

High Risk NMIBC: Cystectomy, including enhanced Recovery

If you have been told you have High Risk Non Muscle Invasive Bladder Cancer (NMIBC) surgery may be a treatment option for you. Your surgery will be carried out in _____. During your treatment you will be looked after by a consultant urologist and the surgical team described in the enhanced recovery programme documentation.

The anticipated surgery varies depending on:

- The type, size, and location of the cancer
- Your age
- Your general health
- Other factors that are different for each person
 - I am having:
 - Laparoscopic/ Robotic/Open cystectomy**
 - Stoma/continent diversion/neo-bladder**

Enhanced Recovery Programme

You will receive a treatment schedule and care plan from the surgical team. This will include information on:

- The surgical unit (name of unit and it's location)
- The name and telephone number of your keyworker
- Emergency contact number
- When to contact the emergency number
- The planned surgery
- Treatment side effects
- Medication to help lessen treatment side effects

Patient Name

NHS Number

MIBC: radical cystectomy

Symptom questionnaires

Symptom questionnaires are used to identify symptoms from specific side effects common after your treatment. These may include the following:

SHIM (Sexual Health Inventory for Men)

The SHIM is a tool designed to identify whether you are experiencing erection problems following your treatment and help with the discussion about treatment options.

IPSS (International Prostate Symptom Score)

The IPSS is used to screen for, rapidly diagnose, track the symptoms of, and suggest management of the symptoms of the disease benign prostatic hyperplasia (BPH). It can also be helpful in monitoring the side effects of prostate cancer treatment.

FSFI (Female Sexual Function Index)

The FSFI is a tool to assess the effects of your diagnosis and treatment on female sexual function and help with discussion about treatment options.

ICIQ (International Consultation on Incontinence Questionnaire)

The ICIQ is used to assess the impact of surgery on your continence if problems arise. It looks at the incidence, regularity, and cause of urinary incontinence, and its impact on your everyday life.

MIBC: Surveillance schedule- post radical cystectomy

This is an example of a typical follow up schedule for following radical cystectomy. Your individual follow up schedule may vary slightly. We will discuss your follow up schedule each time you are seen.

Year	1	2	3	4	5
Scan of the upper renal tracts					
Glomerular Filtration Rate (GFR) blood test					
Monitoring for metabolic acidosis and B12 and folate deficiency					
For men with a defunctioned urethra, urethral washing for cytology and/or urethroscopy annually for 5 years to detect urethral recurrence.					

Month	6	12	24
CT of the abdomen, pelvis and chest			

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Surgery: Treatment Schedule & Follow up: Enhanced Recovery Programme

What is the Enhanced Recovery Programme?

The Enhanced Recovery Programme aims to improve the way your care is planned to:

- Keep your hospital stay as short as possible
- To ensure you recover from your surgery as quickly as possible
- To help you to return to your normal activities as soon as possible

This is done by:

- Making sure you are given all the information required to inform and prepare you for every step of your surgery
- Your medical and nursing team following a structured programme of clinical care (a care pathway), which means that everyone looking after you will be working together in the same way. This care plan specifies your daily goals for when you should be eating and drinking, walking about and managing your stoma continent diversion or neobladder. This should mean that there are no unnecessary delays in your care.

Enhanced Recovery involves everyone who cares for you from when you decide to have your cystectomy performed, until you are back to your normal activities.

Patient Name

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Surgery: Treatment Schedule & Follow up: Enhanced Recovery Programme

Members of the enhanced recovery team	Areas of responsibility	Date seen
Your General Practitioner (GP)	Can help with smoking cessation, weight management, dietary supplements and improving your exercise and activity. Your GP can also improve your general wellbeing e.g. if you are anaemic by prescribing iron tablets and making sure that conditions such as high blood pressure and diabetes are under good control.	
Your Urologist/Surgeon	Will explain the risks and benefits of all aspects of your surgery and any options available to you and will perform your surgery.	
The preadmission team	Before you are admitted for your cystectomy, you will attend a pre-admission appointment. The pre-admission team will make an assessment of your general health and this will include blood tests, blood pressure check and checking your heart and lungs. The pre-admission team will ensure that you have all the information you need about your cystectomy and the anaesthetic you will have. They will have access to your anaesthetist if needed and will discuss the pain killers that you will be prescribed to keep you comfortable following your surgery.	

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Surgery: Treatment Schedule & Follow up: Enhanced Recovery Programme

Members of the enhanced recovery team	Areas of responsibility	Date seen
Stoma care nurse	<p>A stoma care nurse will see you before your operation if you are going to have an ileal conduit (urostomy) following your cystectomy. S/he will:</p> <ul style="list-style-type: none"> • help you to identify the best place on your abdomen for the stoma to be sited, in the position that will be most comfortable and convenient for you. • be involved in teaching you how to empty and change your stoma bag and how to attach a night drainage bag. make sure that you have everything you need for your stoma when you go home and explain how to continue obtaining further supplies. • If you have a neobladder formed you will be taught how to look after your new bladder yourself. <p>You will need to stay in hospital until you can care for your stoma or neobladder by yourself but your stoma care nurse or specialist nurse may either keep in contact by telephone when you are discharged or she may visit you at home to make sure that you are continuing to manage.</p>	
Anaesthetist	<p>Will give you your anaesthetic and look after your wellbeing while your surgery is underway. S/he will give you antisickness medication as part of your anaesthetic. S/he will also ensure that any fluid that is lost during your surgery is replaced and that you are kept warm avoiding hypothermia.</p> <p>You may be given local anaesthetic/nerve block drugs to help reduce the amount of painkillers you need to take following your surgery.</p>	

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Surgery: Treatment Schedule & Follow up: Enhanced Recovery Programme

Members of the enhanced recovery team	Areas of responsibility	Date seen
The medical and nursing team on the ward	The ward team will be responsible for caring for you while you recover from your surgery and will teach you how to care for your stoma or neobladder. They will assist you to reach your nutrition and mobility goals on a daily basis.	
Physiotherapist	You are encouraged to start moving around as soon after your operation as possible. This is to help to prevent deep vein thrombosis and pulmonary embolism and chest infections. Moving around will also help your bowel to recover quicker. A physiotherapist will show you how to perform breathing and leg exercises.	
District nurses	District nurses may visit you at home if you need help with wound dressings, catheter care or your blood thinning injections.	
Your Clinical nurse specialist	Your clinical nurse specialist (Uro-oncology or Urology Nurse Specialist) may not be in contact as much during this phase of your care. He/She remains, however your key contact if you have any questions or concerns, before during and after your surgery.	
Any carers who would assist you at home	If you need extra support or help, with for example, personal care, housework or shopping when you are discharged home from hospital, it may be possible to arrange free help for a maximum of six weeks. It is important that you discuss this at your preassessment appointment so your discharge home after your cystectomy is not unnecessarily delayed.	

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Surgery: Treatment Schedule & Follow up: Enhanced Recovery Programme

Your enhanced recovery care plan will detail what you can expect to happen:

- before surgery
- immediately after surgery
- on each day of your hospital admission post-surgery
- prior to discharge
- once you are back at home

Before you are discharged, make sure you know:

- When you will return for your ureteric stents to be removed?
- What arrangements will be made for you to receive the results of biopsies (histology) from your cystectomy?
- When you will be reviewed by your Urologist?
- Which professionals will visit you at home and why?
- Who to contact if you have any problems?
- What any medication that you have been given is for, why you need to take it, how to take it and how to obtain further supplies if you need them?
- What equipment you need for your stoma or neo bladder, you know what everything is for, how you obtain further supplies or when they will be delivered?

For you to be discharged home with as little worry as possible, it is important that you understand all the information that has been given to you. Ask your nurse if you or anyone who is helping to care for does not understand any of the information given to you.

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