

# TOTAL CYSTECTOMY & ILEAL CONDUIT

## WHAT IS A TOTAL CYSTECTOMY AND ILEAL CONDUIT?

Your surgeon will have discussed the need for you to have a total cystectomy and creation of an ileal conduit. This is the removal of the bladder (cystectomy) and the creation of a conduit, which is another means for urine to drain from your body.

An ileal conduit is a type of stoma that allows urine to exit from the kidney/s to the outside. The ileal conduit is constructed by using about 20cm of your small bowel.

### PRE OPERATIVE PREPARATION

Before your operation you will see a Stomal Therapy Nurse (STN). The STN will discuss with you the care, which you will receive once you are in hospital. The STN will also determine the best site for the stoma prior to your surgery.

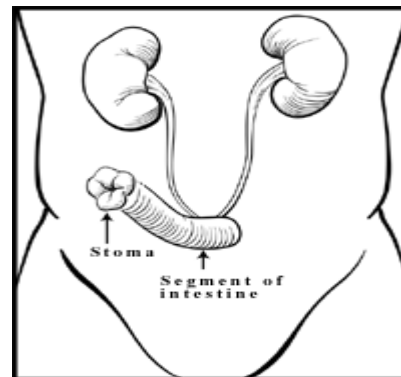
The bowel needs to be cleansed first. Therefore, bowel preparation is needed before surgery. This may involve taking tablets and/or drinking special fluids to help empty the bowel. You will have your abdomen shaved in the operating theatre.

### WHAT DOES THE SURGEON DO?

The surgeon removes the bladder (cystectomy). A section of bowel is selected and refashioned into a conduit.

The tubes from the kidney/s (ureters) are sewn into this conduit. The open end of the conduit is positioned within your abdomen and it becomes the stoma. The wound is closed with sutures or staples.

This is a big operation and may be associated with significant blood loss although every effort is made to minimise this.



REFERENCE: MY.CLEVELANDCLINIC.ORG/PUBLISHINGIMAGE

### WHAT HAPPENS TO ME AFTER MY OPERATION?

After the operation some patients go to the Intensive Care Unit (ICU) for the first few days, some go straight to the Surgical Urology ward

The cut area may bleed, and you will have a dressing over the site, and drains will stop the blood building up under the site

You will have 1 or 2 small tubes (stents) coming out of your stoma, which will be covered by a collection bag, to drain the

urine. The stoma will pass bloodstained urine for the first few days. It will also pass mucus. Your STN will observe the stoma and start teaching you to change the bag once you are ready

You will be given pain-relieving medication to keep you comfortable. It is important to tell the nurses if you become uncomfortable.

You will have a small tube in your nose (nasogastric tube), which will keep your stomach empty and try to prevent nausea. Medication is available if you are nauseated. This tube will be removed when you are able to drink fluids. You will keep your drip (IV) until you are eating and drinking. Most medications will be given via the IV. This may take a week or more.

You will have small injections into your abdomen or legs to prevent you from getting blood clots in your legs. These are given twice a day. You will wear special stockings to help the circulation in your legs

Your drains will remain in place until the drainage is minimal.

### HOW LONG WILL I BE IN HOSPITAL?

The length of time you spend in hospital will depend on how you are after the surgery. In most cases you will stay in hospital until your wound is healing, your drains are removed and you or your family can manage your daily care and stoma care.

## WHAT WILL HAPPEN WHEN I GO HOME?

It is important to keep your operation site clean and dry. A small dressing may be needed

Eat a normal diet and avoid constipation.

You should take it easy and avoid strenuous exercise including straining and any lifting. It may take between 6-8 weeks before you can resume most normal activities.

You will not be able to drive a car at least until you have seen your doctor at outpatients

Your STN will arrange a district nurse to visit you at home

Your STN will join you as a member of a stoma association so you can access your supplies each month and will explain how to order them

You may still have the stent/s in the stoma. The STN will explain how to care for them at home

### YOUR NEXT DOCTOR'S VISIT

Your next doctor's visit will be arranged after you leave hospital.

Please contact the emergency department or your local doctor if you have -

**Excessive pain or bleeding, no urine flow, chills, fever or if you are generally unwell.**

Your wound dressings are to stay intact for approx one week post discharge and reviewed at your outpatients appointment. If the dressings fall off prior to this, please apply another dressing to the wound or attend your local G.P.

Remember it is normal to have a small amount of discharge from your wound but if it becomes red, swollen, hot to touch and painful please attend your local emergency department.

For more information please contact:

- Western Health on 8345 6333
- Cancer Council Helpline on 13 11 20
- Better Health Channel  
[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

*This information leaflet contains important information to help you recover safely at home. This information is intended to support not replace a discussion with your doctor or health care professionals. Western Health accepts no liability for any information that may be perceived as misleading and directs you to your health professional.*



## UROLOGY SERVICE

## A GUIDE TO PATIENTS HAVING A TOTAL CYSTECTOMY AND ILEAL CONDUIT