

Ileal Conduit Diversion Surgery

Here are some words and pictures to help you understand this surgery:

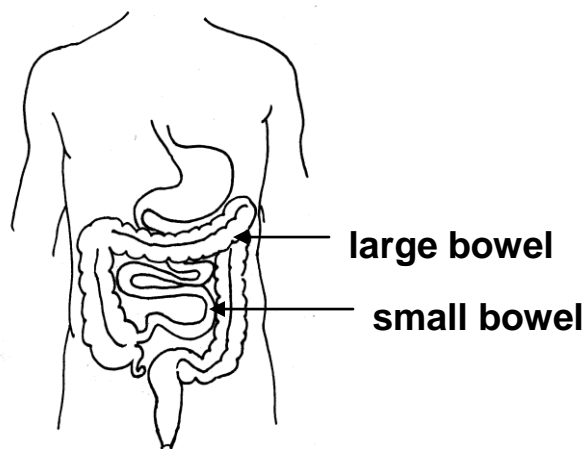
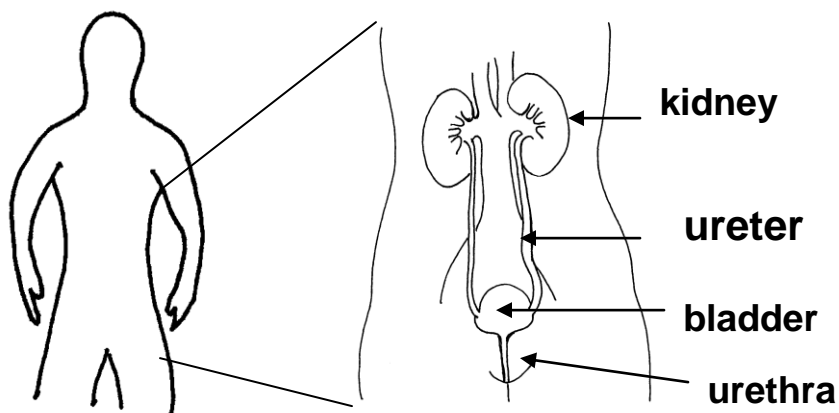
Bladder: the bladder stores urine that is made by the kidneys

Bowels: the bowels are the parts of the body that digest food and fluids. There is a small bowel and a large bowel.

Kidneys: the kidneys filter waste products and water out of the blood

Urethra: is a tube that takes the urine out of the body

Ureters: take the urine from the kidneys to the bladder



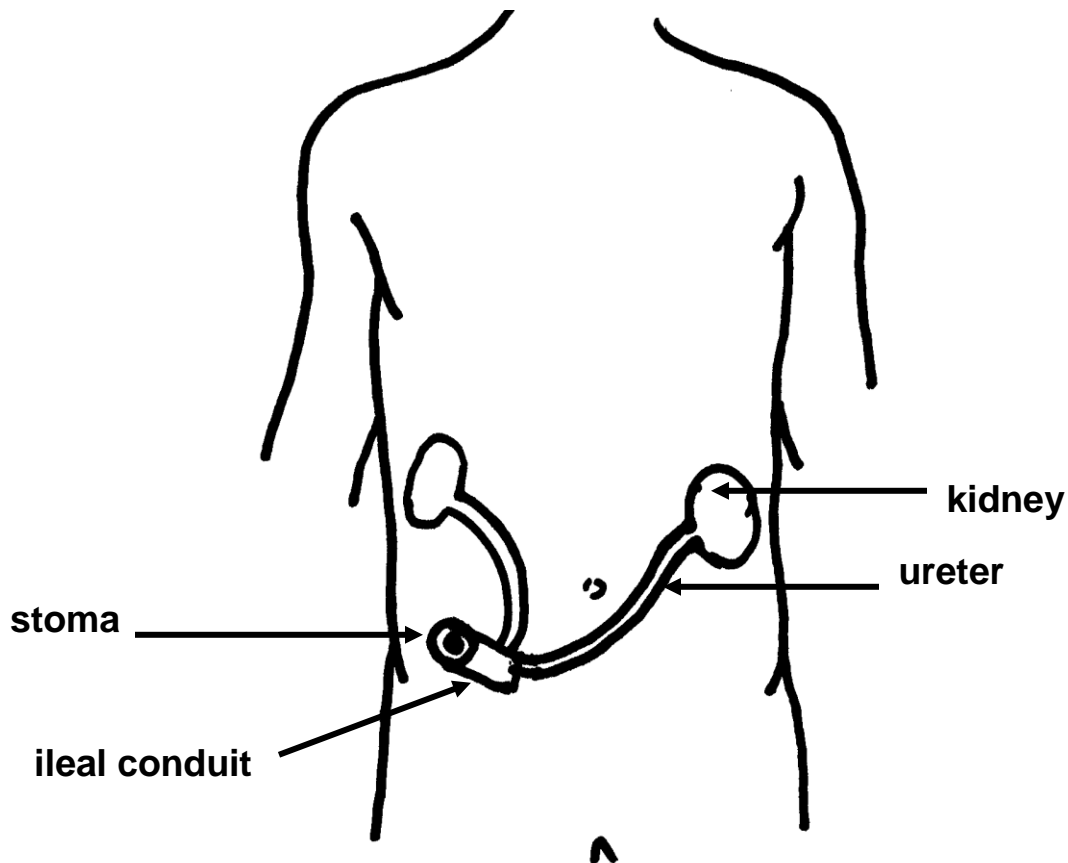
What is an ileal conduit diversion?

The bladder is a balloon like muscle that collects urine after it is filtered from the kidneys. Sometimes the bladder needs to be taken out because of a medical problem such as cancer. When this happens, urine needs a way to leave the body.

The surgery is called an ileal conduit diversion. This means that the ureters are attached to the end of the small bowel instead of the bladder. This part of the bowel is called the ileum.

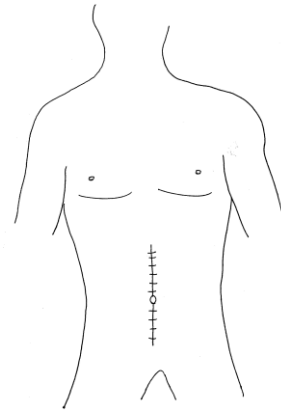
The ileum is then attached to the wall of the abdomen. The opening on the skin is called a stoma. Urine then flows into the ileum and out the stoma.

A collection bag is attached to your skin over the stoma. Urine collects in the bag and you empty this throughout the day.



How many incisions will I have?

You have 1 incision. The incision is closed with stitches and staples.



What are the risks and benefits of this surgery?

Your doctor will explain the risks and benefits of this surgery. Be involved and ask questions. Make sure you understand the risks and benefits before you sign a consent form.

Benefits are:

- the diseased bladder is taken out
- you may no longer be incontinent and need to wear pads, briefs or protective underwear

Risks are:

- infection in the incision
- the incision opens due to infection
- bleeding in the surgical area
- problems with stoma such as bleeding
- pneumonia from not moving after surgery
- a blood clot or air bubble in the lungs called a pulmonary embolism
- a lazy bowel after surgery called post-op ileus
- a ureter detaches from the ileum

Before Surgery

Stoma marking

A special nurse called an Enterostomal Therapist or ET will mark the place on your abdomen where the stoma will be. The ET will pick a place that you can see and reach. The ET will also talk to you about the type of collection bag and products you can use after surgery. The ET will also follow you after surgery to help you with your stoma and skin care.

Pre-Admission Assessment Clinic

You will come to the Pre-Admission Assessment Clinic 1 to 2 weeks before surgery to have any blood work, X-rays and other tests your doctor orders. In this clinic, you talk to a nurse and anaesthetist. You learn how to get ready for surgery and have your questions answered. You also learn about having a general anaesthetic. This means you are asleep during the operation.

Bring a list of your medications to the Pre-Admission Assessment clinic so the nurses and anaesthetist can see what you are taking.

If you take medications regularly, the nurse or anaesthetist in the Pre-Admission Clinic will tell you which medications you can take and which ones to stop before surgery.

The nurse will also tell you when to stop eating and drinking before your surgery. If you take medication each morning, the nurse will tell you if you should take it the morning of surgery. You will also be told what time to come to the hospital on the day of your surgery.

The Day Before Surgery

Start your bowel prep to clean out your bowel. The nurse in the Pre-Admission Assessment clinic gives you the Bowel Preparation instruction card to follow. The bowel preparation is very important to do.

The Day of Surgery

You will come to the Day Surgery Unit to get ready. You will be called into the unit by yourself.

The nurses will ask you to go to the bathroom and put a hospital gown on. You will then lie in a bed and a nurse will ask you some questions.

Your nurse will start an intravenous in a vein in your arm. This is a thin tube used to give you fluids and medications.

You may get a medication to help you relax.

When you are ready your nurse will put the bed rails up and ask your support person to join you until you go to the operating room.

The surgery lasts 4 to 5 hours.

After Surgery

How do I feel after surgery?

After surgery, you go to the recovery room. The nurses watch you closely until you are fully awake. If you feel pain or have an upset stomach, the nurse gives you medication to help.

Your doctor decides where you go after the recovery room:

- You may go to the Intensive Care Unit.
- You may go to the Step Down Unit.

On these units, the nurses monitor your blood pressure, breathing, heart rate, incision, pain, general recovery from surgery and how well your ileal conduit is working.

You can talk to your doctor about how long you may be in hospital. This depends on your medical condition.

Pain, discomfort and nausea

You may have some pain and discomfort from your incisions.

If you had an epidural in your back for surgery, it stays in to help control pain. The tubing is attached to an IV and computer pump and the pain control medication goes through this system. Most people have the epidural for pain control for the first few days then take pills for pain control after that.

You may use a pain control pump to give yourself pain control medication. If you have one of these, you are shown how to use it.

Other ways to relieve pain are:

- walking
- any method of relaxation such as listening to music, deep breathing or imagery

Some people have nausea after a general anesthetic. If you feel sick to your stomach, tell your nurse. You can have medication to help.

Intravenous tube

The IV stays in your arm to give you fluids and medication when needed. It is taken out when you are able to drink well.

Central venous catheter

Some people have a tube going into a vein in their neck. This is called a central venous catheter or CVC. This tube is also used to give fluids and medications.

Drainage tube

You may have a small tube coming out of your abdomen called a drain. This is used to drain old blood and fluids made during the surgery. This tube comes out as soon as the drainage stops.

Stoma and urostomy bag

The stoma on your abdomen is covered with a pouch to collect urine. This pouch is called a urostomy bag, The ET showed you this bag before surgery and comes back to teach you more about your care. You also learn how to connect the pouch to a larger bag while you sleep at night. The ET teaches you about skin care and products to use at home.

Stents

You have 2 thin tubes coming out of the stoma. These are called stents. These stents allow for urine to flow through the stoma until swelling decreases. These are taken out before you go home.

Nasal gastric tube

Some people have a tube that goes into the nose and then down into the stomach. It helps healing after surgery. This tube stays in until your bowels start moving and any nausea is gone.

Oxygen mask or nasal prongs

You may need extra oxygen after surgery. This is given by a mask or prongs that sit just outside your nose. The oxygen is stopped when you are breathing well.

Bowels

Your bowels begin to move slowly for the first 2 to 4 days.

Walking helps move the gas and your bowels.

Special stocking or boots

You may need to wear special compression stockings or moon boots on your legs. These help control swelling and promote circulation of your blood.

What activity can I do?

Exercise and activity are important to help you recover. Getting up and moving helps:

- keep muscles strong
- prevent breathing problems
- prevent blood clots
- prevent constipation

Do deep breathing and circulation exercises every hour that you are awake.

Ask your nurse to help you, the first time you get up. You are encouraged to move around as much as you can. Make sure you have good walking, non-slip shoes on. As you feel stronger, you are able to take longer walks.

Your nurse helps you get up at the side of the bed or take you for a walk in the hallway as early as the first night after surgery. You get up 2 to 3 times each day or more as you feel stronger. The physiotherapy team also helps you with your walking and chest exercises.

Can I bath or shower?

You may take a sponge bath but try to keep the incision dry. Pat the incision dry after you bathe. ✘ Do not shower until your drain is taken out.

How do I look after my incision?

Look at your incision each day. The incision should be a clean, dry closed line. Your incision may be covered with tape. Tell your nurse if you see any redness or discharge coming from the incision or if the tape falls off. You can take the tape off 1 week after surgery.

If you have staples, they are removed 7 to 14 days after surgery. You may go to the family doctor to have these removed.

What about my diet?

You cannot have anything to eat or drink until your bowels start to move.

Then you start to eat in steps:

- sips of water/ice chips
- clear fluids
- full fluids
- soft diet
- regular diet

Members of the health care team tell you when it is safe to go to each next step.

What plans should I make for going home?

You will need to arrange for someone to drive you home.

The ET nurse helps you complete a form to apply for an Ostomy Grant from the Assistive Devices Program. This grant helps you pay for your supplies.

Care At Home

Community Care Access Centre Visits

Before you leave the hospital, the Community Care Access Centre Case Manager visits you. The CCAC Case Manager tells you about your home care services.

A CCAC nurse visits you in your own home to help with the care of your urostomy and pouch. The nurse continues the teaching started in the hospital until you are able to manage care on your own.

It takes about 1 to 2 months for you to feel well and regain your strength. It is also common to feel sad, depressed or discouraged after surgery. Talking about your feelings with friends, family, health care members or support groups can help you deal with your feelings.

There are some resources at the back of this book for you and your family.

Pain control

If you have pain, take the medication ordered by your doctor.

Pain should be less and less each day. Call your doctor if your pain gets worse or does not go away over time.

Some medications can cause constipation. You can prevent constipation by eating more fibre and drinking plenty of fluids.

If constipation becomes a problem, contact your doctor or ask to speak to a dietitian

You may need to take medication to prevent or treat constipation.

Bathing and incision care

When you have a sponge bath, cover the incision to keep it dry.

You can shower after the drain is taken out.

Exercise and Activity

Gradually resume your normal activities. Moving and walking helps you recover.

- ✘ Do not lift heavy objects such as grocery bags, a suitcase, or vacuum cleaner until you check with your doctor.
- ✘ Do not do any strenuous exercise until your doctor says you can.
- ✓ Walking is good for you. Start with short walks. Build up to longer walks. At first you will be tired. Take rests. Aim to walk 2 to 3 times a day for a total of 30 to 40 minutes by 6 weeks after surgery.

Return to work or school

The usual time off is 6 to 8 weeks. When you return depends on what you do. Ask your doctor when you can go back to work or school.

Sexual activity

You can resume sexual activity when you feel comfortable around 6 to 8 weeks. Talk to your doctor about sexual activities and any concerns you have.

When do I see the surgeon again?

Make sure you have a follow-up appointment with your surgeon. At this appointment, your doctor explains any further follow-up and testing that you may have.

Contact your doctor if you notice:

- the incision is red, swollen, painful, bleeding or draining
- you have a fever
- you have nausea or vomiting
- bloody urine
- the stoma is black or purple



Community Resources and Support after Surgery

Health care members that can help:

The CCAC nurse can answer your questions and help you problem solve new situations for as long as you have CCAC visits.

You can call the hospital ET nurse for questions or help as well. Call 905-522-1155 ext. 33240.

You may want to talk to a social worker. Call the Social Work Department at St. Joseph's: 905-522-1155 ext. 33101

Remember . . .

To contact any health care member, be prepared to leave a message and you will get a call back. If you do not get a call back, call again.

Community Support Group

Ostomy Society:

The Ostomy Society is a group of people who all have stomas. Members meet on a regular basis. At these meetings, you can talk about the issues that are of concern to you, as well as the problems you may have as a result of your surgery.

You can also receive support from people who know how you are feeling. New supplies are introduced and members are kept up-to-date with all the new equipment that is available.

When invited, ET nurses attend the meetings to answer questions and lend support. This support group is a great source of information and a place to share with friends.

For more information:

For current information and local associations and chapters near you, go to the:

United Ostomy of Canada, Inc. website:

ostomycanada.ca

