

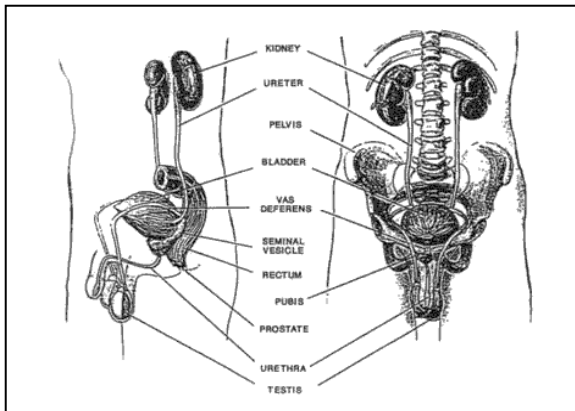
R A D I C A L C Y S T E C T O M Y

PATIENT/FAMILY INFORMATION SHEET

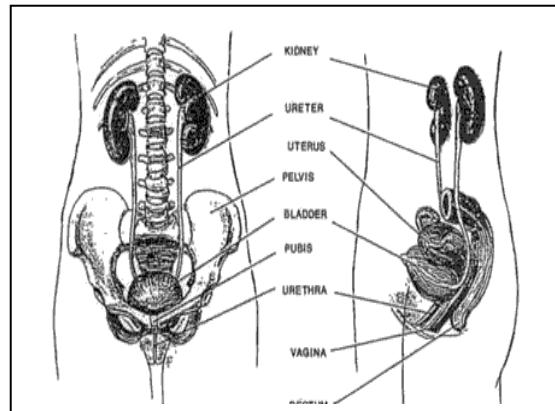
What is a radical cystectomy?

A radical cystectomy is the surgical removal of the bladder and surrounding tissues (prostate in men and internal reproductive organs in women).

Picture from: <http://www.life-tech.com/uro/urolib/normant.htm>



Male Anatomy



Female Anatomy

How do I care for myself after radical cystectomy?

Care after radical cystectomy includes paying close attention to the following:

1. **Activity:** Limit physical activity for the first two weeks after surgery to allow your body to rest and heal. Consult with your surgeon before resuming your normal activity level. Pay particular attention to the following:
 - No heavy lifting (do not lift anything greater than 5 pounds).
 - No driving. Limit long car rides.
 - No strenuous exercise, limit stair climbing.
2. **Bowels:** Diarrhea or constipation may occur after this surgery. Call your surgeon to report severe diarrhea (more than two loose stools per day). Less severe diarrhea may be treated with an over-the-counter medication as recommended by your surgeon. A bowel movement every day or every other day is an indication of normal bowel function. If you are not having a bowel movement at least every other day, a mild laxative may be used if recommended by your physician. Bowel function generally returns to normal within six weeks after surgery.

How do I care for myself after radical cystectomy (continued)?

3. **Diet:** You may return to your normal diet. Fluids, especially water will maintain an adequate flow of urine. You have no restrictions, but your bowels may be sensitive to spicy foods or heavy foods (such as fried or oily foods). Generally, limit foods that cause stomach discomfort. Eat adequate amounts of meat, fish, chicken and other protein foods, as they play an important part in the healing process to rebuild damaged tissue. Vitamins and supplements may be needed if you are unable to eat a well-balanced diet.
4. **Hygiene:** You may shower and bathe usual.
5. **Medication:** You should resume your pre-surgery medication, unless told differently by your physician. In addition, your physician may prescribe iron tablets to build up your blood count. Prescription pain medication may be prescribed to help with wound and catheter discomfort. Over-the-counter pain medication may be prescribed for less severe pain. Over-the-counter medications do not contain narcotics and are preferable if you are able to tolerate them and if they adequately control your pain.
6. **Stomal Care:** Individuals with neobladders or continent diversion will go home with catheters for night drainage. See the following handout for care of the catheter and drainage bag:

For additional information, see the following handout(s):

What Do I Need To Report to My Physician?

Report the following problems to your surgeon:

1. Fever over 100.5 degrees Fahrenheit.
2. Heavy bleeding, or clots.
3. Drug reactions (difficulty breathing, hives, rash, nausea, vomiting, and diarrhea).

What Do I Need To Do For Follow-Up?

1. Take your medications as prescribed (see discharge instruction form).
2. Call your surgeon, Dr. _____ at _____
_____ to schedule a follow-up visit before you leave the hospital or when you get home. Generally your surgeon would like to see you 14 days after your surgery to monitor your progress.
3. Call your stomal therapist, _____ at _____
_____ for additional instructions on care of your stoma.

For more Patient Education Fact Sheets, see the Greenwich Hospital web site at www.greenhosp.org and click on Patients & Visitors, then Patient Education Rev. 7/04