Urology Enhanced Recovery Programme: Radical Cystectomy

Patient Information
This information leaflet aims to help you understand the Enhanced Recovery Programme and how you can play an active role in your recovery after surgery.

**What is Enhanced Recovery?**

The underlying principle is to enable you to recover from surgery and leave hospital sooner by minimising the stress responses on the body during surgery.

To do this it is essential that:

- You are in the best possible condition for surgery. Identifying and correcting any existing health concerns is important and is best done early by your GP prior to referral or at the latest at pre-operative assessment.

- You have the best possible management during and after surgery to reduce pain, gut dysfunction and immobilisation by using appropriate anaesthetic techniques, fluid and nutrition management, pain relief and minimally invasive techniques where appropriate.

- You experience the best post-operative rehabilitation. This enables early recovery and discharge from hospital by the way of planned nutrition and getting up and about easily as soon as possible after your operation.

As part of this programme, you will be given a diary which we will ask you to follow and fill in. Please bring this with you to your follow up appointment to ensure we can assess your recovery. This is also your way of feeding back information about your recovery to us as we are happy to listen to suggestions of how to improve the service we provide.
**Pre-assessment clinic**

Before your admission you will be seen in a pre-operative assessment clinic. The nurse will ask questions about your medical history, general health and wellbeing. We want to ensure that you are in optimum health and that arrangements have been made for your admission, discharge and post-operative care at home. Routine blood tests and a heart tracing will be performed.

It would be useful for you to bring a list of any medications you are currently taking, the nurse will advise you what to take on the day of surgery.

**Before your operation**

Your body needs plenty of nutrients to recover from an operation. Although you will not be allowed solid food from six hours before your operation, you will be able to drink clear fluids up to two hours prior to surgery. In addition to this, you will also be given carbohydrate rich drinks to have on the morning of the surgery. The nurse will advise you when to take these drinks and you will have a supply to take home and to bring with you into hospital on the day of surgery. 6 cartons will be supplied at your pre-operative assessment appointment.

**On the day of surgery**

You will initially be admitted to the surgical admissions lounge. You will usually be asked to come into hospital on the morning of surgery. Please bring with you any medicines you are taking and show them to the doctor and nurse. You will be shown to your bed area by a nurse who will confirm your personal details and record your blood pressure and heart rate.
**Procedure: radical cystectomy**

Please take some time to read through what will happen on each day. All of these activities should happen as a matter of routine but we encourage you to inform the nursing or medical team if any of the activities do not happen.

**Day of operation (Day 0)**

**Mobilisation/getting out of bed**

After your operation, it is important that you perform deep breathing exercises. Breathe in through your nose and relax the air out through your mouth. This should be done at least five times an hour.

The staff will help you sit upright in bed after your operation. We will ask you to do calf exercises whilst you are in bed.

To help us to see how well you are recovering after your operation, you will be asked to complete a daily diary about how well you are eating, drinking and walking after your operation.

**Eating and drinking after your operation**

After your operation it is important that you drink, unless you feel sick. Try to drink about five glasses or cups of clear fluids today. You will be given high energy drinks after waking from your operation.

**Pain control**

Good pain control improves your recovery as you can walk around more easily, breathe deeply, eat and drink, feel relaxed and sleep well.
You will have tiny tubes inserted into your abdominal muscles (rectus sheath catheters) to provide a continuous supply of pain relieving medication. You will be given a pain killing tablet, which will help in different ways. You may also have Patient Controlled Analgesia (PCA). This device has a button that you press to give yourself pain relief. There is a security device that prevents you taking too much. The anaesthetist will have discussed these options with you before the operation.

**Feeling sick**
After your operation you may feel sick or may vomit. This is caused by the operation, anxiety, anaesthetic or pain killing medication. You will be given medication during and after your operation to reduce this, but if you feel sick, please speak to your nurse.

**Tubes and drips**
You will have a drip in a vein in your arm. Fluid will be given through this to ensure you do not become dehydrated. You will also have a drain tube on the left side of your abdomen which may be removed tomorrow.

**Monitoring**
While you are in hospital we will check your blood pressure, pulse and temperature regularly. We will also check how much fluid you are drinking and producing.

**Stoma**
At this stage, the nursing staff will look after your stoma. Over the next few days, the stoma care nurse and staff will teach you how to care for the stoma. There will be two small tubes coming out of your stoma (stents). These tubes help to drain urine from your kidneys.
The day after your operation (Day 1)

Mobilisation
On each day after your surgery, it is advised that you sit in the chair for 2 – 4 hours, with rests on the bed as needed. By being out of bed in a more upright position, your breathing is improved and there is less chance of you developing a chest infection or clots in your legs. Your bowel function usually also recovers faster.

Drinking
You should try to drink about five drinks today (about 2000ml). Each cup is usually about 150-200ml. You can drink a variety of non-fizzy drinks whilst in hospital. You will be given drinks as these will help with healing, reduce your risk of infection and accelerate your overall recovery. We would like you to drink three each day.

Pain control
We will continue to give you local anaesthetic into your rectus sheath catheters if present. You will also be given regular pain killing tablets every four to six hours.

Feeling sick
As before, please tell the nurses if you feel sick and you will be given medication to help prevent this.

Monitoring
Your blood pressure, pulse, temperature, fluid balance will be measured. You will be assessed regularly throughout the day.
The second day after your operation (Day 2)

Mobilisation
You should aim to walk to the end of your bed and back, six to eight hours of calf exercises with assistance today.

Eating and drinking
You can start to eat solid food today. It is usually sensible to start with simple foods such as cereal, soup and light desserts. There are no restrictions on what you can drink and we advise ten to fifteen drinks each day.

Pain control
You will continue on regular pain killer tablets and local anaesthetic to your rectus sheath catheters if present.

Monitoring
Your blood pressure, pulse and urine output will be checked regularly throughout the day.

The third day after your operation (Day 3)
Continue to mobilise as before. We will assist you in walking to the bathroom. You should continue to do calf exercises whilst you are sitting or in bed. You need to continue to eat and drink today and your pain relief will continue as before. You may be asked to assist with care of your stoma today.
The fourth day after your operation (Day 4)

You should continue to increase what you eat and drink today as well as improving your mobility. We would expect you to be able to walk without assistance.

Your pain relief will continue as before and it is likely that your rectus sheath catheters will be removed if present.

You will be asked to assist with the care of your stoma.

Some patients feel distended or slightly sick around this stage of their recovery and you may need to reduce the amount that you are eating and drinking for 24 hours. The doctors and nurses will advise you if you find that this is the case. The feeling of sickness is temporary and may be because you haven’t opened your bowels.

Bowels

It often takes 3 or 4 days before you are able to open your bowels. When you do manage to open your bowels, it is likely that the stools will be very loose initially.

The fifth to eighth day after your operation (Day 5-8)

You should continue to improve your eating, drinking and mobility. We would expect you to be able leave the ward and walk along the hospital corridors.

Your pain relief will all be given as tablets.

You will be able to look after the stoma yourself with occasional guidance from the nursing staff.

If your care needs to change from what is planned in this booklet we will tell you.
The most likely problem that you may have is that your bowel stops working for a period of time after your operation (an ileus). This occurs in 1 in 3 patients undergoing this surgery, but in some people this can last a few days or longer. Having an ileus can make you feel sick and bloated. If this occurs tell your nurse. We may need to place a tube through your nostril into your stomach as this will get rid of the feeling of sickness.

What happens after discharge?
Our aim is for you to be in your home recovering as soon as possible. Therefore we advise you to organise support in advance for when you go home. This may involve help from your family and friends. If you feel that there may be issues which could delay your discharge, these should be brought to the attention of the pre-operative assessment nurses or your specialist nurse prior to your admission.

Complications do not happen very often, but it is important that you know what to look out for.

During the first two weeks after surgery, if you are worried about any of the following, please phone the ward (the number is at the end of this leaflet). If you cannot contact the ward, then ring your GP.

Abdominal pain
It is not unusual to suffer griping pains (colic) during the first week following removal of a portion of your bowel. The pain usually lasts for a few minutes and goes away between the spasms.

Severe pain that lasts for several hours may indicate a leakage of fluid from the area where the bowel has been joined together. This can be a serious complication, but does not frequently occur. Should this occur, it may be accompanied by a fever.

If you have severe pain lasting more than one or two hours or have a fever and feel generally unwell within two weeks of your operation date, you should immediately contact the ward on the telephone numbers provided.
Your wound
It is not unusual for your wounds to be slightly red and uncomfortable during the first one or two weeks. Please let us know if your wounds:

• Become inflamed, painful or swollen
• Start to discharge fluid

Your bowels
Your bowel habit may change after removal of part of the bowel and may become loose or constipated. Make sure you eat regular meals three or more times a day, drink 200mls of fluid per day, and take regular walks during the first two weeks after your operation. If constipation lasts for more than three days then taking a laxative is advised. If you have a stoma, your stoma specialist nurse will be able to give advice. If you have any problems with your stoma after you go home, please contact your stoma specialist nurse, you will be given contact details before you leave hospital. The stoma nurse will also remove the stents from your stoma after your discharge.

Diet
A balanced, varied diet is recommended. Try eating three or more times a day; for some, snacking regularly can be a very useful approach in the first few weeks. You may find that some foods upset you and cause loose bowel motions. If that is the case you should avoid those foods for the first few weeks following your surgery.

If you are finding it difficult to eat it is still important to obtain an adequate amount of protein and calories to help your body heal. You may benefit from having three to four nourishing, high protein, high calorie drinks such as Build-up or Complan (available in supermarkets and chemists) to supplement your food.
If you are suffering from diarrhoea then it is important to replace the fluid loss and to drink extra fluid. If you are losing weight without trying to or are struggling to eat enough, you may benefit from a consultation with the dietitian; ask your GP or Consultant to refer you.

**Exercise**

Walking is encouraged from day one following your operation. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not undertake heavy lifting until twelve weeks following your surgery. In addition, if you are planning to restart a routine exercise such as jogging or swimming you should wait until you have attended your post discharge follow-up appointment and start gradually. Common sense will guide your exercise and rehabilitation. In general, if the wound is still uncomfortable, modify your exercise.

Once the wounds are pain free you can normally undertake most activities.

When you get home, you will feel tired and may need to have a sleep during the day. This is normal and will improve during the next 4-6 weeks.

**Work**

You should be able to return to work within eight to twelve weeks after your operation. If your job is a heavy manual job then it is advised that heavy work should not be undertaken until twelve weeks after your operation.

**Driving**

You can resume driving when you feel physically able to do an emergency stop. Please contact your insurance company as their regulation may differ.
Suggestions, Concerns and Complaints
If you would like to provide feedback you can:

• Ask to speak to the ward or department manager.
• Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
• Log onto the NHS Choices website www.nhs.uk - click on ‘Comments’.

If you would like to discuss a concern or make a complaint:

• Ask to speak to the ward or department manager – they may be able to help straight away.
• Contact our Patient Advice and Liaison Service (PALS) – Tel: 0161 276 8686 e-mail: pals@cmft.nhs.uk. Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

Contact details
Manchester Royal Infirmary
Oxford Road
Manchester
M13 9WL

• Ward 9 – 0161 276 4518 – You can ring at any time
• Ward 10 – 0161 276 4402 – You can ring at any time
• Urology Specialist Nurse – 0161 276 3645 or 0161 276 8768
• Stoma Specialist Nurse – 0161 276 6866 or 0161 276 4502

{You can ring between 09.00 to 17.00}
No Smoking Policy

The NHS has a responsibility for the nation’s health.

Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 (www.stopsmokingmanchester.co.uk).

Translation and Interpretation Service

These translations say "If you require an interpreter, or translation, please ask a member of our staff to arrange it for you." The languages translated, in order, are: Arabic, Urdu, Bengali, Polish, Somali and simplified Chinese.

إذا كنت بحاجة الى مترجم أو ترجمة، من فضلك اطلب من احد موظفينا ترتيب ذلك لك

بیا کو ایک مترجم یا ترجمہ کی ضرورت ہے تو براہے کرم بسارہ عملی کسی زکن سے کہن ہے، وہ آپ کے لیے اس کا انتظام کرے ہے.

الأعمال إذا كنت تعاني من ترجمة أو ترجمة، فضلًا اطلب من أحد موظفينا ترتيب ذلك لك

أينما كنت بحاجة إلى مترجم أو ترجمة، فضلًا اطلب من أحد موظفينا ترتيب ذلك لك.

Jeśli Pan/Pani potrzebuje tłumacza lub tłumaczenie prosimy w tym celu zwrócić się do członka personelu.

Haddii aad u baahantahay tarjubaan, fadlan waydii qof ka mid ah shaqaalahaaga si uu kuugu.

如果你需要翻译或翻译员，请要求我们的员工为你安排

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