Place your feet shoulder width apart and flat on the ground
- Raise your heels and come on to your toes
- Stay up for 1 second and slowly come back down so your feet are flat again
- Repeat this 10 times
For a video about this exercise, click the link https://bit.ly/CalfRaises or scan the QR code.

Knee bends
- Stand facing a bench, stool or table
- Place your feet shoulder width apart and flat on the ground
- Squat down as far as you can safely by bending your knees
- Stand back up to straight position
- Repeat 10 times
For a video about this exercise, click the link https://bit.ly/KneeBends or scan the QR code.

Sit to Stand
- Sit on a chair facing forward
- Place your feet flat on the ground and shoulders width apart
- Lean forward and stand up straight (you can use your hands to help push off if required)
- Sit back down slowly
- Repeat 10 times
For a video about this exercise, click the link https://bit.ly/Sit2Stand or scan the QR code.

Walking up stairs
- Hold onto a hand rail for support
- Walk up and down one flight of stairs (10-14 stairs)
- Do this just once
For a video about this exercise, click the link https://bit.ly/WalkingUpStairs or scan the QR code.
Improving Your Posture

Improving your posture may also help with your recovery. We suggest you start slow with 3 sets of 10 reps, 3 times a day or as tolerated.

Posture Exercise (Sitting Version)

- Sit with a relaxed posture
- Inhale and sit up tall
- Rotate your hands open and bring your shoulders back and down
- Bring your chin back and hold for 3–5 seconds
- Exhale and repeat

Posture Exercise (Standing Version)

- Stand with a relaxed posture
- Inhale and stand up tall
- Rotate your hands open and bring your shoulders back and down
- Bring your chin back and hold for 3–5 seconds
- Exhale and repeat
3. **Deep breathing exercise**

Deep breathing opens up your lungs, exercises the lung muscles, and improves oxygen delivery to your body.

Doing these exercises BEFORE surgery helps speed up your recovery AFTER surgery.

Do the deep breathing exercises (as explained in the "deep breathing exercises" section later in this booklet) every hour:

- Start by placing your hands on your ribs
- Take a deep breath slowly through your nose, expanding your lower chest until you feel your ribs push against your hands
- Hold your breath for a count of 3
- Breathe out slowly through your mouth
- Repeat this 5 more times

4. **Smoking and tobacco use**

Studies show us that people who stop smoking at least 1 month before surgery have fewer complications after surgery such as infections.

Patients concerned about the health risks related to vaping should consider refraining from using vaping products. However, if vaping nicotine-containing products is a way to quit smoking cigarettes, you should not return to smoking cigarettes.

a. For free nicotine patches, gum, lozenges, or inhaler:
   - Visit your local pharmacy or call 8-1-1 (HealthLink BC). You do not need a prescription but you will need to sign a declaration form
b. For smoking cessation prescription drugs: Ask your doctor for your options
c. For more information visit the website: [www.gov.bc.ca/bcsmokingcessation](http://www.gov.bc.ca/bcsmokingcessation) or [www.quitnow.ca](http://www.quitnow.ca)
d. To attend the Vancouver General Hospital Smoking Cessation Clinic call: 604-875-4800 (select option 2)


For more information about vaping from the Health Canada website, click the link: [https://www.canada.ca/en/health-canada.html](https://www.canada.ca/en/health-canada.html) or scan the QR code.
5. Alcohol
Alcohol can interfere with your anesthetic and other medications we give you during and after surgery. **Do not drink any alcohol for at least 48 hours** before your surgery.

6. Relax
It is very normal to feel anxious or worried before surgery. Having pain or trouble moving can affect your mood and disrupt your sleep. We also know that stress increases the release of hormones that can delay healing and recovery.

Exercise, meditation, relaxation, and breathing exercises can help improve your outcomes after surgery. These can also help to reduce pain and promote sleep.

Try this focused breathing exercise:
- Sit or lie down in a quiet place
- Relax your muscles and be aware of feeling them 'let go'
- Take a slow deep breath in
- When you breathe out, focus on making it long, steady, and slow

7. Improve anemia and iron stores
Anemia occurs when your red blood cell count (hemoglobin) is low. This impairs your body’s ability to adequately deliver oxygen to tissues. Anemia is commonly caused by bleeding or low iron stores.

Anemia is the greatest risk factor for needing a blood transfusion during surgery. Both anemia and blood transfusions are associated with a greater risk of complications in the hospital.

Improving your hemoglobin will also allow you to heal better, and have more energy when you return home. If your hemoglobin or iron stores are low, you may be contacted by the Perioperative Blood Management Program (for surgery scheduled at Vancouver General Hospital) or by your doctor (for surgery scheduled at Richmond Hospital) with suggestions to help improve your hemoglobin and iron stores.

8. Blood sugar control
Your blood sugar may be checked with a blood test called HbA1c. If the result is high, you may be referred to an endocrinologist (diabetes doctor) to improve your blood sugars before surgery. Maintaining normal blood sugar is important for wound healing, especially after surgery.
Planning ahead

You are admitted to hospital on the morning of your surgery. Please check the hospital visitation guidelines for the most current information: http://www.vch.ca/your-care/hospital-care/visiting-the-hospital

There may be limitations to keep our staff, patients, and communities safe and healthy.

You can expect to go home 5 to 7 days after your surgery but this varies with each person depending on the type of surgery you are having and your health. Most people are ready to go home at 10:00 in the morning. When it is determined you are ready to go home, please arrange for a ride home.

Before you come to the hospital, think about what you will need when you go home (or wherever you will be staying).

A "Places to Stay Tip Sheet: VGH & UBCH" can be found on the CIBC Centre for Patients & Families website: http://centreforpatients.vch.ca/accommodations
For additional resources on where to stay please see the Resources section at the end of the booklet.

Your family members can also use this resource to locate a place to stay while you are in the hospital.

You may find it helpful to get things ready in advance so they are ready when you leave the hospital. For example: you may need help with meals, laundry, bathing, etc. for the first week or so. Try to arrange for family and friends to help you. If you need help with wound care or other care, we will arrange this before you leave the hospital.

Fair PharmaCare Plan

We encourage all British Columbians with Medical Services Plan (MSP) coverage to register for Fair PharmaCare. Coverage under this plan is based on family net income.

It is available to single people or to families. You may be eligible to get your discharge prescription medications at reduced cost with the Fair PharmaCare Plan. Ensure you have registered for Fair PharmaCare before your surgery at this link: https://bit.ly/FairPharmaCare
Pre-Admission Clinic

Depending on the kind of surgery you are having and your overall health, you may require a Pre-Admission Clinic appointment in-person, over the phone or video. You may be told to either come in to the Pre-Admission Clinic for a visit or only have a telephone or video appointment. During your appointment you may speak to a nurse, anesthesiologist, and/or other healthcare professionals.

If a Pre-Admission Clinic appointment is required, you will be contacted by the Pre-Admission Clinic to schedule an appointment.

Since we give you a lot of information during this appointment, we encourage you to have a family member or a friend with you.

Your in-person Pre-Admission Clinic appointment may vary between 2 to 4 hours.

During your Pre-Admission Clinic appointment, you may talk with an anesthesiologist and a nurse. The anesthesiologist will talk with you about any specific health concerns, choices for anesthesia, and options for managing your pain during surgery. It may be suggested that you complete blood work or other tests prior to your surgery.

To treat pain after surgery, you may be offered an epidural. An epidural is a small tube that is put in your back just prior to surgery. It delivers medication that numbs the surgical area. Because it has fewer side effects than opioid pain medications, such as morphine, it is the preferred method for pain control.

The anesthesiologist may order you a Patient Controlled Analgesia (PCA) pump to manage your pain after surgery. A PCA pump is a computer controlled opioid pump that is attached to your intravenous line. When you have pain, you can press a button to receive a dose of opioid. The computer has a safety feature to prevent opioid overdose, which makes PCA's a very safe method of providing analgesia while allowing you better control of your pain.

The nurse may:

- Take or ask you about your blood pressure, heart rate, height, and weight
- Ask questions about your health and medical history
- Help guide you through the steps of your surgery
- Start planning for when you go home after surgery
- Tell you which medications, supplements, and herbal products you are to take or stop taking before the surgery
- Review what you need to do to prepare for the surgery using this booklet and other pamphlets
- Review your urinary diversion care
Preparations for Surgery

In this section, you will learn about:

- The week before your surgery
- The day before your surgery
- The day of your surgery
- Summary of what you can eat and drink before surgery
We have specific instructions for you on how to prepare for the surgery depending on what type of surgery you are having. Your surgeon or staff from the Pre-Admission Clinic may also give you other specific instructions.

The week before your surgery

Medications

- **DO NOT** take any non-prescription vitamins, supplements, herbal medications or herbal tea for 7 days before your surgery
- Follow the instructions from your surgeon and your healthcare team in the Pre-Admission Clinic
The day before your surgery

Surgery time

- Your surgeon’s office will call you to tell you what time you are having your surgery and what time you need to check into the hospital
- Write this time on the inside cover of this booklet
- If you have not heard from the office by 2:00 p.m., call your surgeon’s office to get this information

Contact your surgeon's office as soon as possible if:
- You feel sick (fever, cold, flu, other infection e.g. bladder infection)
- You have become pregnant
- For any reason you feel you need to cancel your surgery

Preparing your skin

To reduce the risk of infection after surgery, follow the instructions in the pamphlet “Lowering Your Risk for a Surgical Infection”. This will be given to you at your Pre-Admission Clinic appointment.

- You may continue to use an electric razor to shave
- Do not apply any lotions, moisturizers or makeup after washing your skin
- Go to bed in clean pyjamas and bed linens

Diet

The Pre-Admission Clinic nurse will give you instructions on what to eat and drink before your surgery. This may be different depending on which hospital you are having your surgery. Please follow the instructions the Pre-Admission Clinic team provides.
The day before your surgery, continued

For people who do not need any bowel preparation prior to surgery follow these instructions:

From midnight up to 1 hour before hospital check in time:

People without diabetes OR people with diabetes and not on insulin:

• STOP eating solid food after midnight
• You can continue to have sips of these clear fluids: water, clear apple juice or clear cranberry juice (red or white)
• DO NOT drink citrus juices, milk or carbonated drinks after midnight

OR

People with diabetes on insulin:

• STOP eating solid food after midnight
• Drink water only
• DO NOT drink citrus juices, carbonated drinks or milk after midnight

*If you feel hypoglycemic drink up to 250 mL (1 cup) of clear juice

The next few pages are for people who need bowel preparation.

If you do not need bowel preparation, please turn to "Day of Surgery" page for the next set of instructions.
The day before your surgery, continued

For people who need bowel preparation prior to surgery follow these instructions:

- Your surgeon or your healthcare team will give you bowel preparation instructions and the Pre-Admission Clinic staff will review them with you. Please follow these instructions
- **STOP** eating solid food once bowel preparation has started
- **From bowel preparation up to midnight** you can continue to have the following items listed in the table below:

<table>
<thead>
<tr>
<th>Items you can eat from bowel preparation until midnight</th>
<th>Recommended</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>Jello® (any flavour), chicken broth, beef broth or vegetable broth, popsicle</td>
</tr>
<tr>
<td>Beverages</td>
<td>Clear apple juice or red/white cranberry juice (without pulp), water, ice chips, clear soda, black tea, black coffee</td>
</tr>
</tbody>
</table>

Carbohydrate loading instructions on the evening prior to surgery:

People without diabetes OR people with diabetes and not on insulin:

- Choose one of the following carbohydrate loading drinks from the table below

<table>
<thead>
<tr>
<th>Choose one to drink:</th>
<th>Amount:</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREcovery®</td>
<td>2 packages (mix each package in 400 mL of water and drink within 2 hours)</td>
</tr>
<tr>
<td>Clear apple juice</td>
<td>500 mL</td>
</tr>
<tr>
<td>Clear cranberry juice</td>
<td>500 mL</td>
</tr>
</tbody>
</table>

Carbohydrate loading helps to keep you hydrated and helps keep your blood sugar normal during surgery.

There is evidence to support improved patient outcomes if you use PREcovery®. However, PREcovery®, apple juice, or cranberry juice are all recommended options. If you are interested in purchasing the PREcovery®, please ask the Pre-Admission Clinic nurse for further information.

People with diabetes on insulin:

- Continue to drink water
- **DO NOT** drink PREcovery®
  *If you feel hypoglycemic drink clear juice
For people who need bowel preparation prior to surgery, continued

From midnight up to 1 hour before hospital check-in time:

People without diabetes OR people with diabetes and not on insulin:

- You can continue to have sips of these clear fluids: water, clear apple juice or clear cranberry juice (red or white)
- DO NOT drink citrus juices, carbonated drinks or milk after midnight

People with diabetes on insulin:

- Drink water only
- DO NOT drink citrus juices, carbonated drinks or milk after midnight
  *If you feel hypoglycemic drink up to 250 mL (1 cup) of clear juice
The day of your surgery

Medications

Your healthcare team from the Pre-Admission Clinic and your surgeon will tell you what medications to take on the day of surgery. You can take these medications in the morning with a small sip of water.

Carbohydrate loading instructions 1 hour before your check-in time at hospital:

People without diabetes OR people with diabetes and not on insulin:

- Choose one carbohydrate drink from the table below

<table>
<thead>
<tr>
<th>Choose one to drink:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREcovery®</td>
<td>1 package (mix in 400 mL of water and drink within 20 minutes)</td>
</tr>
<tr>
<td>Clear apple juice</td>
<td>250 mL</td>
</tr>
<tr>
<td>Clear cranberry juice</td>
<td>250 mL</td>
</tr>
</tbody>
</table>

- Stop drinking all fluids once you have finished this drink.

Carbohydrate loading helps to keep you hydrated and helps keep your blood sugar normal during surgery.

There is evidence to support improved patient outcomes if you use PREcovery®. However, PREcovery®, apple juice, or cranberry juice are all recommended options. If you are interested in purchasing the PREcovery®, please ask the Pre-Admission Clinic nurse for further information.

People with diabetes on insulin:

- Drink 250 mL (1 cup) of water
- DO NOT drink PREcovery®
  *If you feel hypoglycemic drink up to 250 mL (1 cup) of clear juice
- Stop drinking all fluids once you have finished this drink
Summary of what you can eat and drink before surgery:

For People WITHOUT Bowel Preparation:

<table>
<thead>
<tr>
<th>Time Period</th>
<th>People without diabetes OR People with diabetes and not on insulin</th>
<th>People with diabetes on insulin</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Day Before Surgery up to Midnight</td>
<td>- Eat and drink normally</td>
<td>- Eat and drink normally</td>
</tr>
<tr>
<td>Evening Before Surgery</td>
<td>- Not required</td>
<td>- Not required</td>
</tr>
<tr>
<td>Midnight to 1 hour Before Hospital Check-in Time</td>
<td>- STOP eating solid foods at midnight</td>
<td>- STOP eating solid foods at midnight</td>
</tr>
<tr>
<td></td>
<td>- You can continue to have sips of ONLY these clear fluids: water, clear apple juice or clear cranberry juice (red or white)</td>
<td>- Drink water only</td>
</tr>
<tr>
<td></td>
<td>- DO NOT drink citrus juices, milk or carbonated drinks after midnight</td>
<td>- DO NOT drink citrus juices, carbonated drinks or milk after midnight</td>
</tr>
<tr>
<td>Day of Surgery: 1 hour Before Hospital Check-in Time</td>
<td>- Drink 1 package of PREcovery® (over 20 minutes) OR - Drink 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white)</td>
<td>- Drink 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white)</td>
</tr>
<tr>
<td></td>
<td>- STOP drinking all fluids once you have finished this drink.</td>
<td>*If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>STOP drinking all fluids once you have finished this drink.</td>
</tr>
</tbody>
</table>

*If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white)
<table>
<thead>
<tr>
<th>People without diabetes OR People with diabetes and not on insulin</th>
<th>From Bowel Preparation up to Midnight</th>
<th>Evening Before Surgery</th>
<th>Midnight to 1 hour Before Hospital Check-in Time</th>
<th>Day of Surgery: 1 hour Before Hospital Check-in Time</th>
</tr>
</thead>
</table>
| **People without diabetes**                       | • STOP eating solid foods once bowel preparation started  
• You can continue to have the following items:  
  - Jello® (any flavour), chicken broth, beef broth or vegetable broth, popsicle  
  - Clear fruit juices without pulp (apple or red/white cranberry), water, ice chips, clear soda, black tea, black coffee  | • Drink 2 packages of PREcovery® over 2 hours  
  **OR**  
  • Drink 500 mL (2 cups) of clear apple juice or clear cranberry juice (red or white)  | • You can continue to have sips of ONLY these clear fluids: water, clear apple juice or clear cranberry juice (red or white)  
• DO NOT drink citrus juices, carbonated drinks or milk after midnight  | • Drink 1 package of PREcovery® (over 20 minutes)  
  **OR**  
  • Drink 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white)  
  **STOP drinking all fluids once you have finished this drink.** |
| **People with diabetes and not on insulin**         | • STOP eating solid foods once bowel preparation started  
• You can continue to have the following items:  
  - Jello® (any flavour), chicken broth, beef broth or vegetable broth, popsicle  
  - Clear fruit juices without pulp (apple or red/white cranberry), water, ice chips, clear soda, black tea, black coffee  | • Continue to drink water  
• DO NOT drink PREcovery®  
  *If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white)  | • Drink water only  
• DO NOT drink citrus juices, carbonated drinks or milk after midnight  
  *If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white)  | • Drink 250 mL (1 cup) of water  
• DO NOT drink PREcovery®  
  *If you feel hypoglycemic drink up to 250 mL (1 cup) of clear apple juice or clear cranberry juice (red or white)  
  **STOP drinking all fluids once you have finished this drink.** |
During Your Hospital Stay

In this section, you will learn about:

- At the hospital
- The surgery
- Surgical waiting room/area
- Post-Anesthesia Care Unit
- Surgical Nursing Unit
- Pain control
- Nausea and vomiting
- Eating, drinking, and digestion
- Activity
- Deep breathing and coughing exercise/ICOUGH
- Moving around in bed
- Leg exercises
- Blood clots
At the hospital

- For surgery scheduled for Vancouver General Hospital, UBC Hospital and Lions Gate Hospital, go directly to the Admitting Department
- For surgery scheduled for Richmond Hospital, go to Surgical Day Care (Red Zone). You will be given directions on where to go
- We check you in and make sure all your preparations are complete
- At check-in, we will make sure you have followed all the instructions
- You will be asked to wash again with the chlorhexidine wipes and then change into a hospital gown
- You can keep your glasses on, hearing aid(s), cochlear implant, and dentures in until we ask you to take them out
- We may give you some medications to help prepare you for your surgery
- We encourage you to leave your bag of clothes and other belongings with family
- You will meet with the anesthesiologist who will take care of you while you sleep through the surgery
- You will also meet the surgeons and may also meet the surgical learners (e.g. fellows, residents, and medical students)
- If you did not speak with the nurse from the wound ostomy continence team during your pre admission clinic appointment, you may see one right before your surgery to mark your abdomen
- We attach the blood pressure cuffs and monitors and insert an intravenous (IV) into your arm
- You will be asked some of the same questions you have already answered - this is an extra safety check

Hand washing

Washing your hands is the most important and effective way to prevent the spread of infection and to protect yourself and your loved ones.

There are two ways to clean your hands:
1. You may wash at the sink using soap and water - put soap on your hands and rub your hands for a total of 30 seconds. Rinse with warm water
   For more information on hand hygiene click the link: http://www.vch.ca/Documents/How-to-handwash-poster.pdf
2. You may use the alcohol-based hand sanitizier throughout the hospital - take one squirt and rub it over your hands for 30 seconds and allow to dry

It is important to wash your hands:
- After using the washroom  
- Before eating
- When entering and leaving your room

It is okay to ask staff and visitors to wash their hands.
The surgery

We will take you into the operating room about an hour before your surgery.

The anesthesiologist may insert a small tube into your back called ‘an epidural’. We use this to give you pain medication to numb the surgery area to control your pain.

The anesthesiologist gives you the anesthetic and looks after you while you sleep through the surgery.

- **General Anesthesia:** The anesthesiologist gives you anesthetic drugs through your intravenous to help you sleep and manage pain during surgery. We also place a mask over your mouth and nose to give you oxygen and possibly other drugs to help with your breathing.

Surgical waiting room/area

Your family or friends can wait for you in the Surgical waiting room/area.

Your visitors will not be able to see you until you have been moved to the nursing unit.

On the day of surgery the Perioperative Care Centre/Surgical Day Care will provide your family with detailed instructions regarding how to speak to the surgeon following the operation, designated waiting areas, and location and contact information for post-surgery destination.
After surgery

Post-Anesthesia Care Unit

When your surgery is finished, we will move you to the Post-Anesthesia Care Unit ( ), often called the ‘recovery room’.

You will wake up in the recovery room, although you may be drowsy.

You may have some or all of the following:

• An oxygen mask
• An intravenous (IV) (this may be in your arm or neck)
• An epidural in your back to help control pain
• A rectus sheath catheter in your abdomen to help control pain
• A Patient-Controlled Analgesia (PCA) pump connected to your IV
• A urinary catheter to drain your bladder
• Calf compressors on your legs to prevent blood clots
• Drains to collect blood and fluid from your surgical area

The PACU nurse will:

• Check your blood pressure, pulse, and breathing rate
• Check your bandage (or dressing)
• Ask you about your pain and nausea
• Encourage you to start your deep breathing exercises

When instructed by your healthcare team, you can begin to have ice chips and gum to "wake up" your bowels. You can also begin to do your leg exercises (as explained in the "leg exercises" section later in this booklet).

When you are well enough to be cared for on the surgical nursing unit, we will move you to that unit. Your family and friends can visit once you are on the unit.
Surgical Nursing Unit

You stay on this unit until you are ready to leave the hospital. Our goals are to control your pain, prevent complications, increase your activity, and return you to your normal diet. Most people will stay on the unit 5 to 7 days, but this varies with each person depending on the type of surgery you have had and your health. The team will keep you informed of your progress and anticipated discharge date.

Accommodations

There are private (one-person), semi-private (two-person), and shared (up to five-person) rooms on the unit.

It is not possible to guarantee that your room mate will be of the same gender; however, your privacy is important and every bedspace has privacy curtains.

Please contact the Admitting Department to inquire about requesting a private or semi-private room for an extra fee. We try our best to accommodate the requests; however, the care needs of patients take priority over room preferences.

In addition, family members or friends may not reside at the hospital during your stay.

Medications

While in the hospital, your medications will be dispensed by our pharmacy and given to you by the nursing staff.

It is important that you only take medications that have been given to you by the nursing staff.

This is to protect you from any dangerous drug interactions. Sometimes you may be taking a medication that is not supplied by our pharmacy. In this case, the pharmacy will check them and the nursing staff will give you the medications and it will be returned to you before your discharge.
Pain control

Many people are concerned about pain after their surgery. Some people try to “grin and bear their pain” while others do not want to take pain medication because they are afraid of becoming addicted. When you take opioid medication for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Adequate pain control is important to your recovery. Having your pain under control allows you to:

• Breathe deeply to prevent lung infections
• Move to prevent blood clots
• Sleep well
• Eat better for wound healing
• Recover faster

We give you several different pain medications regularly. This helps give you better overall pain relief. You will receive these pain medications even if you are not in pain at the time. If you are asleep, the nurse will wake you to take these regular medications.

• You will get acetaminophen (Tylenol®) every 4 to 6 hours throughout your stay (maximum 2-4 grams per day depending on your medical conditions)
• You may have a pain pump for you to give yourself pain medication (such as Patient-Controlled Analgesia [PCA]) or an epidural catheter
• You will get other pain medications as needed

Non medication therapy you can do to help ease the pain:

• Listening to music
• Doing slow and relaxed breathing
• Heat or cold compresses
• Positioning
• Imagining peaceful situations
Your pain score
An important part of managing pain is monitoring how much pain you are having. The best way to monitor your pain over time is to use something to measure the amount of pain you have.

To help us assess your pain, and the effectiveness of the pain medication, we use a pain rating scale. We will ask you to rate your pain on a scale of 0 - 10, where 0 means no pain at all and 10 is the worst pain ever.

Please point to the number that best describes your pain:

- 0: No pain
- 2: A little pain
- 4: More pain
- 6: Even more pain
- 8: A lot of pain
- 10: Worst possible pain

We want your pain level to be:
- At 0, 1, 2, or 3 on the number scale, or
- At a comfortable level that allows you to carry out your normal activities such as washing up, sitting, and walking

If your pain level is at 4, 5, 6, 7, 8, 9, or 10, let your nurse know.

***Pain medication works best if it is taken BEFORE the pain becomes uncomfortable.***

It is important to know that pain medication will not make your recovery completely painless. The goal is to manage your pain and to help you resume your regular activities.

Let your nurse know if your pain does not get better with pain medication or is getting worse.

Nausea and vomiting
You may feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You may get medication to prevent nausea every 8 hours for the first 1 to 2 days, and then as needed. Let your nurses know as soon as you feel sick to your stomach so we can give you medication right away and prevent it from getting worse. These medications work best if you take them before the nausea gets uncomfortable.

Other ways to help settle your stomach:
- Place a cool damp cloth on your face
- Take some slow deep breaths
- Take small sips of cold water or suck on ice chips (always check with your healthcare team)
- Try distracting yourself with music or watch TV
Eating, drinking, and digestion

Every person's recovery is different. After surgery, your body needs healthy foods with extra calories and protein to help you heal. It is normal for your bowels to move slower than normal after surgery.

Drinking and eating as soon as you can after surgery helps your bowels return to normal.

The following is what most people may expect to eat after their surgery:

- On the day of your surgery, you will not be able to have anything to eat or drink. But you may have some ice chips or sips of water for comfort
- The first and second day after surgery, you may have one Boost® 1.5 Tetra twice a day and water to maximum total oral fluid intake of 500 mL in 12 hours
- The third and fourth day after surgery you may be advanced to a full fluid diet and have a Boost® 1.5 Tetra twice a day as tolerated
- The fifth day after surgery you may be advanced to solid food type of diet called "Post-surgical Transition Diet" with one Boost® 1.5 Tetra and then progress to a regular diet as tolerated

Please ask your nurse, dietitian or doctor if you have any further questions related to your diet. Depending on your surgery and how you are feeling after surgery, your diet may vary from the diet mentioned above.

We ask you often if you are passing any gas. This is a sign your bowels are starting to 'wake up' after the surgery.

- Chewing sugar-free gum helps wake up your bowels faster. It can also help keep your mouth moist
- You may chew gum for 15 minutes several times a day
- Do not swallow the gum
- Drinking coffee may also help wake up your bowels faster

The stress of surgery can cause high blood sugars. Your blood sugar may be tested several times after surgery. Some patients temporarily need insulin to lower their blood sugar right after surgery. This is caused by your body's stress response and does not mean that you have diabetes or that you need to take insulin after you leave the hospital.
Activity

It is important for you to get up and move around as soon as you can. Lying in bed leads to muscle weakness and can cause blood clots and lung infections.

Activity:

- Increases strength
- Prevents complications
- Helps get your bowels moving

Remember to do your leg exercises (as explained in the "leg exercises" section later in this booklet) while you are in bed. On the day of your surgery, your nurse or physiotherapist will get you up into a chair next to your bed or dangle your legs at the edge of your bed. When you start to eat, try to sit up in the chair for all your meals.

As you improve each day, you will be able to do more for yourself. Keep your activities short and do them often rather than trying to do everything at once. We do not want you to get too tired.

We will encourage you to get up and walk around the unit as soon as you can. Most people are up and walking the day after surgery.

Deep breathing and coughing exercise/ICOUGH Protocol

After surgery, your lungs make extra mucus. Deep breathing and coughing exercise help to clear this mucus from your lungs and prevent lung infections. Deep breathing opens up your lungs and helps to loosen the mucus. Coughing helps remove the mucus from your lungs. Your healthcare team may ask you to refer to your ICOUGH education booklet as well for additional strategies to prevent a lung infection.

Before doing these exercises, make sure your pain score is at a level that allows you to do these exercises. If needed, ask for pain medication at least one hour before doing these exercises.
Deep breathing exercise

Do **EVERY HOUR** while you are awake.

1. Start by placing your hands on your ribs
2. Take a deep breath slowly **in through your nose**, expanding your lower chest until you feel your ribs push against your hands
3. Hold your breath for a count of 3
4. Breathe **out slowly through your mouth**
5. Repeat this 5 more times

* The nursing staff may provide you with an incentive spirometer to help you with your deep breathing exercises.

Coughing exercise

Do **EVERY 2 HOURS** while you are awake and after your deep breathing exercise.

1. Place a small pillow or blanket over your surgery area to protect or splint your incision. This helps decrease pain with coughing and allows a stronger cough
2. Do your deep breathing exercises
3. Cough several times
Moving around in bed

Change position in bed at least EVERY 2 HOURS. This helps keep you from getting stiff and gets blood flowing to your arms, legs, and skin. You may find moving difficult because of incision pain.

To move your body sideways:
1. Lie on your back
2. Bend your knees
3. Lift your hips and shift them sideways
4. Then follow with your shoulders

To roll onto your side:
1. Bend your knees
2. Support your incision with a pillow and one hand (the hand on the side you are rolling onto)
3. With the other hand, reach across to the bed side-rail
4. Pull yourself onto your side, rolling like a log

To sit up on the side of the bed:
1. Bend the knee on the side you are not turning onto
2. Use your bent leg to help you log roll onto your side. Roll your whole body as one as much as possible
3. Drop your legs over the edge of the bed
4. Push yourself up with your arms
Leg exercises

These leg exercises help keep the blood flowing through your legs, keep your muscles strong, and prevent stiff joints. These leg exercises reduce the chances of you getting a blood clot.

Do all of these exercises **EVERY HOUR** while you are awake until you can get up and walk around the nursing unit.

Ankle pumps

1. Bend your foot up towards your head  
2. Bend your foot down towards the foot of the bed  
3. Repeat **5 times**

Ankle circles

1. Move your feet around slowly in large circles  
2. Repeat **5 times in each direction**

Hip flexion

1. Bend your knee by sliding your heel up toward your body as shown  
2. Slide your heel back down  
3. Repeat **5 times**

Thigh muscle contraction

1. With your leg straight, tighten the muscles on the top of your thigh  
2. Press the back of your knee down  
3. Hold for **5 seconds.** Relax  
4. Repeat **5 times** then repeat this exercise with the other leg
Blood clots

Hospital patients are at risk of having a blood clot form in the leg veins. This is called a Deep Venous Thrombosis (DVT). Sometimes, the clot can break off and “travel” to the lungs, causing a Pulmonary Embolism (PE) which can make breathing difficult. Although it is rare, PE can be fatal.

Risk factors for blood clots after your hospital stay:

The higher risk of DVT and PE persists for at least the first month after you go home from the hospital. The risk is particularly high if you:

- Just had surgery for cancer
- Have had previous DVT or PE
- Spend more than half the day in bed or sitting (when you were able to walk around before being hospitalized)
- Taking hormone drugs or chemotherapy

If your risk of DVT/PE remains high after you go home from hospital, your doctor may prescribe a blood thinner for you to take at home to lower your risk.

Signs and symptoms of blood clots

It is important that you recognize the signs and symptoms of DVT and PE.

If you have DVT, you may experience any of these:

- Swelling, throbbing, cramping or redness in a leg or calf
- Pain in your leg when you stand or walk

If you have PE, you may experience any of these:

- Sudden shortness of breath that you can’t explain
- Sudden chest pain that feels sharp or gets worse when you take a deep breath
- Coughing up blood
- Heart palpitations or racing, especially if you also feel light-headed or faint
How can you reduce your risk of blood clots?

Effective ways to reduce your risk of DVT/PE:

• Take the injectable blood thinner (e.g. dalteparin or enoxaparin) if it is prescribed by your doctor
• Walk and remain as active as possible as instructed by your doctor
• Go to http://www.healthlinkbc.ca/healthguide.stm for information on leg exercises that you can do
• Avoid getting dehydrated by drinking enough water and limiting alcohol intake
• Some medications can increase the risk of DVT or PE, such as birth control pills or hormone replacement therapy. Speak with your doctor to find out if you should stop taking these

When to seek medical help

Diagnosis of DVT and PE requires special tests and it is important that treatment be started as soon as possible

If you have signs or symptoms of DVT or PE, you should:

• Call your doctor and request an urgent appointment, OR
• Go to the nearest Emergency Department if your doctor’s office is closed, OR
• Call 911 immediately if you are feeling faint or very short of breath

Additional information

• Please note: Your doctor may prescribe you an injectable blood thinner (e.g. dalteparin, enoxaparin, or heparin) to take once you are at home
• If the doctor orders the injectable blood thinner prescription on discharge, training and education will be provided in the hospital by the nursing staff
• Please ask your healthcare team if you require any further information on self-injecting prior to going home
• There may be an associated cost with the blood thinner (approximately $100/week)
• Depending on the surgery you had and your overall health, you may be on the injectable blood thinner for approximately a month
What to Expect Each Day

In this section, you will learn about:

- Surgery day
- Day 1
- Day 2
- Day 3
- Day 4 until you leave the hospital
- Day you go home
- Follow-up visit
Every person’s recovery is different. These next pages describe what most people can expect following your surgery. Please use the next pages as a guide only, as your recovery may be slightly different.

If you like, you can check off ☐ each item that you complete each day in the check box ☐ provided.

Most people are ready to go home in 5 to 7 days after surgery. We use the guidelines below to help us decide when you are ready to go home. You are ready to go home when you meet the 5 criteria below:

1. Your pain is managed with pills only
2. You are able to eat food without pain or bloating
3. You are passing gas or have had a bowel movement
4. You are able to do your basic activities of daily living as you were before surgery
5. There is no sign of problems from your surgery

Any time you have questions about your care and recovery, talk with your nurse, your surgeon, or other care providers.

<table>
<thead>
<tr>
<th>Surgery day</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Topic</td>
<td>What to expect</td>
</tr>
<tr>
<td>How will I feel?</td>
<td>You probably feel sleepy and need lots of rest.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>You may have several pieces of equipment and tubes. These are different for everybody but can include:</td>
</tr>
<tr>
<td>☐ Oxygen mask or nasal prongs</td>
<td></td>
</tr>
<tr>
<td>☐ Intravenous fluids</td>
<td></td>
</tr>
<tr>
<td>☐ Pain pump – epidural catheter, rectus sheath catheter, or Patient-Control Analgesia (PCA) for pain control</td>
<td></td>
</tr>
<tr>
<td>☐ Catheter into your new bladder to empty your bladder and measure the amount of urine</td>
<td></td>
</tr>
<tr>
<td>☐ Stoma with appliance</td>
<td></td>
</tr>
<tr>
<td>☐ Stents (small tubes to help keep your ureters open)</td>
<td></td>
</tr>
<tr>
<td>☐ Pelvic drain</td>
<td></td>
</tr>
<tr>
<td>☐ Dressing or bandage over your incision</td>
<td></td>
</tr>
</tbody>
</table>
How is my pain treated?

If your pain score is between 4 - 10 out of 10 on the pain scale, tell your nurse.

We treat your pain in several ways:
- Pain pump (epidural pump, rectus sheath catheter, or PCA Pump)
- Acetaminophen (Tylenol®) every 4 to 6 hours
- Other pain medications

Relaxation techniques such as deep breathing, warm blankets, or listening to music.

My activity goals for today

☐ Keep the head of the bed elevated (30-45 degrees) (Also raise the knee so that the shape of the bed supports your buttocks and thighs and stops you from sliding down.)

☐ Get up to a chair or sit on the edge of the bed with help, for 15 minutes at a time

☐ Every hour while awake:
  - Deep breathing and coughing exercise
  - Leg exercises when in bed

☐ At least every 2 hours:
  - Turn or change position in bed

What can I eat?

When instructed by your healthcare team, you may have ice chips and sips of water for comfort. You may get nausea medication every 8 hours to prevent nausea.

Let the nurse know if you pass gas or have a bowel movement.

Your blood sugar may be tested regularly.

☐ Start chewing gum for up to 15 minutes, 3 times a day

Can I wash?

We may help you wash in the evening.

Can I have visitors?

You can have visitors but remember you will be tired. Keep visits short. We suggest only close family visit you today.

What about my urinary diversion?

You may have an ostomy bag in place. We look after it for you.
# Day 1

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How will I feel?</strong></td>
<td>You should feel stronger today but may still feel tired. Rest between activities.</td>
</tr>
<tr>
<td><strong>What equipment do I have?</strong></td>
<td>You could have several pieces of equipment and tubes.</td>
</tr>
<tr>
<td></td>
<td>- Intravenous – we may leave it in place if you are not drinking liquids or we are using it to give you medications</td>
</tr>
<tr>
<td></td>
<td>- Pain pump</td>
</tr>
<tr>
<td></td>
<td>- Catheter in your new bladder</td>
</tr>
<tr>
<td></td>
<td>- Stents</td>
</tr>
<tr>
<td></td>
<td>- Ostomy appliance</td>
</tr>
<tr>
<td></td>
<td>- Pelvic drain</td>
</tr>
<tr>
<td></td>
<td>- Dressing over your incision</td>
</tr>
<tr>
<td><strong>How is my pain treated?</strong></td>
<td>We will ask you for your pain score at least every 4 hours. We treat your pain in several ways:</td>
</tr>
<tr>
<td><strong>If your pain score is between 4 - 10 out of 10 on the pain scale, tell your nurse.</strong></td>
<td>- Pain pump (epidural pump, rectus sheath catheter, or PCA Pump)</td>
</tr>
<tr>
<td></td>
<td>- Acetaminophen (Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td></td>
<td>- Other pain medications if needed</td>
</tr>
<tr>
<td></td>
<td>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</td>
</tr>
<tr>
<td><strong>My activity goals for today</strong></td>
<td>☐ Get up to walk short distances with help (minimum 2 times a day)</td>
</tr>
<tr>
<td></td>
<td>☐ Sit up in a chair (minimum 3 times)</td>
</tr>
<tr>
<td></td>
<td>☐ Walk to the bathroom with help</td>
</tr>
<tr>
<td></td>
<td>☐ Every hour while awake:</td>
</tr>
<tr>
<td></td>
<td>- Deep breathing and coughing exercise</td>
</tr>
<tr>
<td></td>
<td>- Leg exercises when in bed</td>
</tr>
<tr>
<td></td>
<td>☐ At least every 2 hours:</td>
</tr>
<tr>
<td></td>
<td>- Turn or change position in bed</td>
</tr>
</tbody>
</table>
Day 1, continued

| What can I eat? | You may be able to have 1 oral nutrition supplement drink (Boost®) and water today to a **maximum total oral fluid of 500 mL for 12 hours today.**
|                | Tell the nurse if you pass gas or have a bowel movement. Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.
|                | You will receive nausea medication if you need it.
|                | ☐ Chew gum for 15 minutes, three times a day |

| Can I wash?    | Wash at your bedside or in the bathroom. You may need some help to set up. |
| Can I have visitors? | Yes. Ask your family and visitors to let you rest for 2 hours during the day. |
| When can I go home? | Plan to go home on day __________. Review this booklet, focusing on “The day you go home” section to help get ready for discharge. |
| What about my urinary diversion? | We start teaching you how to care for your urinary diversion. We may teach you how to:
- Empty your ostomy bag and also learn about nighttime drainage equipment
- Learn about changing your appliance
- Learn about flushing your catheter(s) (only if you had Indiana pouch or Neobladder surgery)
|                | Review any written information given to you by your ostomy nurse. |
## Day 2

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I feel?</td>
<td>You start feeling stronger today.</td>
</tr>
<tr>
<td></td>
<td>Rest between activities.</td>
</tr>
<tr>
<td>What equipment do I have?</td>
<td>- Catheter in your new bladder</td>
</tr>
<tr>
<td></td>
<td>- Stents</td>
</tr>
<tr>
<td></td>
<td>- Ostomy appliance</td>
</tr>
<tr>
<td></td>
<td>- Pelvic drain</td>
</tr>
<tr>
<td></td>
<td>- Dressing over your incision</td>
</tr>
<tr>
<td>If not already taken out, we may remove the:</td>
<td>- Intravenous</td>
</tr>
<tr>
<td></td>
<td>- Pain pump</td>
</tr>
<tr>
<td>How is my pain treated?</td>
<td>We treat your pain in several ways:</td>
</tr>
<tr>
<td>If your pain score is between 4 - 10 out of 10 on the pain scale, tell your nurse.</td>
<td>- Acetaminophen (Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td></td>
<td>- Other pain medications if needed</td>
</tr>
<tr>
<td></td>
<td>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</td>
</tr>
</tbody>
</table>

### My activity goals for today

- [ ] Get up to the chair without help
- [ ] Sit up in a chair for all meals
- [ ] Walk to the bathroom with someone standing by
- [ ] Every hour while awake:
  - Deep breathing and coughing exercise
  - Leg exercises when in bed
- [ ] At least every 2 hours when in bed:
  - Turn or change position
- [ ] At least 2 times a day, walk one circuit around the unit with someone standing by
Day 2, continued

| What can I **eat**? | You may be able to have 1 oral nutrition supplement drink (Boost®) and water today to a **maximum total oral fluid of 500 mL for 12 hours today**. 
Tell the nurse if you pass gas or have a bowel movement. 
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation. 
You will receive nausea medication if you need it.  
☐ Chew gum for 15 minutes, three times a day |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Can I wash?</strong></td>
<td>Wash at your bedside or in the bathroom.</td>
</tr>
</tbody>
</table>
| **Can I have visitors?** | Yes. 
Ask your family and visitors to let you rest for 2 hours during the day. |
| **When can I go home?** | Plan to go home on day __________. 
Review this booklet, focusing on “The day you go home” section to help get ready for discharge. 
If you need to take injectable blood thinners when you go home, we will start teaching you how to take it. 
Ensure that you are registered for Fair PharmaCare. 
If you need help at home you can talk to a social worker. 
If you need equipment at home an occupational therapist and/or a physiotherapist will help you. |
| **What about my urinary diversion?** | We start teaching you how to care for your urinary diversion. 
We may teach you how to:  
- Empty your ostomy bag and also learn about nighttime drainage equipment  
- Learn about changing your appliance  
- Learn about flushing your catheter(s) (only if you had Indiana pouch or Neobladder surgery). 
Review any written information given to you by your ostomy nurse. |
### Day 3

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How will I feel?</strong></td>
<td>You feel stronger today. Continue to rest as required.</td>
</tr>
</tbody>
</table>
| **What equipment do I have?** | - Catheter in your new bladder  
- Stents  
- Pelvic drain  
- Ostomy appliance |

We change the dressing over your incision. If the incision is dry and clean, we leave it uncovered. You may see staples, sutures, and/or tapes along the incision line.

| How is my pain treated? | We treat your pain in several ways:  
- Acetaminophen (Tylenol®) every 4 to 6 hours  
- Other pain medications if needed |

Relaxation techniques such as deep breathing, warm blankets, or listening to music.

| My activity goals for today |  
|----------------------------| |
| ☐ Walk to the bathroom without help |  
| ☐ Sit up in a chair for all meals |  
| ☐ Every hour while awake:  
  - Deep breathing and coughing exercise  
  - Leg exercises when in bed |  
| ☐ At least every 2 hours when in bed:  
  - Turn or change position |  
| ☐ At least 2 times a day, walk one circuit around the unit on your own |  
| ☐ Change into your own clothes |  

| What can I eat? | You may be able to have a full fluid diet and 2 oral nutrition supplement drinks (Boost®) today.  
Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.  
Chew gum for 15 minutes, three times a day. |
**Day 3, continued**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can I <strong>wash</strong>?</td>
<td>You can have a shower today. Try not to let the water spray on your incision.</td>
</tr>
</tbody>
</table>
| Can I have **visitors**?        | Yes.  
Ask your family and visitors to let you rest for 2 hours during the day.                                                              |
| When can I go **home**?         | Plan to go home on day ___________.  
Arrange for someone to pick you up by 10:00 a.m. on the day you go home.  
Review this booklet, focusing on “The day you go home” section to help get ready for discharge.  
If you need to take injectable blood thinners when you go home, we will continue teaching you how to take it.  
Ensure that you are registered for Fair PharmaCare. |
| What about my **urinary diversion**? | Empty your ostomy bag and also learn about nighttime drainage equipment.  
Learn about changing your appliance.  
Learn about flushing your catheter(s) (only if you had Indiana pouch or Neobladder surgery).  
Review any written information given to you by your ostomy nurse. |
<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
<tbody>
<tr>
<td>How will I <strong>feel</strong>?</td>
<td>You continue to feel stronger. Continue to rest.</td>
</tr>
<tr>
<td>What <strong>equipment</strong> will be on me?</td>
<td>Your incision will be left open to air if there is no drainage. If you have a Neobladder or an Indiana pouch, you will have an ostomy appliance.</td>
</tr>
<tr>
<td>How is my <strong>pain</strong> treated?</td>
<td>Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music.</td>
</tr>
<tr>
<td><strong>If your pain score is between 4 - 10 out of 10 on the pain scale, tell your nurse.</strong></td>
<td>You will receive:</td>
</tr>
<tr>
<td></td>
<td>- Acetaminophen (Plain Tylenol®) every 4 to 6 hours</td>
</tr>
<tr>
<td></td>
<td>- Other pain medications as needed</td>
</tr>
<tr>
<td>My <strong>activity</strong> goals for today</td>
<td>[ ] Sit up in a chair for all meals</td>
</tr>
<tr>
<td></td>
<td>[ ] Do deep breathing and coughing exercise</td>
</tr>
<tr>
<td></td>
<td>[ ] At least 2 times a day, walk one or more circuits around the unit. You can do all your activities on your own</td>
</tr>
<tr>
<td></td>
<td>[ ] Change into your own clothes</td>
</tr>
<tr>
<td>What can I <strong>eat</strong>?</td>
<td>You may be able to have a full fluid diet and 2 oral nutrition supplement drinks (Boost®) today.</td>
</tr>
<tr>
<td></td>
<td>Ensure you drink enough fluids (as recommended by dietitian) to prevent constipation.</td>
</tr>
<tr>
<td></td>
<td>[ ] Chew gum for 15 minutes, three times a day</td>
</tr>
<tr>
<td>Can I <strong>wash</strong>?</td>
<td>You can take a shower.</td>
</tr>
<tr>
<td>Can I have <strong>visitors</strong>?</td>
<td>Yes.</td>
</tr>
<tr>
<td></td>
<td>Ask your family and visitors to let you rest for 2 hours during the day.</td>
</tr>
<tr>
<td><strong>Day 4, continued</strong></td>
<td></td>
</tr>
<tr>
<td>----------------------</td>
<td></td>
</tr>
<tr>
<td><strong>When can I go home?</strong></td>
<td></td>
</tr>
<tr>
<td>Plan to go home on day __________.</td>
<td></td>
</tr>
<tr>
<td>Arrange for someone to pick you up by 10:00 a.m. on the day you go home.</td>
<td></td>
</tr>
<tr>
<td>Review &quot;The day you go home&quot; section in this booklet.</td>
<td></td>
</tr>
<tr>
<td>If you need to take injectable blood thinners when you go home, we will continue teaching you how to take it.</td>
<td></td>
</tr>
<tr>
<td>Ensure that you are registered for Fair PharmaCare.</td>
<td></td>
</tr>
<tr>
<td><strong>What about my urinary diversion?</strong></td>
<td></td>
</tr>
<tr>
<td>Empty your ostomy bag and also learn about nighttime drainage equipment.</td>
<td></td>
</tr>
<tr>
<td>Learn about changing your appliance.</td>
<td></td>
</tr>
<tr>
<td>Learn about flushing your catheter(s) (only if you had Indiana pouch or Neobladder surgery).</td>
<td></td>
</tr>
<tr>
<td>Review any written information given to you by your ostomy nurse.</td>
<td></td>
</tr>
</tbody>
</table>
### Day 5 until you leave the hospital

<table>
<thead>
<tr>
<th>Topic</th>
<th>What to expect</th>
</tr>
</thead>
</table>
| How will I feel? | You continue to feel stronger.  
Continue to rest as required. |
| What equipment will be on me? | Your incision will be left open to air if there is no drainage.  
You may have stents, a drain, and catheters if you have a Neobladder or an Indiana pouch. If you have an ileal conduit, you will have an ostomy appliance. |
| How is my pain treated? | Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music.  
You will receive:  
- Regular acetaminophen (Plain Tylenol®) every 6 hours  
- Non-Steroidal Anti-inflammatory medications such as diclofenac (Voltaren®) as needed  
- Other pain medications as needed |
| My activity goals for today | ☐ You do at least 8 hours of activity throughout the day  
☐ Sit up in a chair for all meals  
☐ Do deep breathing and coughing exercise  
☐ At least 2 times a day, walk one or more circuits around the unit. You can do all your activities on your own. |
| What can I eat? | You may be able to eat a post surgical transition diet and advance to a regular diet as tolerated.  
Drink 1 oral nutrition supplement drink today.  
We encourage you to chew gum for up to 15 minutes, 3 times a day. |
| Can I wash? | Take a shower. |
| Can I have visitors? | Yes.  
Ask your family and visitors to let you rest for 2 hours during the day. |
| **When can I go home?** | Plan to go home on day __________.  
Review "The day you go home" section in this booklet.  
If you need to take injectable blood thinners when you go home, we will continue teaching you how to take it.  
Before you leave, if you still have questions, take time to ask us. |
| --- | --- |
| **What about my urinary diversion?** | Empty your ostomy bag.  
Change your appliance.  
Review any written information given to you by your ostomy nurse.  
Flush your catheter(s) (only if you had Indiana pouch or Neobladder surgery).  
Staff will provide you with a list of required supplies and where to order them and the contact information for an ostomy nurse in your community. |
The day you go home

How you know you are ready to go home

Everybody recovers at a different pace depending on their general health, any existing health conditions, and the type of surgery.

Generally, you are ready to leave the hospital when:

- Your blood pressure, heart rate, temperature, and blood tests are normal for you
- Your incision is healing
- Your abdomen is soft and not bloated
- You have bowel activity (passing gas or having bowel movements)
- You are able to control your pain with just pain pills
- You are eating well enough
- You are able to walk around the unit and do most activities you could do before you had your surgery
- You can look after yourself at home (with help if needed)
- You can self inject your blood thinners
- You can look after your ostomy, change your ostomy and appliance (with help if needed), and know how and when to order supplies
- You know how to perform catheter irrigation (if you had an Indiana pouch or Neobladder surgery)

Your ride home

When it is determined you are ready to go home, please arrange for a ride home.

Most people are ready to go home at 10:00 a.m. Ask the person picking you up to come and get you from the unit.

If you cannot get picked up by 10:00 a.m., we may ask you to wait in the Patient Lounge. We do this so we can get your bed cleaned, ready for the next patient.

If there is a problem getting a ride or getting home, you may need to stay in a local hotel for one or two nights. You cannot continue to stay in the hospital if we feel you are well enough to leave the hospital.
Follow-up visit

Before you go home, a member of your healthcare team will discuss your plan for follow-up with your surgeon. Because many patients are from out of town you may have your follow-up with your General Practitioner (GP) or referring urologist. Call your surgeon’s office before you leave the hospital to make a follow-up appointment. If you go home on the weekend, call the next day the office is open.

Your surgeon will usually call you approximately 2 weeks after discharge to go over your pathology results, see how you are, and determine a follow-up plan.

If you are admitted to a different hospital related to a surgical complication, we would like to ask that a family member notify your surgeon’s office.

If you want, you can call and make an appointment to see your family doctor within a week of going home. This will allow your family doctor to review your postoperative baseline and general health status. If you happen to come across any complications, at least your family doctor has a baseline to compare you with.

Medications

Your surgeon may send you home with some medications. You will be provided with a prescription and be responsible for filling it from a drug store. Remember to take them as ordered and ask your pharmacist if you have any questions.

You will also be told whether you need to continue with your previous medications and when to re-start them. If by chance you are not told by the time you are discharged home, ask your family doctor.

Please do not stop or change your medications on your own. Your family doctor may change, re-order or stop them for you.

Avoid aspirin (in any form) as it can increase the chance of bleeding. If you usually take a regular low dose of aspirin, ask your family doctor prior to taking it.

Please ask your surgeon and/or family doctor before taking any herbal medications (some of them can also cause a risk of bleeding).

Do not drink alcohol when taking any type of medication.
Caring for Yourself at Home

In this section, you will learn about:

- Pain
- Caring for your incision
- How do I manage my urinary diversion
- Caring for your bowels
- Activity and exercise
- Emotions and feelings
- When to get help
It can take 6 to 8 weeks to recover from your surgery. Even when you are ‘healed’, it can still be several months before you feel completely recovered. There are some things you can do to help your recovery.

**Pain**

When you are discharged home, it is normal to have some pain for the first few weeks. It is important that you take your pain medication regularly so that you are comfortable enough to sleep, get out of bed, and participate in daily activities inside and outside of the home. Adequate pain control can help in your overall recovery. The goal is to take the least amount of medication, which will limit the side effects you may experience, but enough so that you have an acceptable level of comfort.

**How to manage pain:**

Remember to take your pain medication before activity or bedtime.

1. Use a pillow for support when you do your Deep breathing and coughing exercise
2. Try non medication therapy such as: heat or cold compresses, positioning, guided imagery, listening to music
3. First try taking acetaminophen (Tylenol®)
4. If Tylenol® alone is not enough to ease your pain, take ibuprofen (Advil®, Motrin®) or another non-steroidal anti-inflammatory medication
5. If you’ve been prescribed opioid pain medication (e.g. hydromorphone, oxycodone, morphine), take this medication if the Tylenol® and ibuprofen does not help

**Opioid pain medication**

They are sometimes called “narcotics.”

Commonly prescribed opioids include:

- Codeine: Tylenol 3
- Morphine: M-Eslon, MS Contin
- Tramacet/Tramadol
- Oxycodone: Percocet
- Hydromorphone: Dilaudid
Information on opioid pain medication

Can I get addicted to morphine-like medications?

When you take opioid medication for acute pain, such as the pain that happens after operations or accidents, the risk of addiction is low.

Taking opioid medication for an extended time can lead to dependence.

It is important to taper off opioid medication as your pain improves.

What are the side effects of opioid pain medication?

- Sleepiness
  ***Do NOT drive, use power tools, or operate machinery while taking opioids.***
  **It is against the law to drive while taking opioids***
- Confusion
- Nausea
- Vomiting
- Constipation
- Itchiness
- Slowed breathing

When do I start tapering off opioid medication?

When the surgical pain becomes manageable, you should start to reduce how much opioids you take.

How do I taper off opioid medication?

1. Reduce how much you are taking (the number of pills you take).
   For example: If you were taking 2 pills each time, start taking 1 pill to see if the pain is controlled. If it does, continue with 1 pill each time. Do this for 1–2 days.

2. Then reduce how often you are taking the medication.
   For example: If you are taking a dose every 4 hours, then take a dose every 6 hours instead for 1–2 days. Then take a dose every 8 hours for 1–2 days. Then consider stopping.
Can I go through withdrawal?

Withdrawal symptoms are a sign that your body is used to taking opioids regularly and that you need to reduce the opioids more slowly.

Withdrawal symptoms are:
- Sweating
- Fever
- Nausea
- Vomiting
- Feeling agitated or irritable

How do I store opioid medication?

These medications should be kept out of sight and ideally in a hidden or locked area.

Make sure you keep your opioid medications safely out of reach of children and the elderly as taking these can cause harm to them.

How do I dispose of extra opioid medication?

If you have unused opioids, most pharmacies in British Columbia have a drug return program where they will properly dispose of extra medications.

Never save medications, thinking you may use them at a later date.

All medications have expiration dates and may not be safe to take later.
Caring for your incision

- The incision can be left open to air
- If you have staples or sutures, these can catch on your clothing; if this happens, place a light dressing over top
- **DO NOT** put on creams or lotions (such as Polysporin, Vitamin E) to the wound unless your surgeon tells you

Washing:

In general, you need to keep your incision and dressings as dry and clean as possible.

- Unless told otherwise, you may shower the day after you go home (even with staples in place)
- Soap and water can run over the incision
- **DO NOT** directly spray water or soap over the incision
- **DO NOT** wash the incision
- Pat your incision dry with an unused, clean towel (do not use the towel that you just used to dry your whole body)
- **DO NOT** rub your incision
- **DO NOT** soak in a bath, pool, hot tub, or lake until your surgeon or family doctor says it is safe to do so

As your incision heals it may become itchy. Avoid any rubbing or scratching as the itchiness is a normal part of the healing process.

The staples to your incision may be removed while you are in the hospital. When the staples are removed, white paper tapes (steri-strips) will be applied for extra support to your incision. Do not remove them yourself. After 5 to 7 days these tapes will start to become non-sticky and eventually peel and fall off. There is no need to replace them.

Staple removal:

- If you are sent home with staples in your incision, you will be informed who will remove them and when (they are usually removed by your family doctor and we will send you home with a staple remover to take to your doctor)
- Normally staples are removed 7 to 10 days after surgery
- Your surgeon will tell you when to have your staples removed. If you cannot remember, call your surgeon’s office
- You can still take a shower with the staples in-place
- Slight numbness, swelling, tingling, bumpiness, firmness, and discolouration around the incision site are normal findings after surgery. This will improve with time. If this persists with no improvement, inform your surgeon or family doctor
How Do I Manage My:

- **Ileal Conduit (Urostomy)/Ileal Loop**

  When you have an ileal conduit, the urine is still formed in the kidneys and drains through the ureters into the ileal conduit. The conduit pushes the urine through the outside opening or stoma. Since the conduit is made out of small intestine, which naturally produces mucous, you may see shreds of mucous in your urine.

  Urine will constantly drain out of the stoma as the conduit has no capacity for storage of urine. Therefore, an outside pouching system must always be worn to collect urine. This pouching system sticks to your skin and you will be taught to remove and replace it about every 3 to 5 days at home.

  At night, you will attach this pouch to a drainage bottle to make sure it does not get too full, which could cause your pouching system to leak. Night drainage also helps to prevent urine from flowing back up into your kidneys, which could cause infection or damage.

  ALWAYS carry a spare pouching system with you just in case you need to change it when you are not expecting to. Your ostomy nurse will assist you with learning self-care and obtaining the necessary supplies.
Indiana Pouch

The part of the digestive tract that is used to make the Indiana Pouch continues to produce mucous. Too much mucous in the pouch can result in catheter blockage and infection. This mucous must be taken out of the pouch through ‘irrigations’. After the operation, the nurse will irrigate the pouch through both of the catheters. You will be taught to do these irrigations before you leave the hospital as you will need to do them at home.

Approximately 3 weeks after your surgery, you will have a special x-ray called a ‘pouchogram’ to make sure that your pouch has healed. Only then will you begin to put a catheter through the stoma and into the pouch to empty the urine. This is called ‘catheterization’. An ostomy nurse may meet with you on the day of the pouchogram to do the catheterization teaching. For at least the first 2 months, you will need to catheterize your pouch every 2–4 hours during the day and night. You will probably feel very tired so try to let others help you with any household chores. The interrupted sleep is like having a newborn baby at home. With each passing week, you will be able to go a longer time between catheterizations. Eventually you may be able to empty your pouch every 4 hours during the day and up to every 6 hours during the night.

You may have some urine leakage out of your stoma between catheterizations especially if the pouch is very full. You may want to wear a pad over your stoma.

ALWAYS carry a catheter with you. Consider wearing a Medic Alert stating: “Continent urinary diversion with stoma; insert catheter to drain every 4 hours.”
Neobladder

The piece of small intestine used to make the neobladder continues to produce mucous. Too much mucous in the neobladder can result in catheter blockage and infection. While the catheters are still in your neobladder, this mucous must be taken out through “irrigations”. After the operation, the nurses will irrigate the pouch through both of the catheters. You will be taught to do these irrigations before you leave the hospital as you will have to do them at home.

Approximately 3 weeks after surgery, you will have a special x-ray called a ‘cystogram’ to make sure there are no leaks in the neobladder. An ostomy nurse will meet with you to remove the catheter and provide intermittent catheterization teaching. Only then will you begin to pass urine through your urethra. Most men need to sit to urinate at first but eventually are able to stand to pass urine. You will be taught how to put a catheter into your new bladder, twice/day at first, to be sure your bladder is fully emptying.

Your neobladder will eventually hold about 450 milliliters (almost 2 cups) of urine, which is about the same as a natural bladder. In the beginning, you will leak some urine especially at night. Until the neobladder stretches to its full capacity, you may need to go to the bathroom as often as every 2 hours, even during the night. Since your neobladder does not send the same message to your brain to waken you when it is full, you should set your alarm clock to wake you up. You will probably feel very tired during this time so try to let others help you with any household chores. The interrupted sleep is like having a newborn baby at home. With each passing week, you should be able to hold your urine longer with less leakage. You will, however, probably always need to get up at least once during the night to pass urine.

Bring an incontinent brief with you to the Radiology Department when you come for your cystogram in case your catheter is removed. You will be given a sample of such a pad before you leave the hospital and you can buy more at any drugstore. You will be instructed to do pelvic muscle (Kegel) exercises to improve your ability to hold back urine. Most people achieve day continence within the first 3 months.
Diet

It may take some time before your appetite returns to normal. Your body will need extra calories, nutrients, and especially protein to heal.

**Below are general guidelines. Please follow the specific instructions, if given to you by your surgeon.**

- Drink at least 6 to 8 glasses (1.5 to 2 L) of water each day (1 glass equals 250 mL)
- Eat foods high in protein such as chicken, beef, fish, eggs, tofu, lentils, peas, and beans. Dairy products such as milk, yogurt and cheese are also good sources of protein
- Try to eat 5 or 6 small meals throughout the day rather than 3 big meals
- If you experience discomfort with chewing or swallowing, try taking the pain medication 30 minutes before your meals
- You may want to initially limit tough or fibrous foods such as tough meat, corn, nuts, popcorn and fruit membranes/skin
- Good nutrition speeds up healing and lessens fatigue. Try to eat a well balanced diet
- The diet you follow at home is an important part of your recovery and general health. Your recommended diet is: ___________________________________________________________________________________
- If your surgeon or dietitian has recommended that you follow a specific diet, please follow this diet as directed or until you follow-up with your surgeon
- Your dietitian will provide education and handouts if you go home on a special diet
- If you are not able to eat enough food each day, you can continue drinking 1 or 2 nutrition supplement drinks (eg. Boost® or Ensure®) each day

If you have questions about your diet, contact HealthLink BC by dialing 8-1-1 and ask to speak to a dietitian (9:00 a.m.–5:00 p.m. Monday to Friday).
Caring for Your Bowels

You may find your bowels do not work the same way they did before your surgery. It can take a few weeks for your bowels to work normally.

Constipation

• This can be from your pain medication, especially if you are taking opioids
• To prevent constipation:
  • Drink at least 6 to 8 glasses (1.5 to 2L) of water each day unless you have been told differently because of a medical condition
  • Include fruits, vegetables, peas, beans, lentils, and whole grains in your diet each day. These foods are high in fibre
  • Drink prune juice
  • Keep active. Go for a walk every day
• To treat constipation, talk to your pharmacist about a mild laxative or a stool softener. Do not use an enema or suppository without checking with your surgeon first

Diarrhea

• Persistent severe diarrhea is not normal and should be brought to your surgeon’s attention
Activity and exercise

Rest

- Rest is important for your recovery. Your body heals when you are resting
- Try to get at least 8 hours of sleep each night
- Take naps or rest breaks frequently during the day

Exercise

- Exercise helps build your strength, improves your circulation, and generally makes you feel better
- Follow the activity recommendations provided by your hospital physiotherapist
- Be careful not to tire yourself out. Slowly increase your activity. Let pain be a general guide to what you do and how often you do it
- When you get home you may be surprised by how tired you feel. This is a normal feeling. Your energy level will improve over the next few weeks

These are only general guidelines. Please confirm them with your surgeon.

- Plan your day to allow time for both rest and activity
- Continue with your Deep breathing and coughing exercise
- Begin with taking short walks, gradually increasing how far you walk

For the first 4 to 6 weeks after your surgery:
- Do not lift, push, or pull anything over 4 to 5 kg (10 pounds). This includes carrying children and groceries. (A 2 L milk carton weighs almost 5 pounds)
- Use your legs when you lift

- Do not do any activities that pull on your incision and abdominal muscles such as:
  - Vacuuming
  - Raking
  - Painting walls
  - Reaching for things in high places

For at least 8 to 12 weeks after surgery:
- Do not do anything that puts extra stress on your stomach muscles such as doing sit-ups
Driving a car

Before you start driving, check with your doctor to make sure it is okay.

Only drive if you are able to:

- Put pressure to the brake quickly and without pain
- Safely do a shoulder-check
- Wear your seatbelt
- Focus and pay attention

You can drive if you are only taking Plain Tylenol or ibuprofen

- Do not drive your car while you are still taking opioid pain medication.
  ***It is against the law to drive while taking opioids***

Sports

About 8 to 10 weeks after your surgery and if your surgeon says it is okay, you can go back to playing any sports that do not involve contact such as golf, running, and tennis. Ask your surgeon when it is safe for you to play contact sports such as hockey or football.

If you have an ostomy, check with your stoma nurse to see if there are any special instructions you need to follow.

Sexual activity

Some people find they do not have the same interest in sex as they had before surgery. This is normal and interest usually increases as you feel stronger. You can resume sexual activity when you feel you have enough strength and your pain is under control. If you have difficulties, more time may be required. If problems persist, speak to your doctor.

Going back to work

Always check with your surgeon or family doctor before going back to work. Some people return to work 6 to 8 weeks after surgery. When you go back to work depends on the type of work you do and the type of surgery you had. Sometimes it can take longer for you to recover enough to go back to work.
Emotions and feelings

If you have been given a diagnosis of cancer, this can be a devastating experience. Some of the emotions you may feel are anger, anxiety, fear, despair or hope, sadness or depression or acceptance. Some experience changes in their sleeping habits, concentrating, and remembering. This can happen in the hospital or after going home.

This is common and may last a few days or sometimes a few weeks. Family members may also feel a range of emotions.

Each person’s recovery is unique, and there is no right or wrong way to cope with it. Many people find by sharing and talking about their concerns with their family members, friends or surgeon helps. And others find attending support groups helps. Ask your family doctor and/or surgeon about any support groups that may be available.

BC Cancer has several support services. You can contact them at 604-877-6000.
When to get help

Contact your surgeon, family doctor, or go to the emergency room if any of the following happens:

- Your pain gets worse or does not go away with pain medication
- You have a fever over 38.5°C (101.3°F)
- Your incision becomes red, swollen, or hot to touch
- You notice foul smelling liquid coming from your incision
- You start bleeding from your incision
- Difficulties with swallowing resulting in decrease appetite and constant weight loss
- You feel sick to your stomach (nauseated) or throw up (vomit) often for more than 24 hours
- You have diarrhea that lasts for more than 2 days
- No bowel function for 48 hours
- If you experience any pain, aching or redness in your calves, and/or swelling of the legs
- You have difficulty breathing
- You have concerns with your stoma (contact your stoma nurse)

If you are not able to contact your surgeon or family doctor, go to the nearest Emergency Department, or call HealthLink BC at 8-1-1 to talk to a registered nurse. Be sure to tell them about your recent surgery.
Resources
Resources

Vancouver Coastal Health

**Lions Gate Hospital**
231 East 15th Street
Main Floor
Admitting Department
604-984-5813
Pre-Admission Clinic
604-984-5967

**Richmond Hospital**
Admitting Department
7000 Westminster Hwy
Ground Floor (Yellow Zone by Starbucks)
Monday to Friday
6:30 a.m.–3:00 p.m.
Pre-Admission Clinic
7000 Westminster Hwy
Ground Floor (Yellow Zone)
Monday to Friday
8:30 a.m.–4:00 p.m.
604-244-5178

**University of British Columbia Hospital**
Admitting Department
Koerner Pavilion
2211 Wesbrook Mall
Main floor
4:00–10:00 p.m.
604-822-7033

**Vancouver General Hospital**
Admitting Department
Jim Pattison Pavilion
899 West 12th Avenue
1st Floor
604-875-4300
604-875-4937 (Sunday and statutory holidays from 9:30–12:30 p.m.)
Pre-Admission Clinic
Gordon and Leslie Diamond Health Care Centre
2775 Laurel Street
3rd Floor
604-675-3675

**Bladder Cancer Canada**
[bladdercancercanada.org/en/]

**BC Cancer**
BC Cancer – Vancouver
600 West 10th Avenue
604-877-6000
Toll-free (within BC):
1-800-663-3333
[www.bccancer.bc.ca]

**CIBC Centre for Patients and Families**
Vancouver General Hospital
– Jim Pattison Pavilion
899 West 12th Avenue
604-875-5887
Resource centre for patients and family.
[centreforpatients.vch.ca]

**Health professionals**

**Dietitians of Canada**
[dietitians.ca]

**HealthLinkBC**
8-1-1
Non-emergency health information provided by a nurse, pharmacist or dietitian.
[healthlinkbc.ca]

**Health Canada**
1-866-225-0709
Resource for general health information.
[canada.ca/en/health-canada.html]

**Canadian Association of Occupational Therapists - British Columbia**
– to find an occupational therapist in your area.
[caot.ca/site/findot]

**Pain BC**
1-844-880-7846
Resource for pain management.
[painbc.ca]

**Physiotherapy Association of British Columbia (PABC)**
– to find a physiotherapist in your area.
[bcphysio.org]

**QuitNow**
1-877-455-2233
Resource for quitting smoking.
[quitnow.ca]

**Accommodations**

**Days Inn by Wyndham Vancouver Airport**
[bit.ly/WyndhamDaysInn]

**Government of British Columbia**
Hotel accommodation for patients (and accompanying family members) requiring out-of-town Medical Services.
[csa.pss.gov.bc.ca/medicaltravel/]

**Places to Stay Tip Sheet: VGH & UBC**
[centreforpatients.vch.ca/accommodations]

**Quality Hotel Airport**
[qualityhotelvancouverairport.com]

**Equipment**

**Red Cross**
1-800-565-8000
or check local listings for #.
[redcross.ca]

**Transportation**

**HandyDART**
Provided by local bus services throughout BC
check local listings for #.
In Lower Mainland:
604-575-6600
[translink.ca/Rider-Guide/Accessible-Transit/HandyDART.aspx]

**TAP**
(Travel Assistance Program)
1-800-661-2668
[health.gov.bc.ca/tapbc]
Acknowledgements


We hope you found the information in this booklet helpful.
If you would like to provide feedback on the booklet, please email us at: eras@vch.ca

“Tylenol” is a registered trademark of McNeil Consumer Healthcare, a subsidiary of Johnson & Johnson, Inc.
“Voltaren” is a registered trademark of Novartis Pharmaceuticals Canada Inc.
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