



PATIENT INFORMATION
ENHANCED RECOVERY AFTER SURGERY (ERAS)
RADICAL CYSTECTOMY
WITH UROSTOMY OR NEOBLADDER

Your Operation is called: _____

Your Operation is on: _____
Date Time

Please arrive at: _____ am / pm

Please come to: _____
Victoria Hospital - 800 Commissioners Road East
Day Surgery D2- 200

Medications:

STOP taking the following medications: _____

Take the following medications on the morning of your operation:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Welcome

At London Health Sciences Centre, we are committed to providing you with the highest quality and safest health care to meet your care needs. To provide you with a bed in the right place as soon as possible and reduce your time spent waiting, we may place you in a room that is shared by both men and women.

While you are here, you will follow a specific plan of care or pathway. This booklet provides an overview of your plan of care. Information in this booklet tells you and your family/friends what you must do and what will happen as we work together through your surgical experience.

As part of your surgical journey here at London Health Science Centre, all members of your health care team are committed to treating you and your family with dignity, compassion and will respect your privacy.

What is Urostomy or Neobladder Surgery?

When the bladder is removed due to disease, a new connection from your kidneys to the outside is required for your body to get rid of urine.

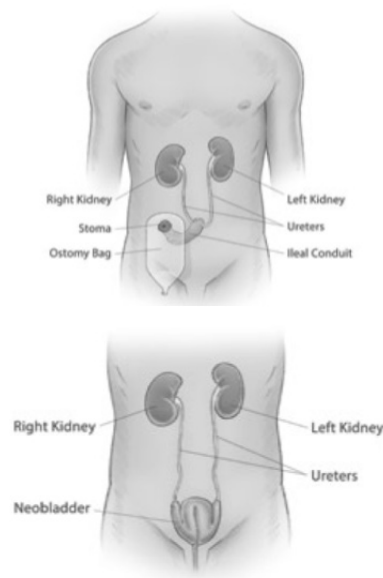
Your surgery can be done in 2 ways:

- **Urostomy (Ileal Conduit)**

The surgeon will take a short segment of the ileum (part of the small intestine) to create a channel for the urine to pass out of the body. The remaining bowel is sewn back together.

- **Neobladder**

The surgeon will create a “new” bladder out of a longer segment of small intestine in the same place as the old, diseased bladder was. This neobladder will be attached to the ureters from the kidneys and also attached to the urethra so that voiding urine is done as before.



Preparing for Your Surgery

Plan ahead. Make sure that you know who is going to bring you for your surgery and take you home. Also, make sure that everything is ready for you when you go home after your surgery. You should be able to walk and eat food and care for yourself as usual.

You may need help with the following:

- Bathing and self-care
- Laundry and cleaning
- Caring for pets
- Making meals

Smoking

London Health Sciences Centre is a smoke free environment and there is **no smoking on the hospital property**. If you smoke, we strongly suggest that you stop smoking completely for 3 weeks before your surgery. This will reduce the risk of lung problems afterwards. There are many resources available to help you. Talk to your doctor, nurse or pharmacist if you would like information to help you quit smoking.

Remember:

Once you decide to have surgery, every cigarette you don't smoke will help you recover faster and more safely. At the very least, on the night before surgery, do not smoke after midnight.



Length of stay

The length of stay will be **5-7** days for cystectomy and urinary diversion.

Things to bring to the Hospital

- ☐ This patient information booklet.
- ☐ OHIP card, hospital card and insurance information.
- ☐ All medications in original dispensed bottles / packaging and a current medication list, including any vitamins you are currently taking.
- ☐ Non-slip slippers or shoes, housecoat, glasses, dentures and hearing aids, in labeled cases.
- ☐ A credit card (if you wish to rent a television or telephone in your room) and earplugs (if you wish).
- ☐ Personal hygiene items like a toothbrush, toothpaste, hairbrush, mouthwash, deodorant, lip balm. **Remember the hospital is fragrance free and all products must be unscented.**
- ☐ Cane, crutch or walker if you use these for walking. Please label them with your name.
- ☐ Sleep Apnea machine if you use it for sleeping. Label it with your name.
- ☐ 2 - 3 packs of chewing gum. Chewing gum will help you recover from your surgery.
- ☐ Non-perishable, easily digestible foods like cookies, crackers, puddings or cereal cup. Do not bring foods that need to be refrigerated.

Things to Leave at Home

- | | |
|---|--|
| <input type="checkbox"/> Large amounts of money | <input type="checkbox"/> Remove all nail polish |
| <input type="checkbox"/> Valuables (jewelry, including rings) | <input type="checkbox"/> Remove all body piercings |

You are responsible for all personal belongings you bring to hospital.
All personal belongings should be left with a family member or friend until you are in your hospital room.

Pre Admission Clinic Visit

You will be seen in the Pre Admission clinic or contacted for a telephone interview several days or weeks before your surgery. This is where information is shared. We will learn more about you and your health, and you will learn more about your upcoming surgery.

During the clinic visit or telephone interview, a nurse will review the following information with you prior to your surgery:

- **Medical History:** Your past surgical and medical history and your current and past medications.
- **Bowel Preparations:** How to clear out your bowel before surgery if you are required to do so.
- **Body Cleansing:** Do not remove any body hair before your surgery (no waxing, shaving or clipping) because it can increase your risk of infection.
- **Diet:** What time you should stop eating and drinking before your surgery and what and when you can eat after surgery.
- **Activity level:** How much and when you should be moving after your surgery.
- **Pain control after surgery:** Options for your pain control will be reviewed.
- **Going home after surgery:** You will be asked about your home and any supports you already have in place (family, friends).
This will help to plan for your return home with any services you may need.



Activities that may occur in the Pre Admission Clinic

- Plan for a whole day appointment.
- A nurse will go over the following information with you:
 - Blood may be taken for testing.
 - An ECG (electrocardiogram: a test that looks at how well your heart works) and x-rays of your lungs will be done if needed.
 - You may be measured for IPC's (Intermittent Pneumatic Compression System) stockings for surgery. An IPC is an air pump that pushes air through the stockings wrapped around your legs that are secured by Velcro. This is to help prevent blood clots.
 - A member of the Skin, Wound, Ostomy team (SWOT), who is a Enterostomal Therapy Nurse specialized in ostomy, wound and continence, will see you today or arrange to see you before surgery to provide you with information and answer any questions you may have.

Day Before and Morning of Your Surgery

You can drink **clear liquids** up to **2 to 3 hours before** your surgery or until you leave for the hospital. A clear liquid is any liquid you can see through. Some items include: water, apple juice, cranberry juice or juices without pulp, broth, jello, popsicles, carbonated beverages, sports drinks or teas and coffee without milk. Milk and orange juice are not clear fluids and should not be taken.

You can eat solid food until 12 midnight, the night before your surgery.

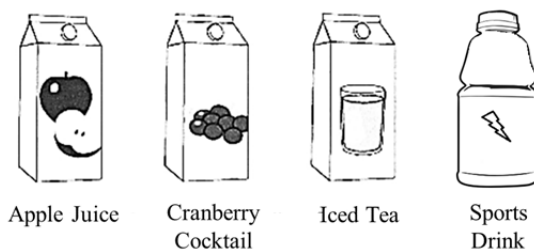
High Carbohydrate (sugary) drinks before your surgery

A drink that is high in carbohydrates contains large amounts of sugar. It is important to have sugary drinks that are clear liquids before your surgery because it will help you feel stronger after your surgery and recover faster.

- Drink up to 3 glasses (800ml) of high carbohydrate drink **at bedtime the night before your surgery.**
- Drink 1.5 glasses (400ml) of high carbohydrate drink up to 2 to 3 hours **before your surgery or until you leave for the hospital.**

If you have diabetes, please speak to the Pre Admission nurse about what is appropriate for you.

Examples of High Carbohydrate drinks:



Medications

- Take any medications as instructed during your Pre Admission visit.
Please see the cover page of this booklet for medication instructions.

Day of Surgery at Hospital

- Go to designated location as identified on the front cover for registration.
- You will go to the surgical preparation area.
- You will be taken to your assigned room **after your surgery.**

Before you go to surgery

- You will be asked to remove anything that can come off during surgery. Examples include: dentures and/or partial plates, eyeglasses, hearing aids, contact lenses, jewelry, wigs or removable prostheses, such as an artificial eye or leg. Your family can keep these for you until after surgery.
- You will be asked to put on a patient gown.
- The nurse may place IPC stockings on your legs if ordered by your doctor.
- You will see a nurse and an anesthesiologist. They will answer any questions you may have. They will ask you a few questions to make sure you are safe to have your surgery.
- If your stoma site has not been marked, a member of the SWOT team will mark your skin for the stoma site before surgery.
- You will be asked several questions by the nurse about when you last had anything to eat or drink and any medications you have taken.
- Your blood pressure, pulse and temperature will be checked.
- Blood work may be drawn.
- An intravenous (IV) is a small tube that is placed in your arm, wrist or hand that is used to give medications and fluids through your veins.
- You may be given some medications, including pain medication, to prepare for your surgery.
- You will be taken to the operating room.
- Your family can wait for you in the waiting room.

During Surgery

- If you are to receive an epidural (small tube in your back) for pain medication, it will be inserted before you are put to sleep.
- The anesthesiologist will put you to sleep. This is not painful.
- Antibiotics and anticoagulants (blood thinners) may be given to help decrease your chance of infection and blood clots.

Immediately after surgery

- You will wake up from your surgery in PACU (Post Anesthetic Care Unit) where you will recover and stay until you are ready to be transferred to your room.
- Incision is below the belly button and a dressing will be over top of this.
- An intravenous (IV) drip will give you fluid and medicine.
- Pain medicine will be provided.
- A nurse will ask about your pain level. Please tell the nurse if your pain changes or gets worse.
- A face mask or nasal prongs will support your oxygen needs until you are fully awake and able to do your deep breathing and coughing exercises.
- If you have a neobladder, you will have a catheter in your abdomen and a catheter from the urethra. These will stay in place for the duration of the inpatient stay.
- You will also have a small drain in the abdomen that usually can be removed before you go home.
- There will be 2 small catheters (called stents) from the kidney that usually can be removed before you go home.
- Your vital signs will be checked often (blood pressure, temperature, pulse and breathing).
- A nurse will check your bandage (dressing) and ostomy site.
- You may be offered sips of clear fluids.
- You will be transferred to your assigned room after you are stable and comfortable.



Your Care on the Inpatient Unit:

- A nurse will regularly check your vital signs (blood pressure, temperature, pulse, and breathing) and urine output.
- Your bandage for your abdominal incision will be checked regularly and changed as ordered by your doctors. The incision may be left open to the air or a light dressing applied. You may see staples on your incision.
- Your ostomy site will be checked regularly. You and your family will be encouraged to start caring for your ostomy.
- If you have a neobladder, the catheters will be flushed 2 times per day or as needed to keep it flowing. You will be taught how to do this as it will continue when you go home.
- Opening and closing the pouch, emptying the pouch contents and complete pouch system changes will be taught to you and your family members by the ET nurse and the inpatient nursing staff before you are discharged home from hospital.
- You may receive extra oxygen for a short time. You will be monitored to see when the extra oxygen can be stopped.

- Lying in bed without moving may cause problems like pneumonia, blood clots and muscle weakness, which may slow down your recovery. The more often you get up, the better you will feel.
- An injection of medication to help prevent blood clots will be given daily as ordered by your doctor.
- You may have an Epidural or PCA pump to help manage your pain.
- The IV line will be used to give you medications and fluids. Your nurse will check in on you to ensure your pain is under control and that you are comfortable.

Breathing Exercises

Your healthcare team will show you how to do deep breathing exercises. This helps to keep your lungs clear. Breathing exercises and coughing help to prevent pneumonia or other infections in your lungs. Perform breathing exercises below:

1



Breathe in slowly and deeply through your nose, and then breathe out slowly through your mouth with your lips pursed.

2



While holding a pillow against and supporting your incision, give 3 strong coughs.

If your cough is wet, try to cough more and clear the phlegm.

Repeat Steps 1 and 2, ten times every hour when awake.

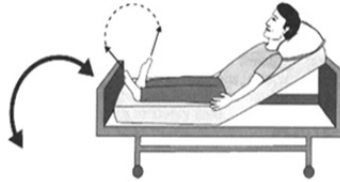
Leg Exercises

You will be helped to do the following exercises by your healthcare team:

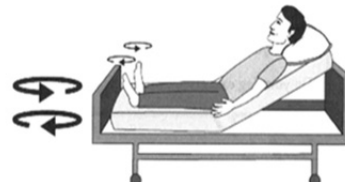
- Sit up and dangle your legs at the side of the bed.
- Start your leg exercises – see leg exercises. You will be encouraged to do foot and ankle exercises every hour to prevent blood clots. Your IPC's will stay on for this reason.
- Repeat these 4-5 times every hour while you are awake.



Stretch your legs out straight



Wiggle your toes and bend your feet up



Wiggle your toes and rotate your ankles

Why is Moving Around After Surgery Important?

After bowel surgery, your bowel may stop working for a short period of time. This is called an ileus [i-lee-uhs]. When this happens, people feel bloated and may have nausea or vomiting. If you have an ileus, this will increase your surgery recovery time.

Pain medicines, which contain narcotics, increase the chance of an ileus. Frequent walking and chewing gum help the bowel work faster and speed up your recovery.

With the help from nurses, personal support workers, physiotherapists, occupational therapists, or your family members, you will:

- Do as much as you can for personal hygiene, such as bathing/showering, brushing your teeth or dressing yourself
- Sit up in a chair for all your meals
- Be out of bed, either walking or sitting frequently for increasing periods of time
- Do your deep breathing exercises
- Do your leg exercises

Remember:

If you move around as much as you can after your surgery, this will help reduce the chance of a blood clot in your legs or lungs.

Do your leg exercises every hour you are awake!



Food and Drink

You will start taking fluids 2 hours after surgery and will be provided a light meal the day of your surgery unless otherwise instructed.

You will receive a regular meal tray the first day after your surgery.

You can eat as much or as little of whatever you want. You should not push yourself. Eat only when you are hungry or feel ready. Your family can bring you food if you prefer, but check with your nurse first about what is right for you. You can bring non-perishable foods (crackers, granola bars, pudding or applesauce, etc.) to eat when you are hungry.

You should always sit in a chair at meal times, even if you eat very little.

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working. If you cannot chew gum for any reason, talk to your surgeon or nurse.

You should **chew gum at least 3 times a day for at least 5 minutes** starting the day after your surgery. Chewing too much gum is not good for your recovery.

Tell your nurse if you are sick to your stomach (nauseous) or if you feel bloated during or after eating. Medication to relieve the nausea can be given.

Remember:

Chewing gum after surgery will help you pass gas, which is a sign that your bowels are working.

Chew gum at least 3 times a day!



Pain Control

Pain is an unpleasant feeling that is different for every person. There are many words people use to describe pain like: 'soreness', 'discomfort', 'aching'.

There are different medicines you can take after surgery to help manage your pain. There are also different ways of receiving your medicine. You and your pain team will discuss different options before your surgery and together you will decide which options are best for you. Sometimes, you may receive more than one type of medicine and more than one way of receiving it. The most common ways to receive medicine are:

Intravenous (IV) Pain Medicine

Pain after surgery is frequently treated with strong medicine (narcotics) given through your intravenous (IV). Most likely you will be given a pain pump to use. This method of pain relief is called PCA (Patient Controlled Analgesia). Pain medicine from the PCA pump goes into your IV and then into your body. When you use PCA, you are in control of how much pain medicine you get and when you get it. If you are having pain, you push a button that is attached to the pain pump. You can push the button at any time you think that you need more pain medicine. **The pump is programmed and checked frequently by the nursing staff to ensure you do not receive too much medication.** You will hear a beep from the pump to let you know that the pain medicine is going into your intravenous. After the beep, it takes only a few minutes for the medicine to work. You do not need to call the nurse to get pain medicine. However, it is very important that only you and no one else push the button on the pain pump. **Do not let your family or friends push the button!**

If you have a PCA pump, your nurse in the recovery room will give that pain medicine to you until you are awake enough to use it yourself. If you choose a pain pump, you will have it until you are able to drink fluids and swallow pills by mouth as assessed by your doctors. You may also be given pain pills by mouth in addition to using the PCA.

If for some reason you are unable to use your pain pump, your nurse will give you the pain medicine that you need. Your nurse will check with you if you are in pain and will give you medicine if needed.

Epidural Pain Medicine

An epidural is a small tube placed in your back by an anesthesiologist. It is placed in a space outside your spinal cord to give you medicine to reduce your pain after surgery. Medicine is given through the tube to provide pain relief. This medicine is usually local anesthetic or “freezing” plus a narcotic. Epidurals are usually inserted before your surgery.

After your operation, your epidural will be connected to an epidural pump, which will deliver a steady dose of pain medicine. Sometimes, you may be able to control the pump yourself PCEA (Patient Controlled Epidural Analgesia). **The pump is programmed and checked frequently by the nursing staff to ensure you do not receive too much medication.** However, it is very important that only you and no one else push the button on the pain pump. **Do not let your family or friends push the button!**

If you choose an epidural, your pain doctors will assess you daily and decide when it is to be removed. You will still be able to walk while the epidural is giving your pain medicine.

Oral Pain Medicine

You will be given different types of pain medicine on a regular basis after your surgery to help manage your pain. Each pill works differently in your body and reduces the need for large amounts of strong pain medicine, such as narcotics.

If the Pain Medicine does not control your pain, please tell your nurse.

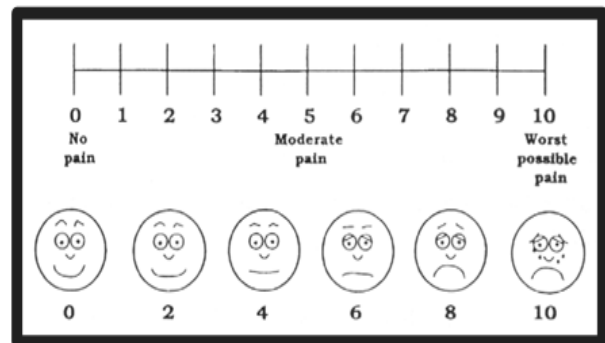
Having your pain well controlled is important because it helps you to:

- Decrease the stress in your body so you can recover faster
- Breathe and cough more easily
- Move more easily
- Sleep better
- Do things that are important to you

When do I treat my pain?

You may find that your pain is less when you are resting and more when you are moving. If the pain is stopping you from moving, you should treat your pain.

A pain rating scale can help you decide when to do something to relieve your pain. You can use a scale from 0 to 10 to determine how much pain you are having.



You Might Feel...

1) Nervous about getting up

This is a normal feeling. Your nurse will help you to walk with the IV pole and tubes.

2) Hungry or Not Hungry

It is safe to have fluids and food after your surgery. You may eat and drink what you feel like. You will usually feel like eating and drinking more each day.

3) Tired

This is normal because your body is trying to heal. After your walks, it is important to rest.

4) General Wellness

If you are not feeling quite yourself after surgery, let your doctors or nurses know.







WHAT TO EXPECT EACH DAY AFTER SURGERY

The Night of Your Surgery

My Responsibilities Are:

- ☐ I will start taking fluids 2 hours after surgery and may take a light meal the day of surgery unless instructed otherwise.
- ☐ I can eat as much or as little of whatever I want. I should **not** push myself. Eat only when I am hungry or feel I am ready.
- ☐ I will sit up and dangle my legs at the side of the bed or be up in chair for a short period.
- ☐ I will perform breathing exercises every hour when I am awake.
- ☐ I will look at my urostomy or catheters from the neobladder.
- ☐ I will start my leg exercises.

Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:








FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
 <p>Clear Fluids then Light Meal</p>	 <p>Sit up in bed and dangle your legs</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale</p>		 <p>Fill in Activity Log</p>

Day 1 After Surgery

My Responsibilities Are:

- ☐ I will bath or shower today.
- ☐ I can eat as much or as little of whatever I want. I should not push myself. Eat only when I am hungry or feel I am ready.
- ☐ I will chew gum 3 times a day with my meals.
- ☐ I will sit in the chair for all of my meals.
- ☐ I will walk in the hallway at least 3 times today.
- ☐ I will do my deep breathing and coughing 10 times an hour while I am awake.
- ☐ I will do my leg exercises 4-5 times an hour while I am awake.
- ☐ I will review my ostomy resource kit.
- ☐ I will look at my urostomy or neobladder catheters today.
- ☐ I / or my family will complete the activity log book.

Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:








	FOOD	ACTIVITIES: MOVEMENT & OSTOMY CARE	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
Day 1 – 2 after Surgery	 <p>Solid Food & Chew Gum.</p>	 <p>Up in chair for all meals; Walk in hallway</p>  <p>Look at stoma and change pouching system as directed by your nurse/ET</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale</p>	 <p>You may have a urinary catheter bag</p>	 <p>Fill in Activity Log</p>

Day 2 After Surgery

My Responsibilities Are:

- ☐ I will bath or shower today
- ☐ I can eat as much or as little of whatever I want. I should not push myself. Eat only when I am hungry or feel I am ready.
- ☐ I will chew gum 3 times a day with my meals.
- ☐ I will sit in the chair for all of my meals.
- ☐ I will walk in the hallway at least 3-4 times today.
- ☐ I will do my deep breathing and coughing 10 times an hour while I am awake.
- ☐ I will do my leg exercises 4-5 times an hour while I am awake.
- ☐ I will continue to review my ostomy resource kit.
- ☐ I will demonstrate ostomy pouch emptying to my nurse.
- ☐ I will participate with a complete pouching system change today with assistance of the nurse or the ET nurse. I may want to have my family present.
- ☐ I will participate in irrigating the catheters if I have a neobladder.
- ☐ I / or my family will complete the activity log book.







Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:

	FOOD	ACTIVITIES: MOVEMENT & OSTOMY CARE	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
Day 1 – 2 after Surgery	 <p>Solid Food & Chew Gum.</p>	 <p>Up in chair for all meals; Walk in hallway</p>  <p>Look at stoma and change pouching system as directed by your nurse/ET</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale</p>	 <p>You may have a urinary catheter bag</p>	 <p>Fill in Activity Log</p>

Day 3 After Surgery

- ☐ I will bath or shower today on my own.
- ☐ I will chew gum 3 times a day with my meals.
- ☐ I will sit in the chair for all of my meals.
- ☐ I will walk in the hallway at least 4-5 times today.
- ☐ I will do my deep breathing and coughing 10 times an hour while I am awake.
- ☐ I will do my leg exercises 4-5 times an hour while I am awake.
- ☐ I will continue to review my ostomy resource kit.
- ☐ I will be emptying my ostomy pouch or irrigating my catheters with minimal assistance from my nurse.
- ☐ I will participate with a complete pouching system change today (if not done the day before) with the assistance of the nurse or ET nurse. I may want to have my family present.
- ☐ I / or my family will complete the activity log book.







Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:

	FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
Day 3+ after Surgery	 <p>Solid Food & Chew Gum.</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale with oral medications</p>	 <p>Drink plenty of fluids.</p>	 <p>Fill in Activity Log</p>

Day 4 After Surgery

- ☐ I will bath or shower today on my own.
- ☐ I will chew gum 3 times a day with my meals.
- ☐ I will sit in the chair for all of my meals.
- ☐ I will walk in the hallway at least 4-5 times today by myself.
- ☐ I will do my deep breathing and coughing regularly while I am awake.
- ☐ I will do my leg exercises regularly while I am awake.
- ☐ I will continue to review my ostomy resource kit.
- ☐ I will be emptying my ostomy pouch by myself.
- ☐ I will demonstrate a complete pouching system change with the assistance of my nurse or flush my catheters if I have a neobladder. I may want to have my family present.
- ☐ The ET nurse will give me information for my ostomy care (including supply numbers, where to purchase, sources of funding/support, additional educational resources) or neobladder care.
- ☐ I / or my family will complete the activity log book.







Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:

	FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
Day 3+ after Surgery	 <p>Solid Food & Chew Gum.</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale with oral medications</p>	 <p>Drink plenty of fluids.</p>	 <p>Fill in Activity Log</p>

Day 5 After Surgery

- ☐ I will bath or shower today on my own.
- ☐ I will chew gum 3 times a day with my meals.
- ☐ I will sit in the chair for all of my meals.
- ☐ I will walk in the hallway at least 4-5 times today by myself.
- ☐ I will do my deep breathing and coughing regularly while I am awake.
- ☐ I will do my leg exercises regularly while I am awake.
- ☐ I will be emptying my ostomy pouch or flushing the neobladder catheters by myself.
- ☐ I will demonstrate a complete pouching system change if I have a urostomy (if not done the day before) with assistance of my nurse if required. I may want to have my family present.
- ☐ I will plan for discharge home in a day or two, which includes a ride home.
- ☐ The ET nurse will give me information for my ostomy care (including supply numbers, where to purchase, sources of funding/support, additional educational resources).
- ☐ I / or my family will complete the activity log book.







Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:

	FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
Day 3+ after Surgery	 <p>Solid Food & Chew Gum.</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale with oral medications</p>	 <p>Drink plenty of fluids.</p>	 <p>Fill in Activity Log</p>

Day 6 After Surgery

- ☐ I will bath or shower today on my own.
- ☐ I will chew gum 3 times a day with my meals.
- ☐ I will sit in the chair for all of my meals.
- ☐ I will walk in the hallway at least 4-5 times today by myself.
- ☐ I will do my deep breathing and coughing regularly while I am awake.
- ☐ I will do my leg exercises 4-5 times an hour while I am awake.
- ☐ I will empty my ostomy pouch or flush the neobladder catheters by myself.
- ☐ I will demonstrate a complete pouching system change (if not done the day before) with assistance of my nurse if required. I may want to have my family present.
- ☐ I will plan for discharge home today or tomorrow, which includes a ride home.
- ☐ The ET nurse will give me information for my ostomy care (including supply numbers, where to purchase, sources of funding/support, additional educational resources).
- ☐ I / or my family will complete the activity log book.







Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:

	FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
Day 3+ after Surgery	 <p>Solid Food & Chew Gum.</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale with oral medications</p>	 <p>Drink plenty of fluids.</p>	 <p>Fill in Activity Log</p>

Day 7 After Surgery

- ☐ I will bath or shower today on my own.
- ☐ I will chew gum 3 times a day with my meals.
- ☐ I will sit in the chair for all of my meals.
- ☐ I will walk in the hallway at least 4-5 times today by myself.
- ☐ I will do my deep breathing and coughing regularly while I am awake.
- ☐ I will do my leg exercises 4-5 times an hour while I am awake.
- ☐ I will empty my ostomy pouch or flush the neobladder catheters by myself.
- ☐ I will demonstrate a complete pouching system change (if not done the day before) with assistance of my nurse if required. I may want to have my family present.
- ☐ I will plan for discharge home today, which includes a ride home.
- ☐ The ET nurse will give me information for my ostomy care (including supply numbers, where to purchase, sources of funding/support, additional educational resources).
- ☐ I / or my family will complete the activity log book.

Your health care providers will monitor and assist you with your daily responsibilities and goals as outlined in the pictures below:

	FOOD	ACTIVITIES: MOVEMENT	ACTIVITIES: DEEP BREATHING & COUGHING	PAIN	TUBES & LINES	CHECK-IN WITH YOUR CARE TEAM
Day 3+ after Surgery	 <p>Solid Food & Chew Gum.</p>	 <p>Up in chair for all meals; Walk in hallway</p>	 <p>10 times every hour you are awake</p>	 <p>Your pain should be under a 4 on a scale 0 – 10 scale with oral medications</p>	 <p>Drink plenty of fluids.</p>	 <p>Fill in Activity Log</p>

Going Home from the Hospital

You should have arranged for your ride home and who is going to help take care of you once you are at home. If you require any other services and or equipment, you will need to be sure you have confirmation that this has been arranged for you prior to discharge (such as a walker or bathroom equipment).

- Your nurse will review a discharge instruction sheet with you.
- You will have a follow-up appointment with your surgeon.

Incision Care

You may go home with staples in your skin that hold your surgical incision together. If so, talk to your nurse about when they need to come out.

- Avoid scrubbing, soaking or direct shower spray on your incision.
- Gently pat your incision dry.
- Do not put lotion, powder or any type of ointment on your incision.

Activity

For 4 - 6 weeks after your surgery or as directed by your surgeon:

- Avoid lifting anything heavier than 5 - 10 lbs.
- Do not shovel snow, lift laundry baskets, rake or vacuum.
- Gradually increase your activity. You may tire easily because your body is using a lot of energy to heal itself. Listen to your body and rest when you feel tired.
- Do not do abdominal exercises, high intensity aerobic activities or weight training for 4-6 weeks after surgery.
- You may start to drive when you are no longer taking narcotic pain medicine.
- Return to work when recommended by your surgeon.

Ostomy

- The ET nurse will give me information for my ostomy care (including supply numbers, where to purchase, sources of funding/support, additional educational resources).
- Southwest LHIN Home and Community Care will be initiated in hospital to help support you with your ostomy when you are home.

Neobladder

- The nurse will give me information about when to irrigate my catheters.
- Southwest LHIN Home and Community Care will be initiated in hospital to help support you with your neobladder or urostomy when you are home.

Diet

- A well-balanced diet will help your recovery. Eat small meals more often.
- Have protein with each meal. Protein helps your body heal. Protein can be found in meat, poultry, peanut butter, eggs and milk products.
- It is recommended that you drink 8 - 10 glasses of fluid a day (not including caffeine drinks).
- Having a lot to drink may help you to avoid constipation.

Medication

- Your home medications will be reviewed by your health care team.
- A prescription may be given for pain medicine or other new medications you need to take at home after you are discharged.

Things to Watch For

Notify your family doctor, your surgeon or go to the nearest emergency room if any of the following occur:

- You are vomiting, bloated or feeling nauseous all the time.
- Discomfort that your pain medicine does not help.
- Your incision or the skin around it becomes red, swollen, or increasingly painful.
- Your incision separates at the skin line.
- Monitor urine from your ostomy
 - If the amount of the urine from your ostomy is decreasing or no urine at all.
- Your stoma changes colour (very pale, gray, or black) or the skin around it becomes sore and irritated.
- You have increased drainage, pus, or have a bad odour from your incision.
- Bright red blood from your anus or ostomy from inside of your stoma.
- If you have a temperature over 38.0 degrees Celsius or 101 degrees Fahrenheit
- Leg pain (do not massage your calves).
- If you become dizzy, lightheaded, feel thirsty, dry mouth, fatigued, reduced urine output.

Patient Pin # _____ **Surgeon** _____