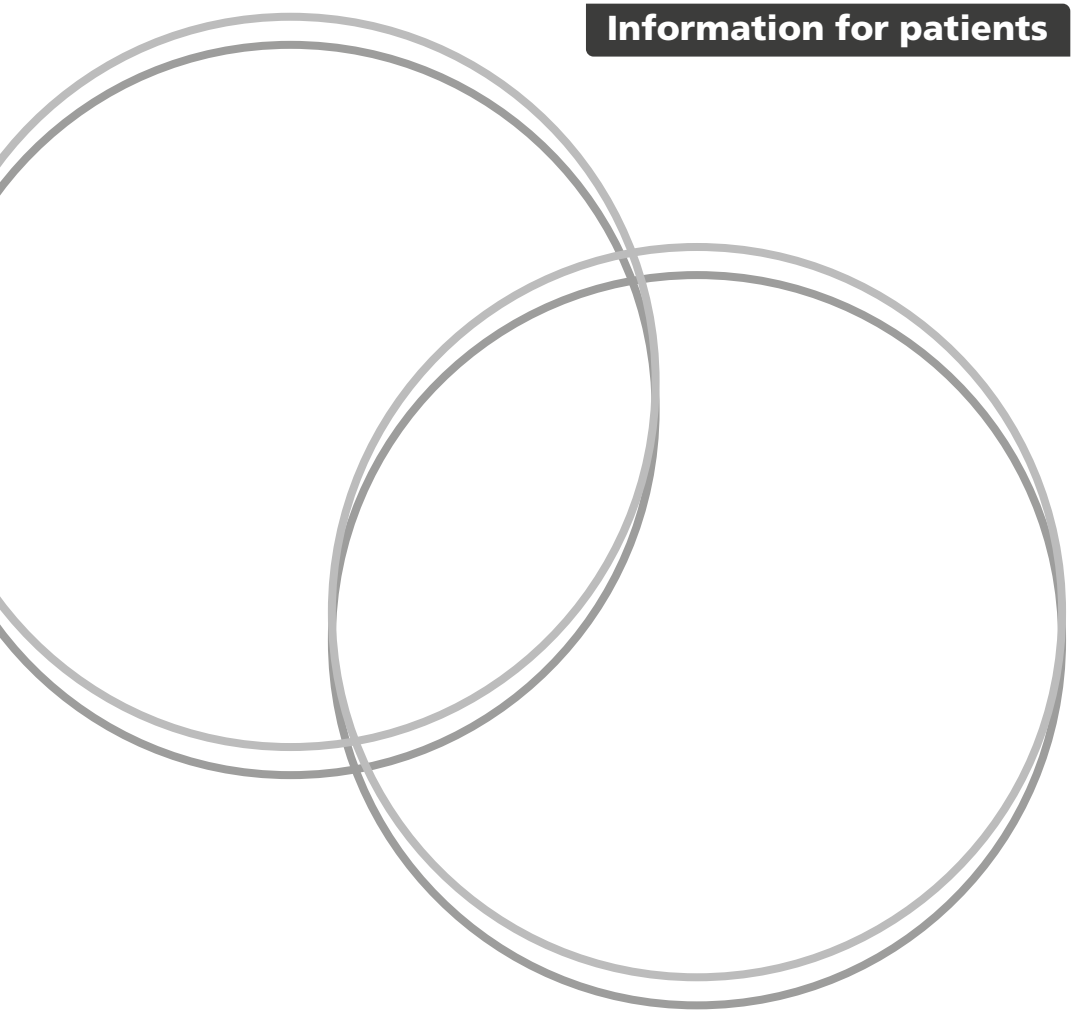
NHS
Oxford University Hospitals
NHS Foundation Trust

Enhanced Recovery After Surgery (ERAS)
Cystectomy

Information for patients



What is Enhanced Recovery?

Enhanced Recovery is a way of improving the experience and wellbeing of people who need major surgery. It will help you to recover sooner, so that life can return to normal as quickly as possible. The programme focuses on making sure you are actively involved in your recovery.

There are four main stages:

- planning and preparation before admission (including improving your nutrition and physical fitness before surgery)
- reducing the physical stress of the operation
- a structured approach to the pre-operative (before surgery), intra-operative (during surgery) and post-operative (after surgery) management, including pain relief and early nutrition
- early mobilisation (getting you moving as soon as possible).

Research has shown that taking carbohydrate drinks up to two hours before surgery, as part of an Enhanced Recovery programme, can reduce the stress of the operation on your body. We may give you some carbohydrate drinks to take in the hours before your surgery.

We will also give you an early mobilisation plan. The purpose of this plan is to get you moving as soon as possible and would involve getting you out of bed the day after your surgery and assisting you to walk increasing distances on the ward every day until you are discharged home. If you have problems walking, we will develop a personalised, realistic mobility plan with you during your recovery.

The Enhanced Recovery programme is a guideline for all the professionals involved in looking after you (the multidisciplinary care team). The programme may not be suitable for everyone. If this is the case for you, the team looking after you can make changes, making sure the care you receive is not only of the highest quality, but is also designed around your specific needs.

We will give you a patient diary to record your thoughts and feelings and to note down your progress during your time in hospital after your operation. Whilst we hope you will complete this, it will not affect your care if you choose not to.

What to expect

Planning and preparation before admission

You will be seen in an outpatient clinic to discuss what is planned for your surgery. You will have the operation explained to you, including the risks and benefits, and you will have the opportunity to sign a consent form.

It is important that you tell us as early as possible if you have any concerns about managing your daily recovery at home following your discharge from hospital or if your circumstances change during your admission.

You will have an appointment to go to the Pre-operative Assessment Clinic before the date of your surgery. This is to make sure you are fit for an anaesthetic and surgery.

You will see a nurse, who will check your general health and do tests such as blood tests. You may see an anaesthetist, to discuss the anaesthetic you will have for the operation. They will also talk with you about the pain relief you will need after the operation. You will have the opportunity to ask any questions you may have.

Please bring along a list of your regular medications (it may be easier to bring your repeat prescription with you). We will use the information we gather to plan your care in hospital and to deal with any problems at an early stage.

On the day of your surgery, you will come into hospital as a Theatre Direct Admission (TDA). This means you will be transferred to a bed on the relevant ward after your surgery.

Further information can be found in the following patient information booklets. these will be given to you at the Pre-operative Assessment Clinic or can be found on our website: www.ouh.nhs.uk/patientinformation

- Pre-operative Assessment Preparation for your operation
- Preventing blood clots while in hospital

What can I do to prepare for my surgery?

Being active

Your heart and lungs have to work harder after an operation to help the body to heal. If you are already active and do regular physical exercises, you will be used to your heart and lungs working harder.

Improving your health and activity levels, means that you are more likely to have a shorter recovery and less complications.. Even small changes can make a big difference. Regardless your general health condition, there may be changes you can make to reduce the risks of complications from the operation. Aim to do any activity that can make you feel out of breath at least three times per week. Check with your doctor before starting any new activity. Examples of some activities are brisk walking, swimming, cycling, gardening or playing with your children or grandchildren. Activities that improve your strength and balance will also be useful for your recovery such as yoga and thai chi.

Further information can be found on the website for Royal college of Anaesthetists:

www.rcoa.ac.uk/patients/patient-information-resources/preparing-for-surgery

Stopping smoking

It is extremely important to stop smoking as soon as possible before any major surgery. The longer you are smoke-free before your surgery the better. Continuing to smoke before surgery can increase the risk of complications involving anaesthesia, heart, lungs and wound healing. These complications may result in slower recovery and a longer stay in hospital.

Reducing alcohol intake

Alcohol consumption of three units or more a day (for example, a 250ml glass of wine or a pint of beer above 5.2% in alcohol strength) can lead to multiple complications after surgery and can weaken your body's immune system. Reducing or stopping alcohol can help towards sleep better, loss of any excess weight and increase in energy levels.

Avoid drinking alcohol for at least three days before surgery.

There are several places you can get support for stopping smoking and reducing alcohol intake:

Here for Health – Waiting Well programme (Stay Healthy While You Wait for Surgery)

Waiting for surgery is a good time to focus on your health and wellbeing. Making small changes now can help you feel better, lower health risks, and support your recovery after your operation. We can support you with advice, information, and practical help tailored to what matters most to you. We can help you with:

- Stopping smoking
- Cutting down on alcohol
- Becoming more physically active
- Healthy eating
- Weight management
- Improving your wellbeing
- Better sleep

If you are aged over 18, live in Oxfordshire would like support or a chat about staying healthy while you wait for surgery, please contact us:

Telephone: **01865 221429**
Email: hereforhealth@ouh.nhs.uk
Website: www.ouh.nhs.uk/HereforHeath

GP health centres

GP health centres can also offer support with alcohol reduction. GPs may suggest different types of assessment and support options available such as local community alcohol services. You can find local support services in your area from this website:

www.nhs.uk/live-well/alcohol-support

Local Pharmacy

Make an appointment at the local pharmacy. Some retail pharmacies have fully trained Stop Smoking Advisers who can also help you to quit.

National Smoking Helpline

Call the National Smoking Helpline number listed below to find out the nearest support available.

Telephone: **0300 123 1044**

Website: www.nhs.uk/better-health/quit-smoking

Stop For Life Oxon

Offers community-based behavioural support and nicotine replacement products for patients in Oxfordshire

Telephone: **0800 772 3673**

Text: QUITOXON to 66677

Website: www.smokefreeoxon.co.uk

Drinkaware

Drinkaware is an independent UK-wide alcohol education charity that offers a variety of services and information on calculation of units and calories in alcohol, alcohol intake self-assessment as well as tools and services available to support you reduce your alcohol intake.

Telephone: **02077 669 900**

Email: contact@drinkaware.co.uk

Website: www.drinkaware.co.uk

Emotional wellbeing and psychological support

Having cystectomy surgery can impact more than just your physical recovery. It is common to experience anxiety, low mood, changes in confidence, concerns about body image, intimacy, fatigue, or uncertainty about the future. Emotional support can help you and your family before and after surgery.

Please speak to your specialist nurse or GP if you are struggling emotionally. Support is available and you do not have to manage this alone.

Useful sources of support include:

Maggie's Oxford

Free practical, emotional and psychological support for people with cancer and their families, based at the Churchill Hospital. Drop-in support, groups and one-to-one conversations are available.

Website: www.maggies.org

Macmillan Cancer Support

Information, counselling support, financial guidance and a free support line for people affected by cancer.

Website: www.macmillan.org.uk

Cancer Research UK

Offer practical and emotional support for people coping with a diagnosis of bladder cancer and with life during and after treatment

Website: www.cancerresearchuk.org
Search for 'living with bladder cancer'

Bladder Cancer Support Group

Patient-led bladder cancer support groups and online peer support for patients, families and carers.

Website: actionbladdercanceruk.org

Fight bladder cancer

Support patients, their family and friends and all people affected by bladder cancer.

Website: www.fbc.uk.com

Mind

Mental health support, wellbeing advice and local services for anxiety, depression and emotional distress.

Website: www.mind.org.uk

NHS Talking Therapies

Service offering support for stress, anxiety, depression and adjustment after illness.

Website: www.nhs.uk
Search for 'talking therapies'

Many patients find it helpful to talk with others who have had similar surgery or cancer treatment experiences. Your specialist nurse may also be able to signpost local support groups and counselling services.

Urology Specialist Nurse Tel: 01865 572374

Oral care

Research suggests that a build up of bacteria in your mouth can increase the risk of infection in your lungs following major surgery. Practicing good oral care can reduce this bacteria and help towards your recovery after surgery.

Before you come into hospital, we recommend that:

- you brush your teeth or dentures twice a day, using a fluoride toothpaste.
- you rinse your mouth with an alcohol-free, antiseptic mouthwash 30 minutes after brushing.
- you visit your dentist or dental hygienist as part of your routine check-up, to manage any existing dental health problems.

Bring your toothpaste, toothbrush and mouthwash with you when you come into hospital, to continue with your oral care after surgery. Continue with your oral care for four to six weeks after your discharge from hospital, as part of your recovery.

Keeping hydrated

It is important to keep well hydrated by drinking enough fluids.

Early signs of dehydration can include feeling a lack of concentration, headaches and light headedness. If you are dehydrated over a long period of time, it can start affecting your kidney function and can cause problems like urine infections and constipation.

Taking note of the colour of your urine is a good way to check how hydrated you are. Your urine should be a pale yellow to clear colour.

The amount of fluid you individually need depends on a factors such as age and weight. However, other influence such as, the weather; temperature, physical activity levels and how much you sweat, can also affect how much fluid you require.

Advice for an average adult is to aim to drink between 1.5 to 2 litres of fluid a day. This is equivalent to six to eight mugs of fluid.

There are some conditions (such as kidney problems) that may require individuals to follow a fluid restriction. If this applies to you, please follow the advice given by your specialist doctor or dietitian.

What type of drinks should I have?

- Drinking water is the best way of hydrating and you can add sugar free squash for flavour or slices of fruit for flavour.
- Sugar free fizzy drinks, tea and coffee can also be taken. Although we advise to avoid drinking them in large quantities.
- Fruit juices are a good source of vitamins and minerals but limit them to one glass a day as they also contain sugar.
- Milk counts as fluid also, choose full fat (blue top) milk if you are wanting to gain weight or skimmed milk (red top) if you are wanting to manage your weight.

Alcohol does not count towards your daily fluid needs.

If you find it difficult to drink enough fluids, try adding foods such as cereal with milk, soup, smoothies, milk shakes, ice cream, ice lollies and jelly which will also contribute to your daily fluid intake.

Urostomy/Stoma care

A urostomy or stoma is a small opening in the skin of your abdomen (tummy), through which you can pass urine.

Before your operation, you will have an appointment to see the Urology Specialist Nurse. They will put a mark on your abdomen to show where the stoma will be; please do not rub this mark off before your operation. They will also give you a stoma training pack to practice with at home. Please do use this pack, as the more stoma practice you get before your operation, the easier it will be to manage your stoma care afterwards.

Neobladder

A neobladder (new bladder) is a replacement of your original bladder with a reservoir pouch created from a section of your bowel. This will collect urine, so you can pass it naturally.

If you are having a neobladder created as part of your surgery, **please eat only low fibre foods for 24 hours before your surgery, including the evening before your operation**. Avoid vegetables such as carrots or sweetcorn or other high fibre foods such as wholemeal bread, branflakes or brown pasta/rice.

High fibre foods can stay within the part of the bowel used to create the neobladder, which increases the risks of infection.

Ureteric stents

There will be two ureteric stents (small plastic tubes) coming out of your stoma or directly from your abdomen (tummy). These drain urine from your kidneys, helping with healing after your operation.

Reducing the physical stress of the operation

Nutrition

You may be given some carbohydrate drinks by your pre-operative assessment nurse. These are special drinks designed for people undergoing surgery. They are clear, still drinks, that contain carbohydrates and minerals. They are easy to digest, so you can still take them **up to two hours** before your surgery. Please take these drinks according to the specific instructions given to you at the Pre-operative Assessment Clinic.

- **Evening before your surgery**: take _____ carbohydrate drinks.
- **Morning of your surgery**: take _____ carbohydrate drinks, to be finished **by 6am** on the day of your admission.

Carbohydrate drinks are not suitable for people with diabetes, suspected diabetes or slow stomach emptying.

Carbohydrate drinks are gluten, lactose and fibre free. You may prefer to drink these drinks chilled.

If you are taking nutritional supplement drinks, such as Fortisip, Altraplen or Complan Shake, please note:

These drinks are different from the carbohydrate drinks and take longer to empty from your stomach. They should only be taken whilst you are still allowed to eat food before your operation.

If you have unintentionally lost weight or are struggling to eat and drink, please tell your Urology Specialist Nurse or pre-operative assessment nurse. It is important that you are as well nourished as possible before your operation.

If you have any further questions please speak to your Pre-operative Assessment nurse.

What happens after the operation?

Below is an example of what to expect after your operation:

Day of surgery

The doctors and nurses will stabilise your condition in the Churchill Overnight Recovery Unit (CORU) after surgery. You will be helped to sit in up in bed and allowed something to drink.

Post-operative day 1

You will be transferred to the Urology ward. You will be helped to sit out of bed, go for walks with assistance, have something to drink and some light cereal, soup and puddings. Start chewing gum and begin stoma practice.

Post-operative day 2

You will sit in the chair, go for walks with assistance, have something to drink and build up to eating a light diet, and continue with chewing gum and stoma practice.

Post-operative day 3

You will sit in the chair for all meals, go for walks with assistance, have something to drink and eating a light diet. Continue with chewing gum and stoma practice.

Post-operative day 4

You will sit out of bed, go for walks, have something to drink and eat a light diet, continue stoma practice or start urinary catheter care.

You will be given a patient diary before your operation, which explains what we will do and what to expect after the operation. It includes goals for you to achieve during your hospital stay and to prepare yourself for leaving hospital.

Sugar-free chewing gum to aid bowel function

After your surgery it can take some time for your bowels to start working again. This may cause sickness and vomiting.

As well as keeping your mouth moist and tasting refreshing, research studies have shown that chewing sugar-free gum stimulates the gut to start working again after surgery, which may allow you to go home sooner. Sugared gum does not have the same effect.

Please do not chew gum within the 6 hour period before your surgery, as this may lead to your surgery being cancelled.

To aid your recovery, we would like you to chew some sugar-free gum for the first few days **after** your surgery, three times a day for 20 minutes, in between mealtimes. After you have chewed the gum, please discard it into the medicine pot provided by your nurse – do not swallow it.

We would like you to chew gum until you have passed wind and opened your bowels for the first time. You may continue to chew gum after this time if you wish.

Please be aware:

- If you are allergic to **soya, mint** or **aspartame**, chewing gum is not suitable for you.
- For safety, sit upright whilst you are chewing the gum.
- Chewing gum can cause you to swallow air. To avoid this, try not to talk whilst chewing and limit the chewing time to 20 minutes.
- Chewing gum can occasionally cause headaches. If you experience these, please tell your ward nurse.
- If you have loose dentures, chewing gum may irritate your gums. Please make sure your dentures are securely fixed using your denture-fix paste. Alternatively, if you have partial dentures, you may want to remove them whilst chewing.

Please bring in one packet of sugar-free chewing gum for use after your surgery. Chewing gum is also available to buy from the hospital shop.

Early mobilisation

You will need to get moving (mobilise) soon after your surgery. This is one of the most important parts of the Enhanced Recovery programme. It can help to prevent complications, such as chest infections, pneumonia, and developing blood clots (e.g. deep vein thrombosis (DVT) or pulmonary embolism (PE)).

Moving around will also get your bowels and gut working, which will help to stop you from feeling sick. This means you will be able to eat and drink sooner, giving your body energy to recover.

Details of how we are going to help you mobilise are written in your patient diary. It will involve sitting out of bed for increasing lengths of time and walking increasing distances. We will also help you to meet the goals in your personalised mobility plan, if you have problems walking.

Preventing blood clots after surgery

You may need to have a course of blood-thinning injections after you have been discharged from hospital. This is to reduce the risk of you getting a blood clot in your leg or lung after your surgery.

These are once daily injections, which you will need to give yourself until the course has finished. You will be taught how to inject yourself and will have the chance to practice before you go home. This course of injections is started whilst you are in hospital and continues until 28 days after your surgery.

If you are already on blood thinning medication before surgery your surgical team will make a plan for resuming your medications. If you have any further queries related to your medication, please discuss these with your surgical team.

Managing your pain after surgery

It is important your pain is well managed after your surgery to help you take deep breaths, cough effectively, meet your mobility goals and sleep better.

Please do let your nurse or doctor know if your pain is not being effectively managed with the pain relief given or if you are experiencing any side-effects from the painkillers (such as nausea or vomiting, hallucinations, vivid dreams or itching) so additional or alternative pain relief can be considered for you.

Your ward team may arrange a review by our Pain Service whilst you are in hospital if required for your care.

During the day

After the majority of your drips and drains have been removed, you will be encouraged to dress in your usual clothes during the day and nightwear during the night only. Please make sure you have some clean clothes with you and the clothing is suitable, e.g. loose fitting and comfortable.

Rest breaks

Your energy levels can fluctuate after surgery and you could feel tired more easily than normal. To manage any tiredness it can be helpful to plan rest breaks or a short nap during the day. We advice timing/scheduling your nap for the middle of your day to avoid disruption to your sleep routine.

Sleep

Sleep plays an important role in your body healing and recovering after surgery and in supporting your emotional wellbeing. It is not always easy to adjust to sleeping in a new environment.

The following tips could help you to sleep better whilst in hospital:

- Bringing in an eye mask and ear plugs to use to help reduce noise and light.
- Avoid looking at phone screens for an hour before sleep. The blue light emitted from phone screens can affect your natural sleep cycle and make you feel more awake.
- Opting for decaffeinated drinks in the evening. Caffeine can keep some people awake.
- Letting your nurse know if you are hot, cold, worried, uncomfortable or in pain at any point during the night.

If the above tips don't help with your sleep, do speak with your ward team to discuss alternative solutions.

Leaving hospital

You are likely to be in hospital for 5 to 7 days following your Cystectomy surgery. The Enhanced Recovery After Surgery (ERAS) programme sets out goals and targets for you to achieve at set days after your operation. Your discharge from hospital is also based on you reaching set goals. When you have achieved these, you will be discharged. These goals are:

- for staff to assess you as medically fit for discharge
- to be controlling your pain effectively with oral analgesics (painkillers)
- to be eating and drinking, with no nausea or vomiting (nausea should be well controlled on anti-sickness medication, if required)
- to be independently mobile (able to get yourself out of bed and on/off the toilet)
- to have passed wind or opened your bowels
- to be independent with your stoma or urinary catheter care
- to be confident with blood thinning injection self-administration (if applicable), or have an alternative option in place.

You will need to make your own arrangements for discharge, including transport and ensuring you have adequate support at home.

Please make sure you have a supply of paracetamol at home, ready for your discharge from hospital. These can be purchased cheaply from your local pharmacy or supermarket. If you have any questions or concerns about leaving hospital, please speak to your ward nurse.

Further information about leaving hospital can be found in the following patient information booklet. This is available on the ward (ask your ward nurse if you have not received it) or can be found on our website: www.ouh.nhs.uk/patientinformation

- My Journey Home – patient discharge leaflet

Follow-up after discharge

You may be a little worried about returning home when you have been discharged from hospital after an operation. However, all the professionals involved in looking after you will have decided that you are well enough to leave hospital. You will need time to recover – this may take some months.

Your ureteric stents will either be removed before you are discharged home or during a separate outpatient visit, soon after your discharge.

If you have had a neobladder created, you will be discharged home with a urine catheter in place. This will stay in place for two weeks, to allow your neobladder to heal. You will be given advice about caring for your neobladder and who to contact if you need advice or support.

You will receive an appointment to return to hospital after two weeks to have a cystogram (X-ray of your bladder) to check the catheter can safely be removed from the neobladder. You will then be admitted to the Urology ward for two to three days, during which your catheter will be removed and you will receive bladder training.

The neobladder does not know how to fill, contract and release urine. You will be taught how to use your new neobladder and pass urine from it.

If you have had a urostomy formed, the Urology Specialist Nurse will telephone you after you have left hospital, to see how you are getting on, and will arrange to see you in their outpatient clinic within two weeks of your discharge. If you live outside Oxfordshire, you will be referred to your local stoma team.

You will receive an outpatient appointment to be seen at the hospital approximately six weeks after your discharge from hospital.

If you require urgent advice or have a problem after your discharge from hospital, please follow the information in the next section.

Problems after discharge

If your question is non-urgent and does not need responding to immediately, within office hours, please contact your Consultant Surgeon's secretary, the Urology Specialist Nurse or the Urology Ward on the following telephone numbers. You can also contact your GP's surgery for advice.

Consultant Surgeon's Secretaries

Tel: **01865 227072**
(8.00am to 4.30pm, Monday to Friday)

Urology Specialist Nurse

Tel: **01865 234 390**
(8.00am to 4.00pm, Monday to Friday)

Urology Ward

Tel: **01865 572 332/333**
(24 hours)

If the ward is unavailable, your question needs an urgent response or it is outside of office hours, please contact your GP's surgery or out-of-hours GP's service (including NHS 111 – call 111 free from any landline or mobile). They can assess you and decide what further action needs to be taken.

If you require an urgent review, you may be asked to visit Urology Triage at the Churchill Hospital (Level 2 of the Cancer Centre) for further tests and investigations.

In an emergency or life-threatening situation, **call 999** or go to your nearest Emergency Department.

Research studies

Many research studies are carried out at the Oxford University Hospitals and you may be eligible to take part in one.

During your visit you may be approached about research studies. If you would like further information, please ask your healthcare professional.

Useful resources

www.nhs.uk/better-health/quit-smoking
(NHS stop smoking advice)

www.macmillan.org.uk
(Cancer care and support charity)

www.cancerresearchuk.org
(Information on up-to-date cancer research)

www.maggies.org
(Maggie's cancer caring centres)

www.maggies.org/support-information/about-cancer
(Information and support for people with cancer)

www.ouh.nhs.uk
(Oxford University Hospitals NHS Foundation Trust website)

urostomyassociation.org.uk
(The Urostomy Association)

www.britishpainsociety.org
(The British Pain Society)

www.rcoa.ac.uk
(Royal College of Anaesthetists)

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information

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