

Enhanced Recovery After Surgery (ERAS)

Radical Cystectomy

Please bring this booklet with you to all your appointments and when you come in for surgery.

Pre-op Information at a Glance

Your Surgeon is: _____

Office number: _____

Your surgery date is: _____

If you have a cold, fever, cough or have any new sickness before your surgery, please call your surgeon's office as soon as possible. Also call if you become pregnant.



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 PM, 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.

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Introduction

You are going to have a radical cystectomy. 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 to help plan your surgery. By using an Enhanced Recovery Program we can help you to recover faster. To find out more about Enhanced Recovery and your role, please check on the link below to watch a 5 minute video:

http://www.youtube.com/watch?v=swXJ_7Gtqz4

Having a 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.

Please bring this booklet with you to your Pre-Admission Clinic appointment and when you come in for surgery. We will be using your booklet to help with your teaching and to track what questions/concerns you might have.

There is space all through the booklet to write down any questions that come to mind. Use this space as well to write down the answers to your questions. We will go through the information with you and give you instructions that are specific for you.

In the hospital, you could hear words you are not familiar with. At the back of the book is a section for you to keep track of words you would like explained. If you hear words that you do not understand, please write them down and ask us to explain the words to you.

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. If you have any questions or concerns, please feel free to discuss with any of us.

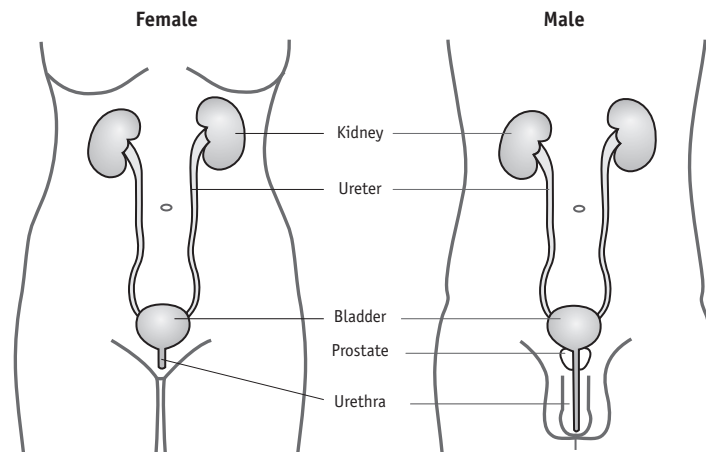


Please feel free to ask any health care provider to wash their hands.

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. Neobladder

Your Surgeon will discuss with you the option that is best for you.

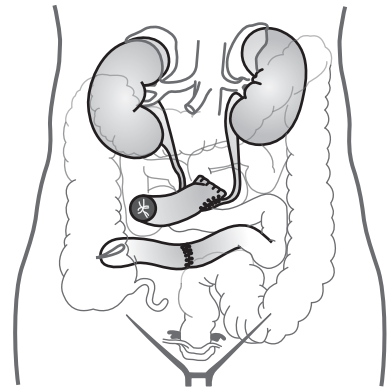
❑ Ileal Conduit (Urostomy)/Ileal Loop

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 hospital for 5–7 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.

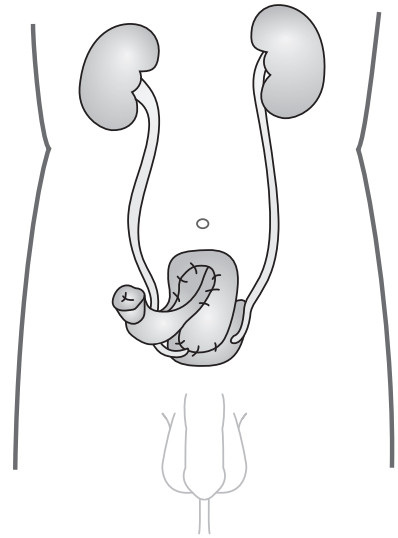


The stoma is usually located on the right side of the abdomen slightly below your belly button. An Ostomy Nurse will mark the chosen spot for the stoma before your operation. The stoma is soft, moist and red in color, similar to the tissue inside your mouth. At first the stoma may be 1”-1 ½” in size but may get smaller than 1” as it heals. There is no feeling in your stoma so it does not hurt. Urine passes out of the stoma without any sensation. During this operation, 2 small tubes called stents are placed into the ureters and exit through the stoma to assist healing. These stents are 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.

❑ Indiana Pouch

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. This operation to remove your bladder and create an Indiana Pouch is about 5 hours long. You can expect to be in hospital for 5 to 7 days.



Creating an Indiana Pouch

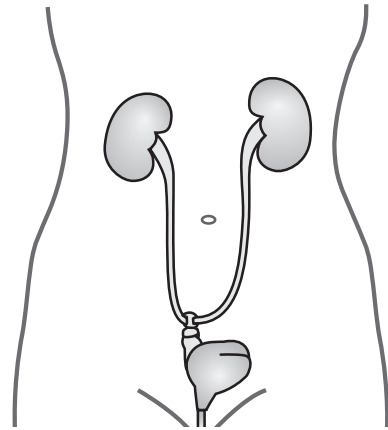
To make the Indiana Pouch, about 25-30 cm of large intestine, and 9-10 cm of small intestine are used. The ileocecal valve is used as the continent mechanism to prevent urine leakage. The remaining small intestine is then reconnected to the remaining large intestine and the digestive tract will return 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 are removed before you go home. Another catheter is placed inside the pouch that exits through the stoma. Most 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.

❑ 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 new bladder made from part of the small intestine. The neobladder is sewn at the bottom to your own urethra so urine is passed in the usual way. This operation is about 5 hours long. You can expect to be in 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 are removed before you go home. 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.

Before Your Surgery

Pre-Admission Clinic

All people visit the Pre-Admission Clinic before surgery.

You meet with an anesthesiologist and a nurse. Together they will help guide you through the process of your surgery, go over what you need to do to get ready for surgery, and answer any questions you have.

Since we give you a lot of information during this visit, **we encourage you to bring a family member or friend with you.**



During this visit:

- We ask you questions about your health and medical history. This information helps us plan your care. We also start planning for when you go home after surgery.
- We tell you which medicines you are to take or stop taking before the surgery. If you are not sure, ask us.
- You meet the doctor who gives you the medicine you need to sleep through the surgery (the medicine is called anesthetic and the doctor is an anesthesiologist).
- We review what you need to do to prepare for the surgery.
- You meet with the Ostomy Nurse. Together, you talk about the type of surgery you are having (Urostomy, Indiana Pouch, or Neobladder). The Ostomy Nurse marks the best place for the ostomy opening on your belly. The Ostomy Nurse sees you again after your surgery to help you learn to care for your new urinary diversion.

What to bring to this appointment:

- All the medicine, supplements and herbal products you are taking in their original containers
- A summary of your medical history and your health problems
- **This booklet**

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.

Exercise

Exercise helps you be in the best shape possible before your surgery and can help speed your recovery. You do not need to join a gym. Just going for a walk for 30 minutes each day is good exercise. Talk to your doctor before starting an exercise plan.

Smoking and Tobacco Use

Research tells us that people who stop smoking at least 1 month before surgery have less complications after surgery. For free nicotine patches or gum to help you quit, call 8-1-1 and register for the BC Smoking Cessation Program. You can also visit the QuitNow website for more help: “www.quitnow.ca”.



Nutrition

Your body will need extra energy, nutrients, protein, and calories to heal. It is important that you be in the best nutritional shape that you can be.

A dietitian can help you choose healthy foods that will help prepare you for surgery. If you have had unexplained weight loss or gain in the past 6 weeks, if you have noticed a decrease in appetite, or if you are overweight or underweight, it may be helpful to speak with a dietitian.

You can get a referral to a dietitian from your family doctor or you can contact a dietitian by dialing 8-1-1 (Health Link BC) on your phone. Be sure to tell them you are going for surgery.

Alcohol

Alcohol can interfere with your anesthetic and other medicines we give you during and after surgery. ***Do not drink any alcohol for at least 48 hours*** before your surgery.

Planning now for when you go home

You are admitted to hospital on the morning of your surgery.

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. 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). Get things ready in advance so they are ready when you leave the hospital. You will need help with meals, laundry, bathing, etc for the first week or so. Try and 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.

Something to organize to prepare for a successful recovery:

- Where will you be going after you leave the hospital?
Will you go home or stay with family or friends for awhile?
- Who will drive you home from the hospital?
- Prepare and freeze meals ahead of time so all you have to do is microwave or reheat.
- Shop for extra food that is easy to prepare.



What to bring to the hospital?

- **Bring this booklet with you.** We refer to information in this booklet throughout your stay.

Pack a small bag with things you could need during your hospital stay.

- **Sugar-free chewing gum for after surgery**
- Your BC CareCard 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 medicines in original containers (including non-prescription medicines)
- Housecoat, slippers with non-slip soles, pyjamas
- Toothbrush, toothpaste, soap, deodorant, shaving equipment, earplugs
- Clothes to wear on the day of going home
- Glasses (in the case with your name on it)
- Dentures and container labelled with your name
- Hearing aids and spare batteries (with the container labelled with your name)
- Mobility aids you normally use (cane, walker)

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

Please limit belongings to 1 small bag.

**The hospital is not responsible for lost or stolen valuables.
Please leave any valuables at home.**

Special Preparations

We have specific instructions for you on how to prepare for the surgery depending on what type of surgery you are having. Your surgeon might also give you other specific instructions.

We have checked off () in this section which instructions you are to follow. Follow these instructions along with what your surgeon has given you.

The week before your surgery

Medicines

- 7 days before your surgery, stop taking Vitamin E and any herbal medicines.
- Follow the instructions from the anesthesiologist in the Pre-Admission clinic.



The day before surgery

Surgery Time

- Your surgeon's office calls 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 PM, call the surgeon's office to get this information.



Contact your surgeon's office as soon as possible if:

- You feel sick
- You have become pregnant
- For any reason you feel you need to cancel your surgery



The day before surgery, *continued*

Cleaning your bowels



You do not need to do any special preparation for your bowels.

You need to do a special preparation to clean your bowels. Your surgeon will give you instructions and we will review these instructions at your Pre-Admission Clinic visit. Please follow the instructions.

Diet



Do not eat or drink anything after midnight.

or

Stop eating solid food at midnight but you can continue to drink clear fluids until 1 hour before your check-in time at the hospital.

Drink only clear fluids after your bowel preparation.

A clear fluid is something you can see through such as clear juices (look for 'no pulp' on the label), energy drinks, water, soft drinks, clear broth, consommé, or Jell-O.

Milk is not a clear fluid.

You can continue to drink clear fluids until 1 hour before your check-in time at the hospital.

Carbohydrate loading for Non-Diabetic and Diabetics not on insulin



- The evening before surgery prior to midnight:
Drink clear fluids high in sugar (carbohydrate).
This helps to keep you hydrated and helps keep your blood sugar normalized during surgery. Do not use diet or sugar-free drinks.

Examples of drinks:

- | | |
|------------------------|-----------------|
| • Apple juice | 500 mL = 2 cups |
| • Cranberry juice | 500 mL = 2 cups |
| • Iced Tea (sweetened) | 500 mL = 2 cups |

Drink at least the amount shown. Drinking more is okay.

Carbohydrate loading for Diabetics on insulin

- You are not required to drink a clear juice unless you feel hypoglycemic. You may continue to drink water to remain hydrated.

Preparing your skin



Our hospitals are starting a new program 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.

The day of your surgery

Medicines



The Pre-Admission Clinic Anesthesiologist will tell you what medicines to take on the day of surgery. You can take these medicines in the morning with a small sip of water.

Carbohydrate loading for Non-Diabetic and Diabetics not on insulin



- 1 hour before your check-in time at the hospital, drink 250 mL (1 cup) of the same drink you had the night before. Stop drinking all fluids once you have finished this drink.

DO NOT drink this sugared drink if you have been told not to drink or eat after midnight.

Carbohydrate loading for Diabetics on insulin

- 1 hour before your check-in time at the hospital, drink 250 mL (1 cup) of water. You may drink a clear juice instead (up to 250 mL) if you feel hypoglycemic.

At the hospital

- Go directly to the **Admitting Department**. You will be given directions on where to go.
- We check you in and make sure all your preparations are complete.
- You will be asked to wash again with the chlorhexidine wipes and then change into a hospital gown.
- If you need your glasses, leave them on until we ask to you take them off.
- Keep your hearing aid(s) or cochlear implant in place until we ask you to take it off.
- Leave your dentures in until we ask you to take them out.
- We might give you some medicines to help prepare you for your surgery.
- We encourage you to leave your bag of clothes and other belongings with family.

The Surgery

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

You meet with the anesthesiologist who will take care of you while you sleep through the surgery.

We insert an intravenous (IV) into your arm.

The anesthesiologist might also insert a small tube into your back called 'an epidural'. We use this to give you medicine to control your pain during and after the surgery. If together you and your anesthesiologist feel an epidural is appropriate for you, the nurse will give you a pamphlet.



Alternatively, the anesthesiologist or surgeon may decide to use a rectus sheath for pain management. This is a small tube in your abdomen that delivers medicine to control your pain.

The type of anesthetic you have depends on the type of surgery you have. There are two main types of anesthetics. 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.
- **General Anesthesia combined with Epidural pain management:** You have general anesthetic as above as well as an epidural in your back. The anesthesiologist uses the epidural tubing to give you pain medicine to numb the surgery area.

Waiting room

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

Your visitors will not be able to see you until you have been moved to the nursing unit. We let you and your family know which unit you are going to.



After Surgery

Post-Anesthetic Care Unit

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

You wake up in the recovery room, although you may be drowsy. When you are able, we get you to put your hearing aid(s) or cochlear implant on. You can have your glasses at any time.



You will have an oxygen mask and at least one intravenous. If you had an epidural inserted before your surgery, this will be in the place. You may have a catheter in your new bladder to drain urine depending on your surgical procedure.

We check your blood pressure, pulse, and breathing rate frequently. We also check the bandage (or dressing) covering your surgery area. We ask you how much pain you are having and give you pain medicine when needed.

You can begin to do your leg exercises. You can also begin to chew gum.

When you are well enough to be cared for on our surgical nursing unit, we 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.

Pain control

Many people are concerned about pain after their surgery. Some people feel pain is expected and try to “grin and bear it” while others do not want to take pain medicine because they are afraid of becoming addicted. You cannot become addicted to pain medicine when it is used to treat your surgical pain.



Pain is not helpful to your recovery. Your recovery will be slower if you are in too much pain. It will be more difficult to breathe deeply and move easily which can increase complications such as pneumonia and blood clots. Pain interferes with your sleep and can affect your appetite. Pain also slows down wound healing.

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

- you will get regular acetaminophen (Tylenol®) every 6 hours throughout your stay
- You may get NSAIDS such as naproxen (Voltaren®) every 12 hours throughout your stay.
- you will have an epidural or a rectus sheath catheter to treat your pain
- you will get other pain medicines as needed

Other things you can do to help ease the pain:

- listen to music
- do slow and relaxed breathing
- imagine peaceful situations

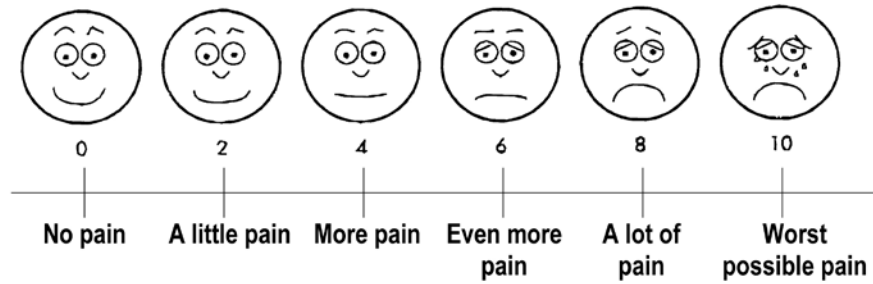
Ask your nurse about these other ways to help manage your pain.

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 pain medicine, 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:



If you have trouble choosing a number for your level of pain, we use pictures of faces below to ask about your pain (This tool is available in 22 languages).

Where we want your pain level to be:

- at a level less than 4 on the number scale, or
- at a comfort level that allows you to carry out your normal activities such as washing up, sitting and walking

Pain medicine works best if it is taken before pain becomes uncomfortable.

It is important to know that pain medicine will not make your recovery completely painless. The goal is to manage your pain and help you recover.

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

Nausea and vomiting

You might feel sick to your stomach (nauseated) or throw up (vomit) after surgery. You will get medicine 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 medicine right away and prevent it from getting worse. These medicines 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.
- Try distracting yourself with music or watch TV.



Eating, drinking, and digestion

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 working normally. The nurses will be providing you with a high protein drink (eg. Boost®) to supplement your diet.

We ask you often if you are passing any gas out of your backside (anus). This is a sign your bowels are starting to ‘wake up’ after the surgery.

- Chewing sugar-free gum helps wake up your bowel faster. It can also help keep your mouth moist.
- You should chew gum for 15 to 60 minutes several times a day.
- Do not swallow the gum.
- Drinking coffee may also help wake up your bowels faster.

Activity

The sooner you can get up and move around, the better it is for your recovery. Lying in bed leads to muscle weakness and can cause blood clots and pneumonia. Activity increases strength, helps to prevent complications, and helps get your bowels moving.

On the day of your surgery, your nurse or physiotherapist gets you up into a chair next to your bed. Remember to do your leg exercises (see page 25) when you are in bed.

When you start to eat, you will 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 try to do everything at once. We don’t 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/iCOUGH Protocol

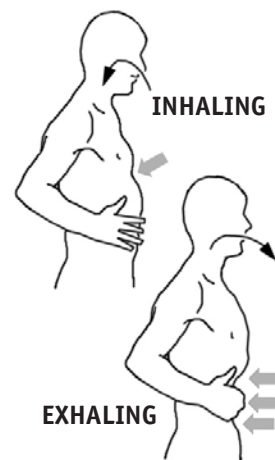
After surgery, your lungs make extra mucus. Deep breathing and coughing exercises help to clear this mucus from your lungs and prevent pneumonia. Deep breathing opens up your lungs and helps to loosen the mucus. Coughing helps remove the mucus from your lungs.

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 medicine at least 1 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.



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 your 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 might 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 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.

If you cannot remember how to do these exercises when you are in the hospital, don't worry. Your physiotherapist or nurse can review with you how to do all of these exercises. To help you remember to change positions, we remind you.

Leg Exercises

Exercises help keep the blood flowing through your legs, keep your muscles strong, and prevent stiff joints. 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 pumps

Ankle Circles

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



Ankle circles

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**.



Hip flexion

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.



Thigh muscle contraction

What to Expect Each Day

Every person's recovery is different. These next pages describe what most people can expect following a radical cystectomy.

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:

- Your pain is managed with pills only
- You are able to eat food without pain or bloating
- You are passing gas or have had a bowel movement
- You are able to do your basic activities of daily living
- 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.

Surgery day

Topic	What to expect
How will I feel ?	You probably feel sleepy and need lots of rest.
What equipment do I have?	<p>You might have several pieces of equipment and tubes. These are different for everybody but can include:</p> <ul style="list-style-type: none"> - Oxygen mask - Intravenous for fluids - Epidural catheter or a rectus sheath catheter for pain control - Catheter into your new bladder to empty your bladder and measure the amount of urine (pee) - Stoma with appliance - Stents (small tubes to help keep your ureters open) - Pelvic drain - Dressing or bandage over your incision

Surgery Day, continued

<p>How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</p>	<p>We treat your pain several ways:</p> <ul style="list-style-type: none">- Pain pump (Epidural pump or rectus sheath catheter)- Regular acetaminophen (Plain Tylenol®) every 6 hours- Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) every 8 to 12 hours.- Other pain medicines <p>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</p>
<p>What is my activity?</p>	<p>With help, you might get up to a chair or sit on the edge of the bed for 15 minutes.</p> <p>Every hour while awake:</p> <ul style="list-style-type: none">- Deep breathing and coughing- Leg exercises when in bed <p>At least every 2 hours:</p> <ul style="list-style-type: none">- Turn or change your position in bed
<p>What can I eat?</p>	<p>You won't be able to eat or drink today. You will get nausea medicine every 8 hours to prevent nausea.</p> <p>Start chewing gum for up to 15 minutes, 3 times a day.</p>
<p>Can I wash?</p>	<p>We may help you wash in the evening</p>
<p>Can I have visitors?</p>	<p>You can have visitors but remember you will be tired. Keep visits short. We suggest only close family visit you today.</p>
<p>What about my ostomy?</p>	<p>You may have an ostomy bag in place. We look after it for you.</p>

Notes:

Day 1

Topic	What to expect
How will I feel ?	<p>You should feel stronger today but might still feel tired.</p> <p>Rest between activities.</p>
What equipment do I have?	<p>You might have several pieces of equipment and tubes.</p> <ul style="list-style-type: none"> - Intravenous – we leave it in place if you are not drinking liquids or we are using it to give you medicines - Epidural catheter or rectus sheath catheter - Catheter in your new bladder - Stents - Ostomy appliance - Pelvic drain - Dressing over your incision
<p>How is my pain treated?</p> <p>If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</p>	<p>We will ask you for your pain score at least every 4 hours. We treat your pain several ways:</p> <ul style="list-style-type: none"> - Pain pump (Epidural pump and/or PCA Pump or rectus sheath) - Regular acetaminophen (Plain Tylenol®) every 6 hours - Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) every 8 to 12 hours. - Other pain medicines if needed <p>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</p>
What is my activity?	<p>Try to do a total of 4 hours of activity today.</p> <p>With help, you get up to walk short distances (twice per day). You will walk to the bathroom with help.</p> <p>Sit up in a chair for meals.</p> <p>Every hour while awake:</p> <ul style="list-style-type: none"> - Deep breathing and coughing - Leg exercises when in bed <p>At least every 2 hours:</p> <ul style="list-style-type: none"> - Turn or change your position in bed

Day 1, continued

What can I eat?	You can have a full fluid diet that includes 2 oral nutrition supplement drinks today for a total volume of 454 mLs or 16 ounces today. We encourage you to chew gum for up to 15 minutes, 3 times a day. Tell the nurse if you pass gas or have a bowel movement. You will receive nausea medicine if you need it.
Can I wash?	Wash at your bedside or in the bathroom. You might need some help to get 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 your <i>ERAS Radical Cystectomy</i> booklet, focusing on page 38 to help get ready for discharge.
What about my ostomy?	We start teaching you how to care for your urinary diversion.

Notes:

Day 2

Topic	What to expect
How will I feel?	<p>You start feeling stronger today.</p> <p>Rest between activities.</p>
What equipment do I have?	<ul style="list-style-type: none"> - Catheter in your new bladder - Stents - Ostomy appliance - Pelvic drain - Dressing over your incision <p>If not already taken out, we may remove the:</p> <ul style="list-style-type: none"> - Intravenous - Epidural catheter or rectus sheath catheter
<p>How is my pain treated?</p> <p>If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</p>	<p>We treat your pain several ways:</p> <ul style="list-style-type: none"> - Regular acetaminophen (Plain Tylenol®) every 6 hours - Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) every 8 to 12 hours - Other pain medicines if needed <p>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</p>
What is my activity?	<p>Try to do a total of 4 to 6 hours of activity during the day.</p> <p>Get up to the chair without help.</p> <p>Sit up in a chair for all meals.</p> <p>Walk to the bathroom with someone standing by.</p> <p>Every hour while awake:</p> <ul style="list-style-type: none"> - Deep breathing and coughing - Leg exercises when in bed <p>At least every 2 hours when in bed:</p> <ul style="list-style-type: none"> - Turn or change your position <p>At least 2 times a day, walk one circuit around the unit at with someone standing by in case you need help.</p>

Day 2, continued

What can I eat?	<p>You can have a full fluid diet that includes 2 oral nutrition supplement drinks today for a total volume of 454 mLs or 16 ounces today.</p> <p>We encourage you to chew gum for up to 15 minutes, 3 times a day.</p> <p>Tell the nurse if you pass gas or have a bowel movement. You will receive nausea medicine if you need it.</p>
Can I wash?	Wash at your bedside or in the bathroom.
Can I have visitors?	<p>Yes.</p> <p>Ask your family and visitors to let you rest for 2 hours during the day.</p>
When can I go home?	<p>Plan to go home on day _____.</p> <p>Review your <i>ERAS Radical Cystectomy</i> booklet, focusing on page 38 to help get ready for discharge.</p> <p>Learn how to self-inject Low Molecular Weight Heparin (LMWH) to prevent Deep Vein Thrombosis (DVT).</p> <p>If you need help or equipment at home, you will talk to a social worker, an occupational therapist, and/or physiotherapist.</p>
What about my ostomy?	<p>Empty your ostomy bag.</p> <p>Learn about changing your appliance.</p>

Notes:

Day 3

Topic	What to expect
How will I feel?	You feel stronger today. Continue to rest as required
What equipment do I have?	<ul style="list-style-type: none"> - Catheter in your new bladder - Stents - Pelvic drain - Ostomy appliance - We change the dressing over your incision. If your incision is clean and dry, we leave it uncovered. You will see staples, sutures, or tapes along your incision line.
<p>How is my pain treated?</p> <p>If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.</p>	<p>We treat your pain several ways:</p> <ul style="list-style-type: none"> - Regular acetaminophen (Plain Tylenol®) every 6 hours - Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) every 8 to 12 hours - Other pain medicines if needed <p>Relaxation techniques such as deep breathing, warm blankets, or listening to music.</p>
What is my activity?	<p>Walk to the bathroom without help.</p> <p>Sit up in a chair for all meals.</p> <p>Try to do a total of 6 to 8 hours of activity during the day.</p> <p>Every hour while awake:</p> <ul style="list-style-type: none"> - Deep breathing and coughing - Leg exercises when in bed <p>At least every 2 hours when in bed:</p> <ul style="list-style-type: none"> - Turn or change your position <p>At least 2 times a day, walk one circuit around the unit on your own.</p>
What can I eat?	<p>Eat and drink what you feel like. We will modify your diet, depending on what surgery you had.</p> <p>Drink 2 oral nutrition supplement drinks today.</p> <p>We encourage you to chew gum for up to 15 minutes, 3 times a day.</p>

Day 3, continued

Can I wash?	You can have a shower today. Try not to let water spray on your incision.
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 _____. Learn how to self-inject Low Molecular Weight Heparin (LMWH) to prevent Deep Vein Thrombosis (DVT). Arrange for someone to pick you up by 10:00 a.m. on the day you go home. Review your <i>ERAS Radical Cystectomy</i> booklet, focusing on page 38 to help get ready for discharge.
What about my ostomy?	Empty your ostomy bag. Learn about changing your appliance. Review any written information given to you by your ostomy nurse.

Notes:

Day 4

Topic	What to expect
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 will have stents, a drain, and catheters if you have a Neobladder. Otherwise no other equipment or tubes should be in place. If you have an ileal conduit, you will have an ostomy appliance.
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music. You will receive: <ul style="list-style-type: none">- Regular acetaminophen (Plain Tylenol®) every 6 hours- Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) as needed- Other pain medicines as needed
What is my activity?	You do at least 8 hours of activity throughout the day. Sit up in a chair for all meals. Do deep breathing and coughing exercises. 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?	Eat and drink what you feel like. We will modify your diet, depending on what surgery you had. Drink 2 oral nutrition supplement drinks 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.

Day 5 until you leave the hospital

Topic	What to expect
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 will have stents, a drain, and catheters if you have a Neobladder. Otherwise no other equipment or tubes should be in place. If you have an ileal conduit, you will have an ostomy appliance.
How is my pain treated? If your pain score is more than 4 out of 10 on the pain scale, tell your nurse.	Use ways to relax and control the pain such as deep breathing, warm blankets, or listening to music. You will receive: <ul style="list-style-type: none"> - Regular acetaminophen (Plain Tylenol®) every 6 hours - Non-Steroidal Anti-inflammatory medicines such as diclofenac (Voltaren®) as needed - Other pain medicines as needed
What is my activity?	You do at least 8 hours of activity throughout the day. Sit up in a chair for all meals. Do deep breathing and coughing exercises. 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?	Eat and drink what you feel like. We will modify your diet, depending on what surgery you had. Drink 2 oral nutrition supplement drinks 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.

Day 5 until you leave the hospital, *continued*

When can I go home?

Plan to go home on day _____.

Review your *ERAS Radical Cystectomy* booklet.

Review *The Day You Go Home* on page 38 of this book.

Review your *Pain Control After Surgery: Patient Information* booklet.

Continue to learn how to self inject LMWH.

Before you leave, if you still have questions, take time to ask us.

What about my ostomy?

Empty your ostomy bag.

Change your appliance.

Review any written information given to you by your ostomy nurse.

The Ostomy nurse 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.

Notes

The Day You Go Home

How you know you are ready

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 tests are normal or close to normal
- Your blood pressure, heart rate, and temperature 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 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 look after your ostomy, change your ostomy and appliance (with help if needed), and know how and when to order supplies
- You can self inject your LMWH



Your 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 might need to stay in a local hotel for 1 or 2 nights. You cannot continue to stay in the hospital if we feel you are well enough to leave the hospital.

Before you leave

Make sure you have:

- All your personal belongings including any medicines you brought with you
- Your house keys
- Your prescriptions
- Instruction sheet for any new medicines
- Your information booklets
 - *ERAS Radical Cystectomy*
 - *Pain Control After Surgery: Patient Information*
- Found out where and when you are to get your staples removed
- Talked with an occupational therapist if you need equipment at home
- Asked your surgeon when you need to make a follow-up appointment
- Someone to stay with you for the first few days at home in case you need help

Follow-up visit

Your surgeon will discuss with you your plan for follow-up before you go home. Because many patients are from out of town you may have your follow-up with your General Practitioner (GP) or referring urologist.

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.

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.



Caring for Yourself at Home

It can take 6 to 8 weeks to recover from radical cystectomy. 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

By the time we send you home, you will only need your pain pills. It is normal to have some abdominal pain for the first few weeks.



When you have pain:

1. Try first taking regular acetaminophen (Plain Tylenol®) to see if this will help it.
2. If the Tylenol® alone is not enough to ease your pain, take ibuprofen or another non-steroidal anti-inflammatory medicine.
3. If we gave you a prescription for an opioid pain medicine (e.g. hydromorphone or oxycodone), only take this medicine if the Tylenol® and ibuprofen does not help.

Continue to use the pain rating scale as a guide to treating your pain. Try to keep your pain score less than 4 out of 10 on the pain scale.

Caring For Your Incision

Your incision is usually closed and dry after a couple of days. You usually do not need a dressing and can leave the incision open to air. If you have staples or sutures, these can catch on your clothing. If this happens, place a light dressing or covering over top.

Do not put on creams or lotions to the wound (such as Polysporin, Vitamin E) unless your surgeon tells you.

- Bathing:

You can take a shower but try not to let the water spray directly on your incision for more than a few seconds.

For 2 weeks after your surgery, **do not soak in a bath.**

- Staple removal:



Call your family doctor to have your staples removed.

Your surgeon will tell you when to have your staples removed. If you cannot remember, call your surgeon's office.

- Dressing or bandage changes:

If you need dressing changes, we arrange for community nursing before you leave the hospital. The community nurse checks your wound and changes your dressing.

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 4 to 7 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'. 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 8 hours during the night.

You may have some urine leakage out of your stoma between catheterizations especially if the pouch is very full. You might 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. If healed, the catheter will be removed. 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 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 amount, 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 might take some time before your appetite returns to normal. To heal, your body will need extra calories, nutrients, and especially protein.

- 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, dried 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 are not able to eat enough food each day, you can continue drink 1 or 2 oral nutrition supplement drinks (e.g. Boost or Ensure) each day.

If you have questions about your diet, you can call 8-1-1 (HealthLink BC) any time and ask to speak to a dietitian.

Caring for your bowels

You might 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 medicine, especially if you are taking opioids.

To prevent constipation:

- Drink at least 6 to 8 glasses (1.5 to 2 L) of water each day unless you have been told differently because of a medical condition.
- Include fruits, vegetables, dried peas, beans, lentils and whole grains in your diet each day. These foods are high in fibre.
- Keep active. Go for a walk every day.

To treat constipation, talk to your pharmacist about a mild laxative or 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.

So you do not become dehydrated, drink 8 to 12 glasses (2 to 2.5 L) of water each day unless your doctor or dietitian has told you to limit how much you drink.

Activity and exercise

- Rest

Rest is important for your recovery. Your body does its healing when you are resting.

Try to get at least 8 hours of sleep each night.

Take naps or rest breaks during the day.

- Exercise

Exercise helps build your strength, improves your circulation, and generally makes you feel better.

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.



Listen to your body. It will tell you if you are doing too much too soon.

**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 exercises.
- Begin with taking short walks. Gradually increase 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.
 - Do not do any activities that pull on your incision and abdominal muscles such as vacuuming, raking, painting walls, or 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.

These activities can delay your healing and possibly lead to a hernia (an opening in a muscle that lets a part of your bowel stick out).

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.
- You can drive if you are only taking Plain Tylenol or ibuprofen
 - Do not drive your car while you are still taking opioid pain medicine if it makes you sleepy.



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

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.

Sexual activity

This operation may have a negative impact upon your sexual activity. Women usually cannot become pregnant unless the vagina, uterus and ovaries are preserved at the time of surgery. Men are infertile after surgery. For men, sexual activity may resume as soon as you are feeling ready after surgery. If you have difficulties, more time may be required. If problems persist, speak to your urologist. Women should wait 6 weeks before having intercourse.

Going back to work

Always check with your 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.



When to Get Help

Contact your surgeon or family doctor if:

- Your pain gets worse or does not go away with pain medicine.
- You have a fever over 38.5° C (101.3° F).
- Your incision becomes red, swollen, or hot to touch.
- You notice a lot of clear liquid or foul smelling liquid coming from your incision.
- You start bleeding from your incision.
- 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.
- If you have a drain that is accidentally pulled out.

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.

Additional Resources

A patient education video and patient story can be viewed at:

<http://enhancedrecoverybc.ca/learning-session-2/outcomes-congress-jan-12-2016>

Acknowledgements

Providence Health Care (2012) **Colon Surgery: Your Guide to Recovery.**
Print Health Education Materials.

*We hope you found the information in this booklet helpful
in preparing you for your surgery. If there is information
you feel we missed, please let us know.*

“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.

Going Home at a Glance

Usually you are ready to leave at 10:00 AM.

Please arrange for your ride to come just before this time.

Your Surgery: _____

Surgery Date: _____

Your Surgeon: _____ Office phone: _____

Follow-up Appointment: _____

Before you leave, do you:

- Know what to do or who to call if you have a problem?
- Have a prescription for your medicines (if needed)?
- Know how to care for your incision?
- Know how to manage your pain?
- Know how to prevent constipation?
- Know how to care for your ostomy? (if applicable)
- Know how to order your ostomy supplies (if applicable)
- Know how to self-inject your LMWH
- Know about your activity levels at home?
- Have all your personal belongings?



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

Special instructions:
