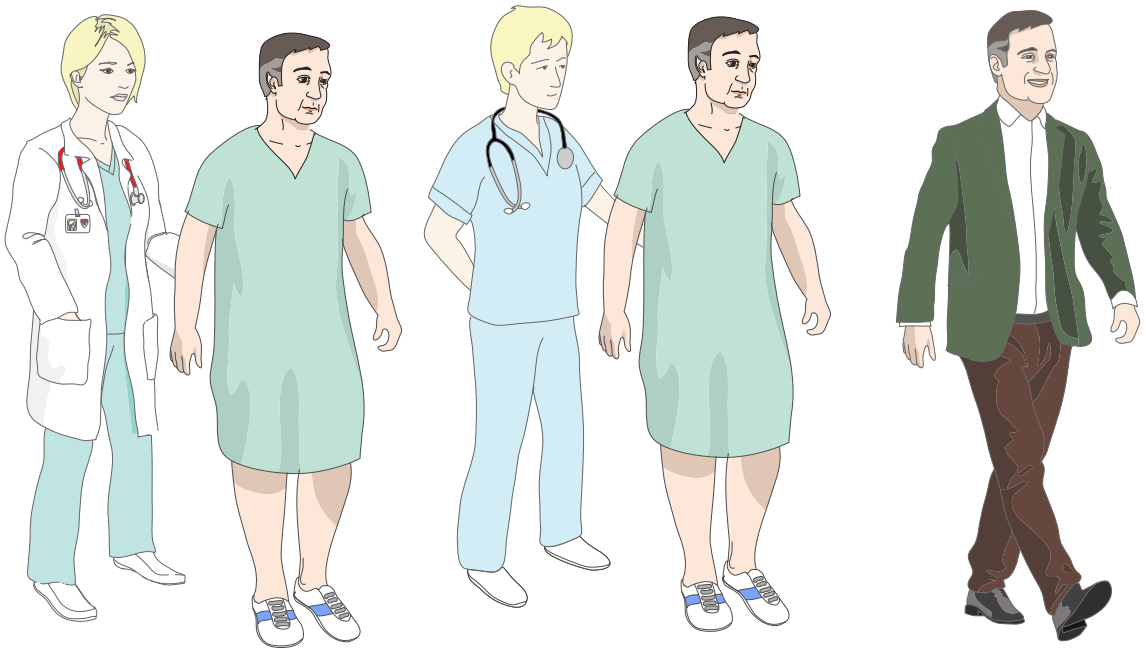


A Guide to Bladder Removal Surgery



This booklet was developed by The Royal Victoria Hospital (RVH) Clinical Care Pathway Working Group and reviewed by the surgeons.

We would like to thank the MUHC Patient Education Office for their support throughout the development of this document, including the design, layout and creation of all the images.

We would like to thank the MUHC Patient Education Committee for translation support for this project.

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Important

Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.



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What is a care pathway?

When you are admitted to the hospital for bladder removal surgery, you will be part of a fast recovery program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

This booklet will:

- Help you understand and prepare for your surgery
- Explain how you can play an active part in your recovery
- Give you daily goals to achieve

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about diet, physical activity, and controlling your pain. These things will help you to feel better faster and go home sooner.

Please bring this booklet with you on the day of surgery. Use it as a guide during your hospital stay. Hospital staff may refer to it as you recover and review it with you when you go home.

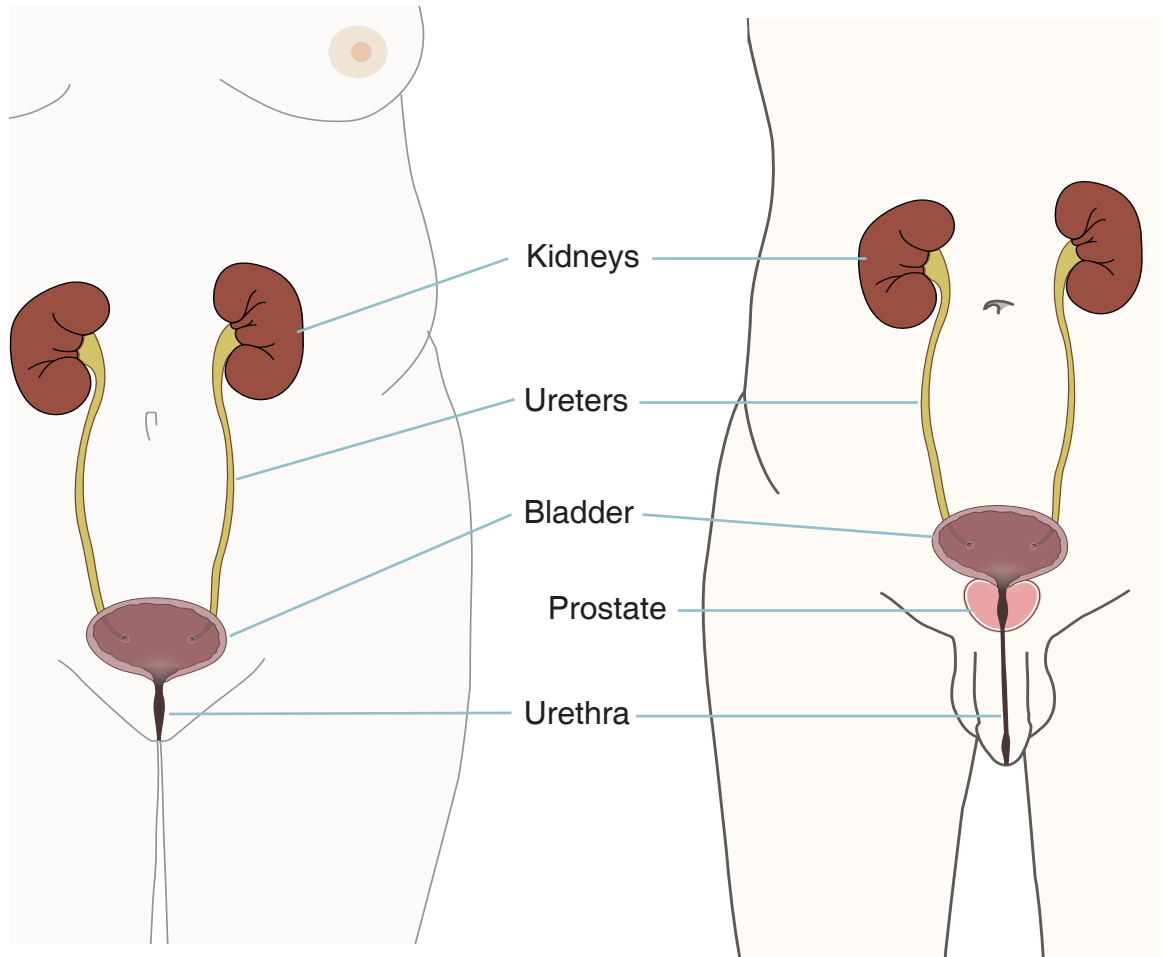
Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Please ask us if you have questions about your care.

Your MUHC surgery team

If you do not speak French or English, please bring someone to translate for you.

What is the urinary system?

The urinary system is made up of your kidneys, ureters, bladder and urethra. The kidneys filter your blood and remove waste in the form of urine. Urine travels from your kidneys to your bladder through narrow tubes called ureters. The urine is stored in your bladder until you urinate (pee), when it leaves your body through your urethra.

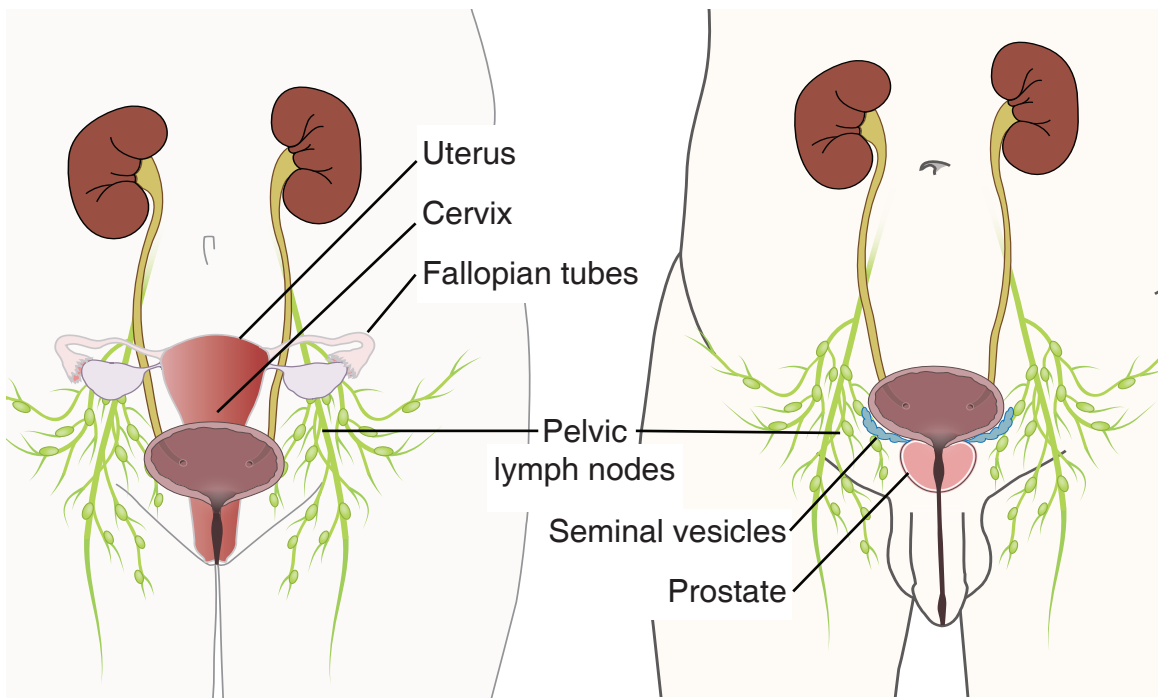


What is bladder removal surgery?

Surgery to remove your whole bladder is called radical cystectomy. The most common reason for doing this is for cancer that has spread beyond the inner lining of your bladder into the muscle layer.

- In women, the surgeon will also remove part of your vaginal wall, your uterus, cervix, fallopian tubes, and pelvic lymph nodes.
- In men, the surgeon will also remove your prostate, seminal vesicles, and pelvic lymph nodes.

This is because bladder cancer can come back in these areas.



Once your bladder is removed, you will need another place to collect urine. There are different ways to do this. Your surgeon will talk with you about which operation is best for you. The most common operation for invasive bladder cancer is radical cystectomy with ileal conduit.

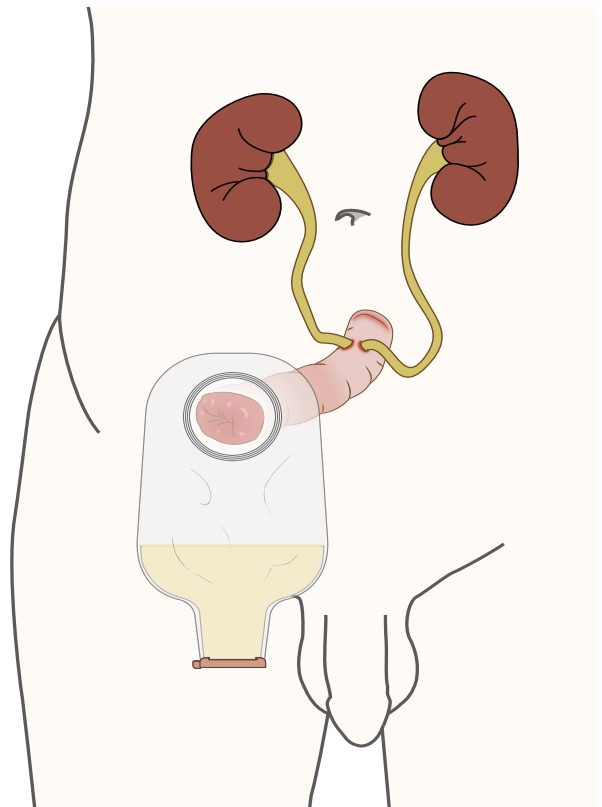
What is radical cystectomy with ileal conduit?

Radical cystectomy is an operation to remove your bladder. An ileal conduit, also called a urostomy, allows urine to flow out of your body after your bladder has been removed. Since a urostomy does not have a muscle, you cannot control when to urinate. You will wear a pouch or urostomy appliance to collect urine.

To create an ileal conduit, the surgeon removes a piece of your small bowel (ileum) to use as a conduit (tube) for urine to leave your body. He closes one end of the conduit, attaches the ureters to the wall of the conduit, and brings the open end through the abdominal wall.

This new opening in your abdomen is called a stoma.

When the operation is finished, your urine will travel down the ureters, through the conduit, and out through the stoma. While you are in the hospital, you will have thin drainage tubes called stents coming out of your stoma. They will be removed before you go home.



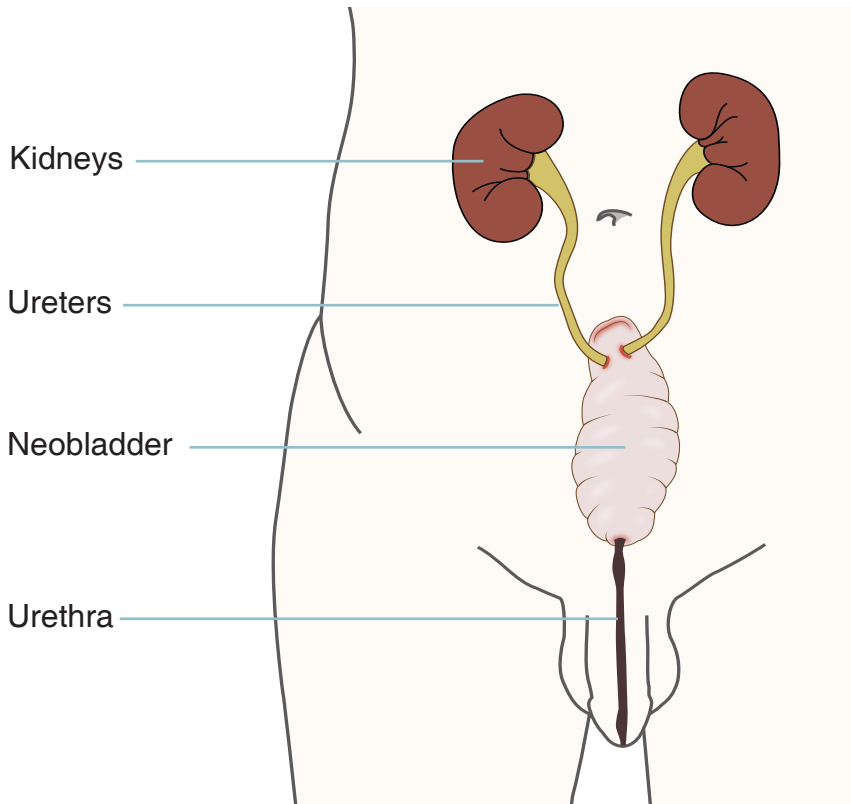
You will meet with an Enterostomal Therapy (ET) Nurse, before and after your surgery. This is a nurse who specializes in ostomy and wound care. She will mark the site for your urostomy before your surgery and help you learn how to take care of it afterwards. **You may contact the Enterostomal Therapy Nurse at 514-934-1934, ext. 44782 or at woundandostomy@muhc.mcgill.ca**

What is radical cystectomy with orthotopic neobladder?

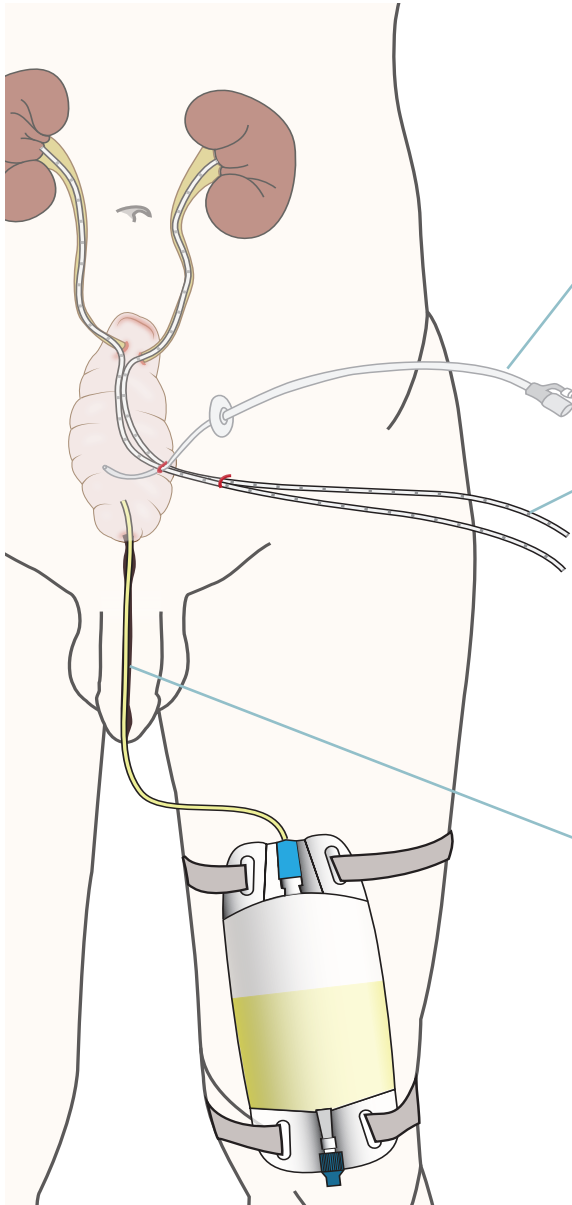
Radical cystectomy with orthotopic neobladder is an operation to remove your bladder and create a new bladder to collect urine.

Orthotopic means “in the same place”. Neobladder means “new bladder”. Your surgeon will make a new bladder using a piece of small bowel, sewn together to form a pouch. The bottom part of the pouch is connected to your urethra.

This new pathway is made to act like your normal urinary system.



What is radical cystectomy with orthotopic neobladder?



Temporary tubes will drain your new bladder while it is healing. You may have some or all of these tubes.

Suprapubic catheter: This is a tube that goes through your abdominal wall into your new bladder to drain it while it is healing. You will go home with this tube. It will be removed about 3 weeks after your surgery.

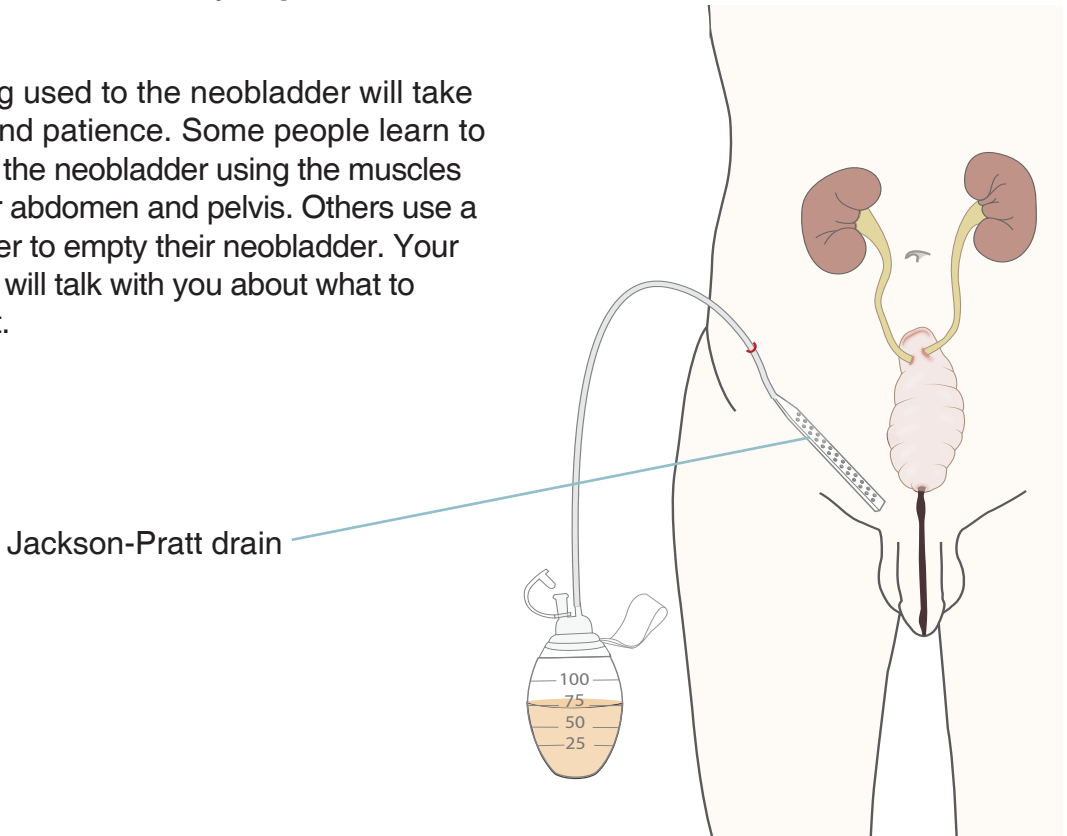
Ureteral stents: These are thin tubes that drain urine from your kidneys while your new bladder is healing. The ends go through a small opening in your abdominal wall. A small plastic pouch will collect urine temporarily. Your surgeon will remove the stents before you leave the hospital. The opening will close on its own.

Urethral (urinary) catheter: This is a tube that goes through your urethra into your new bladder. It protects the area where the urethra has been joined to the neobladder while it heals. You will go home with this tube. It will be removed on one of your follow up visits with your doctor.

What is radical cystectomy with orthotopic neobladder?

Since your neobladder is made out of a piece of bowel, it produces mucus. This is a thick substance made in the lining of your bowel, and it can clog your tubes. We will teach you how to irrigate your catheter while you are in the hospital and for a few weeks after you go home.

Getting used to the neobladder will take time and patience. Some people learn to empty the neobladder using the muscles in their abdomen and pelvis. Others use a catheter to empty their neobladder. Your doctor will talk with you about what to expect.



Besides the tubes that drain your bladder, you will have a Jackson-Pratt drain in your abdomen while you are in the hospital. This will be removed after your ureteral stents are removed.

Preparing for your surgery

Be active

Exercise will help your body to be as fit as possible and keep your weight under control. If you are already active, keep up the good work. If you are not, start adding activity into your day. Exercise does not need to be strenuous to make a difference. A 15-minute walk is better than no exercise at all.



Stop smoking

If you smoke, try to stop before your surgery to reduce your risk for lung problems. Your doctor can help you stop smoking by prescribing medication. See page 41 to learn more.



Restrict alcohol

Do not drink alcohol for 24 hours before your surgery. Alcohol can interact with the medicine you will receive in the hospital. Please tell us if you need help decreasing your alcohol use before surgery.

Preparing for your surgery

Plan ahead

You may need help with meals, laundry, bathing or cleaning, when you go home from the hospital. Stock your fridge and freezer with food that is easy to reheat. Make plans with your family and friends so you will have the help you need.



Arrange transportation

The day of surgery is called Day 0. You may go home from the hospital on Day 7 after your surgery. Tell your nurse if you have concerns about going home. Remember to arrange a ride.



Pre-operative Clinic visit

When you visit the Pre-op Clinic, you will:

- Have blood tests.
- Have an ECG (electrocardiogram), if you are over the age of 50.
- Meet with a nurse who will explain how to get ready for surgery and what to expect while you are in the hospital.
- Meet with a doctor who will review your medication and ask you questions about your health. If you have medical problems, you may be referred to another doctor (a specialist) before surgery.
- Meet with an Enterostomal Therapy (ET) Nurse.

You may need to stop taking some medicines and herbal products before surgery. The Pre-op Clinic doctor will explain which medicines you should stop and which ones you should keep taking.



If you have any questions, you may contact the Pre-op Clinic nurses at (514) 934-1934, extension 34916, Monday to Friday from 7:30 am to 3:30 pm.

RVH Pre-op Clinic: Located near the cafeteria on DS1. 2428 (Block D, level S1).

Phone call from Admitting

The day before your surgery, the Admitting Department will call you to tell you when to come to the hospital. They will ask you to arrive 2 hours before your planned surgery time. **Exception:** If your surgery is planned for 7:30 am, they will ask you to arrive at 6:30 am.

The time of surgery is not exact. It may happen earlier or later than planned.



Date of surgery:

Time of arrival at the hospital:

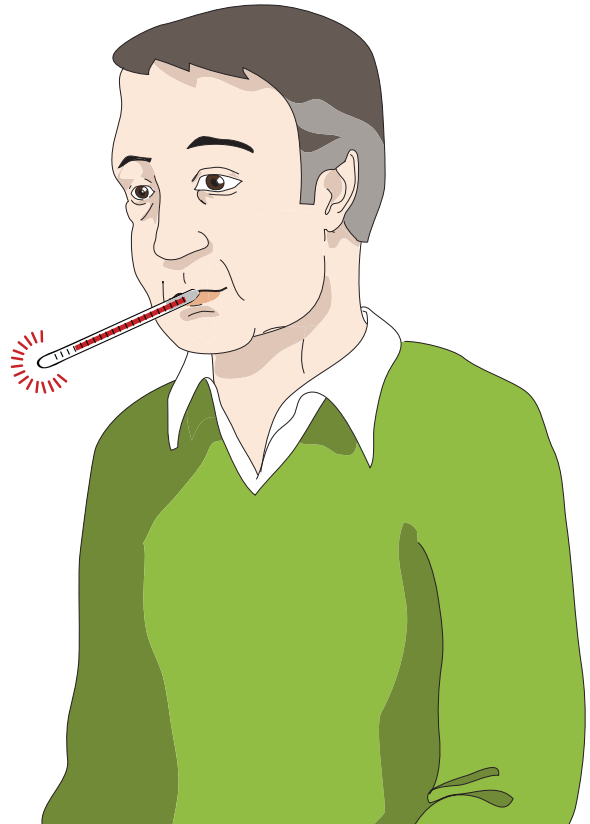
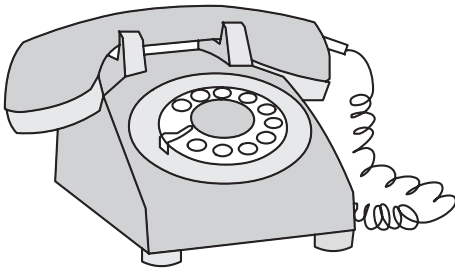
Room: **Registration, Surgery and Intervention Centre**, Block C, level 3 (C03. 7055). Enter the building through the Royal Victoria Hospital main entrance. Take the first bank of elevators (North) and go to the 3rd floor.



If you do not receive a call from Admitting by 2:00 pm, you may call them at (514) 934-1934, ext. 31557.

Cancelling your surgery

If you get sick, please call your surgeon's office as soon as possible. If you cannot reach your surgeon, call the Admitting Department (514) 934-1934 ext. 31557.

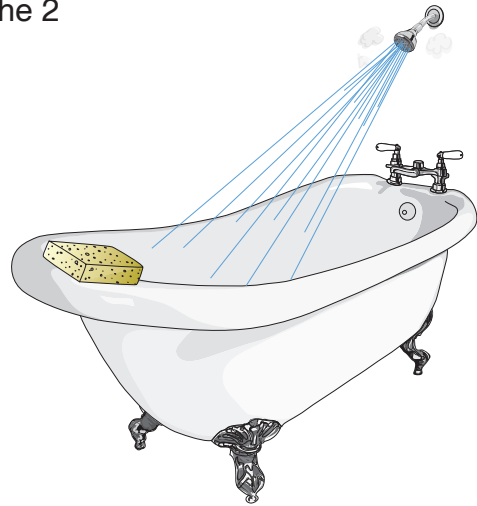


The Royal Victoria Hospital is a Transplant and Cardiac Centre. This means your surgery may be delayed or cancelled because of an emergency. If this happens, your surgeon will rebook your surgery as soon as possible.

Hygiene

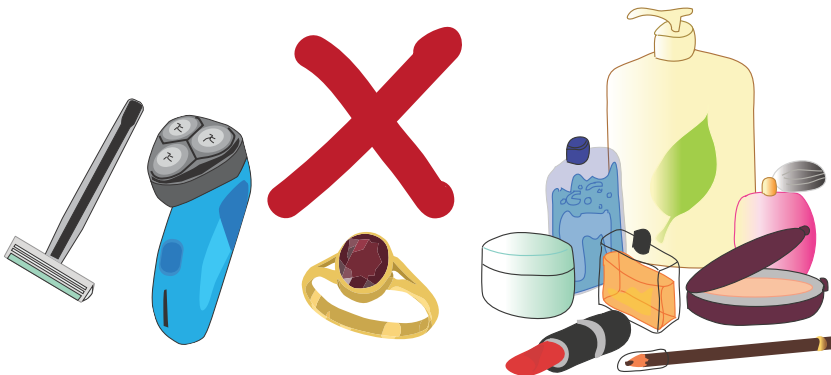
The night before surgery:

1. Use regular soap and shampoo for your face and hair
2. Take a shower or bath by using 1 of the 2 bacterial sponges your were given
3. Wash your body from the neck down, including your belly button
4. Wear clean clothes to bed



The morning of surgery:

1. Take a shower or bath using the 2nd sponge
2. Do not wear lotion, perfume, makeup, nail polish, jewelry or piercings
3. Do not shave the area where the operation will be done
4. Put on clean clothes



Diet

The nurse in the Pre-op Clinic will explain what to eat and drink before your surgery to give you the energy and nutrients you need to recover quickly.

Some people need to take a bowel prep (laxative) the day before their surgery. Your surgeon will tell you if you need to do this. If you need a bowel prep, follow the instructions your surgeon gives you about how to take it. Your Pre-op Clinic nurse can also answer your questions.

The day before surgery:

If you are taking a bowel prep...

- Drink clear liquids all day (clear juice, clear broth, soft drinks, jello, coffee/tea with no milk)
- Do not have any food, dairy products, or juice with pulp
- Take your bowel prep as instructed
- Drink a carbohydrate drink (clear juice) during the evening

If you are not taking a bowel prep...

- Eat and drink normally until midnight
- Drink a carbohydrate drink (clear juice) during the evening
- After midnight, do not have any food, dairy products, or juice with pulp

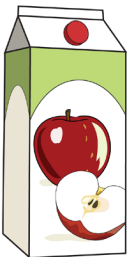
Diet

The morning of surgery:

- Do not eat any food
- Drink a carbohydrate drink (clear juice), 2 hours before surgery
- Do not have any dairy products or juice with pulp
- Stop drinking 2 hours before your surgery. This is usually the same time as you are asked to arrive at the hospital. **Exception:** If you are the first case of the day at 7:30 am, you will be asked to arrive at 6:30 am. Stop drinking at 5:30 am.

A small number of people should not drink at all on the day of surgery. Your nurse will tell you if you need to stop drinking at midnight. Most people should drink clear liquids until 2 hours before surgery.

Carbohydrate drinks: Choose only 1.



Apple juice
425 ml



Orange juice
without pulp
500 ml



Commercial
iced tea
550 ml



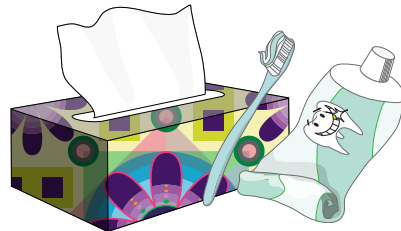
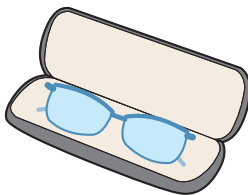
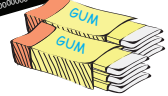
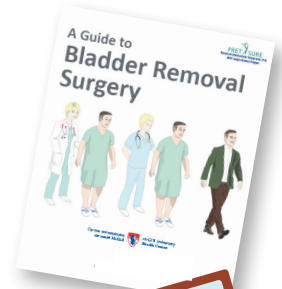
Cranberry
cocktail
325 ml



Lemonade
without pulp
500 ml

What to bring to the hospital

- ❑ This booklet
- ❑ Hospital card
- ❑ Private insurance information, if you have any
- ❑ List of medications that you take at home (ask your pharmacist to give you one)
- ❑ 2 packages of your favourite gum
- ❑ Bathrobe, slippers, pajamas, loose comfortable clothing
- ❑ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs
- ❑ Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- ❑ Cane, crutches, walker, labeled with your name



Please do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.

At the hospital

Admitting area

Report to Registration, Surgery and Intervention Centre, Block C, level 3 (C03.7055), at the time you were given.

Enter the building through the Royal Victoria Hospital main entrance. Take the first bank of elevators on your right or left (North) and go to the 3rd floor.

Pre-operative area

The nurse will ask you to change into a hospital gown and will complete a preoperative checklist with you.



Operating room

An orderly will take you to the operating room. You will meet your anesthetist (the doctor who will put you to sleep) and other members of your surgical team. You will be asleep and pain-free during your surgery.

At the hospital

Waiting room

Family or friends may wait for you in the registration area in Block C, level 3. It will be several hours before they will be able to visit you in your room. There are no visitors in the Post-Anesthesia Care Unit (PACU) unless you are staying there overnight.

Other resources

- Cafeteria – Located off the Adult Atrium on the level S1
- Vending machines – Block C, level S1
- Stores – Galleria, Rez-de-chausée level; Atrium, S1 level
- Bank machines – Blocks C & D, Rez-de-chausée level
- Adult Resource Centre (library) – Block B, Rez-de-chausée level
- Prayer and meditation room – Between blocks C & D, level 2, room 1178
- Internet access

Network: CUSM-MUHC-PUBLIC

Username: public

Password: wifi



Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the Post-Anesthesia Care Unit (PACU) also called the Recovery Room. This is a quiet area where patients are watched closely. You will be there for several hours.

You may have:

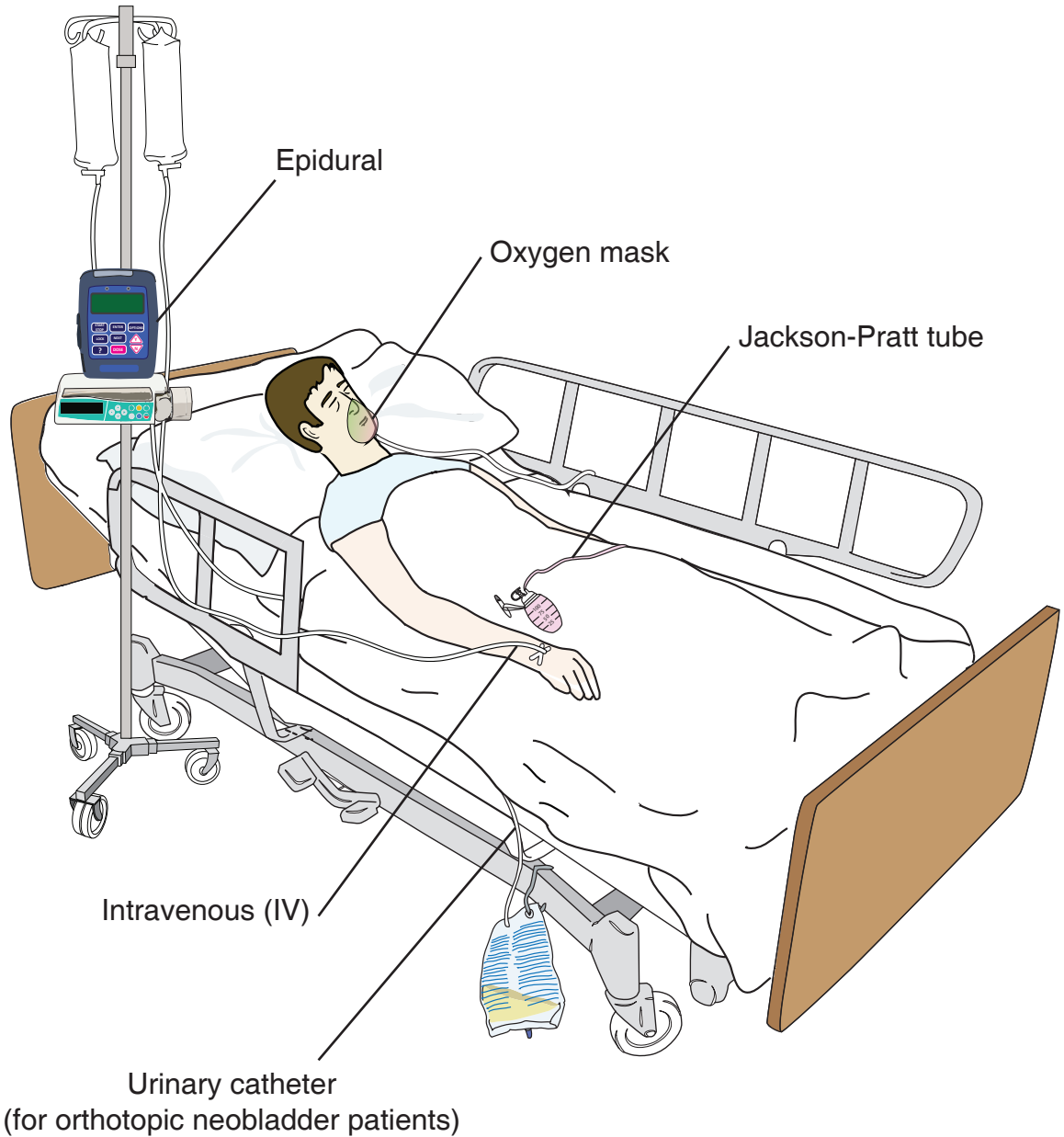
- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- An epidural (small tube in your back), giving you pain medicine
- A Jackson-Pratt drain in your abdomen
- Tubes to drain urine. The type and location of these tubes will depend on which procedure you have.

A nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable

When you are ready, you will go to your room. Your family may visit you once you are in your room.

Post-Anesthesia Care Unit (PACU)

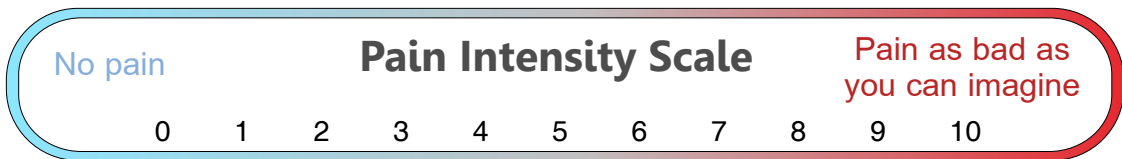


Pain control

It is important to control your pain because it will help you to:

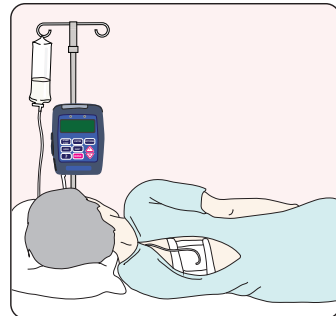
- Take deep breaths
- Move more easily
- Eat better
- Sleep well
- Recover faster

Your nurse may ask you to describe your pain using a number between 0 and 10. 0 means no pain and 10 is the worst pain you can imagine. We want to keep your pain below 4/10. Please tell us if you have pain. We will help you.



Epidural infusion

Your anesthetist may place a small catheter (tube) in your back to give you continuous pain medicine. This is called an epidural infusion. It is usually started in the operating room before you go to sleep. It is removed on Day 3 after surgery.



Patient-Controlled Analgesia (PCA)

Instead of an epidural infusion, a few patients have a medicine pump attached to their IV. When you push a hand-held button, the pump gives you a safe dose of pain medicine.

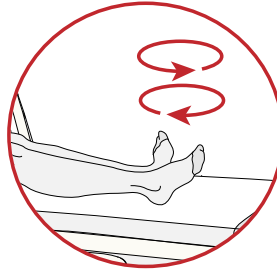


Exercises

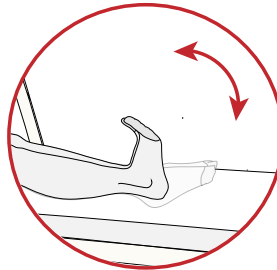
It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Start these exercises when you wake up and continue them while you are in the hospital.

Leg exercises

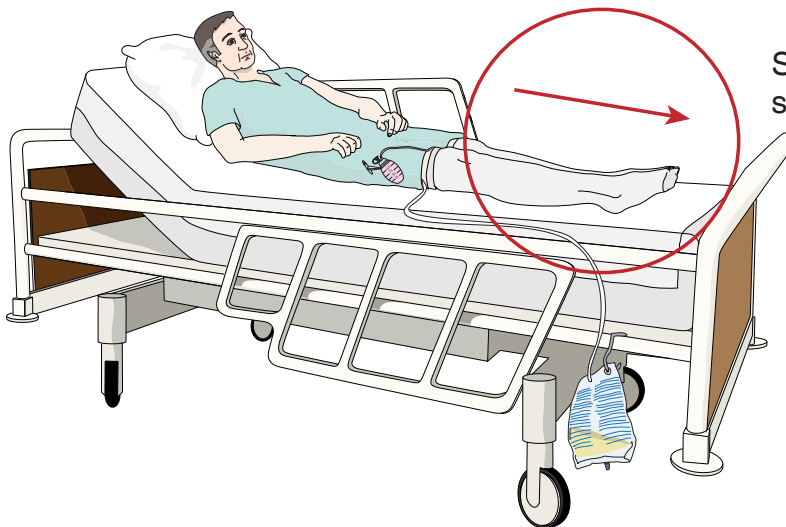
These exercises help your blood to circulate in your legs. Repeat each exercise 4 to 5 times every half hour while you are awake.



Rotate your feet to the right and left.



Wiggle your toes and bend your feet up and down.



Stretch your legs out straight.

Exercises

Deep breathing and coughing exercises

An inspiriometer is a device that helps you breathe deeply to prevent lung problems.

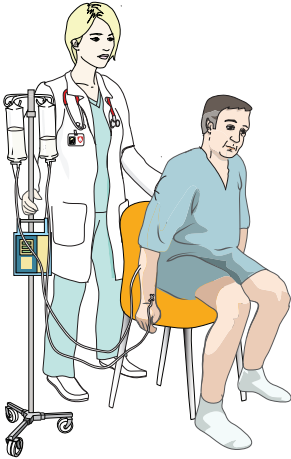
To use your inspiriometer:

- Put your lips around the mouthpiece, breathe in deeply, and try to hold the red ball up as long as you can
- Remove the mouthpiece, breathe out, and rest for a few seconds
- Repeat this exercise 10 times every hour while you are awake
- Take a deep breath and cough. If you have some secretions, cough them up.



To do the evening of your surgery

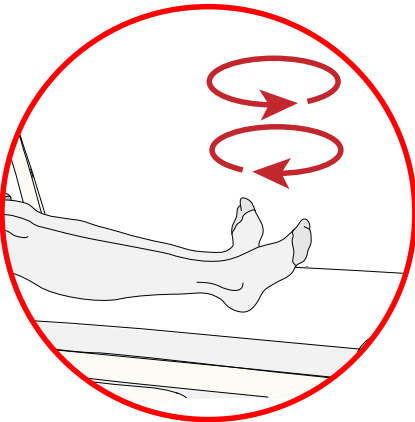
Goals for the evening of surgery



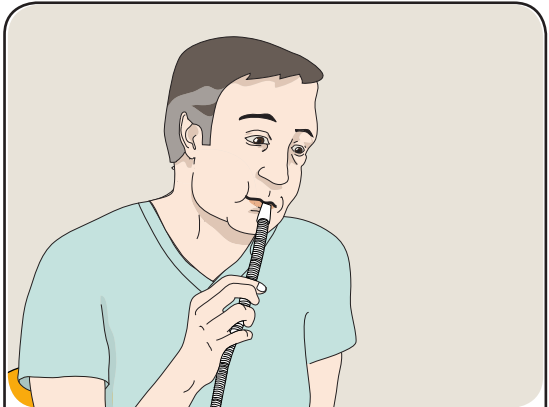
Get up and sit in a chair with your nurse's help.



Drink sips of water.



Do your leg exercises
(see page 25).



Do your breathing exercises
(see page 26).

Goals for Day 1

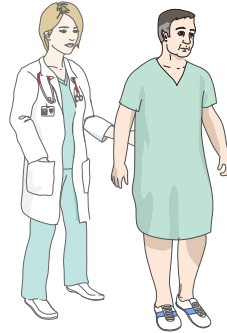
Breathing

Do your breathing exercises

Activities

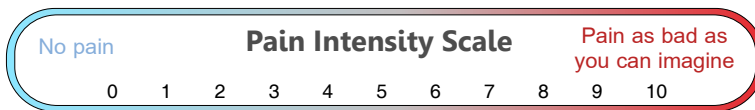
Sit in a chair for meals

Walk in the hallway 3 times, with help



Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale



Diet

Drink clear liquids, as tolerated

Chew gum for 30 minutes, 3 times/day



Tubes and lines

If you have an ileal conduit, look at your stoma and talk about it with your nurse

Goals for Day 2

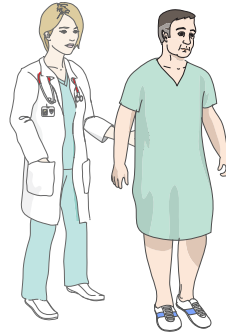
Breathing

Do your breathing exercises

Activities

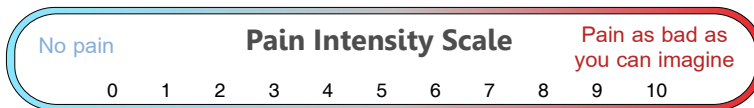
Sit in a chair for meals

Walk in the hallway 3 times, with help



Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale



Diet

Drink liquids, including protein drinks like Ensure or Boost

Eat regular food, as tolerated

Chew gum for 30 minutes 3 times/day



Tubes and lines

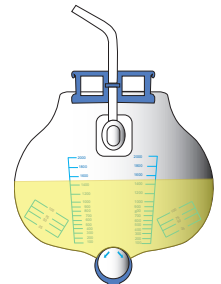
Your IV will be removed when you are drinking well

If you have an ileal conduit:

- Your urethral catheter will be removed today
- You will learn how to connect and disconnect your urostomy pouch from your night drainage system.

If you have an orthotopic neobladder:

- Your doctor will irrigate your catheter



Goals for Day 3

Breathing

Do your breathing exercises

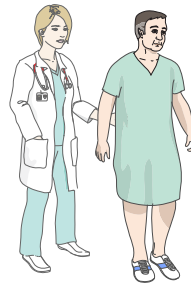
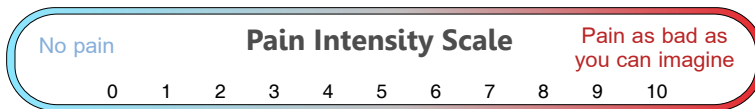
Activities

Sit in a chair for meals

Walk in the hallway 4 times, with help

Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale



Diet

Drink liquids, including protein drinks like Ensure or Boost

Eat regular food, as tolerated

Chew gum for 30 minutes 3 times/day



Tubes and lines

Your IV will be removed when you are drinking well

If you have an ileal conduit:

- In the morning, disconnect your pouch from your night drainage system, with help. Empty the night drainage bag and rinse with warm water. Place the night drainage system at the bedside for later use.
- During the day, empty your pouch when $\frac{1}{3}$ to $\frac{1}{2}$ full into a container, with help
- In the evening, connect your pouch to the night drainage system, with help
- Your ostomy appliance will be changed. Talk with your nurse about skin care around the stoma.

If you have an orthotopic neobladder:

- Your doctor will show you how to irrigate your catheter

Goals for Day 4

Breathing

Do your breathing exercises

Activities

Sit in a chair for meals

Walk in the hallway 4 times

Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale

Diet

Drink liquids, including Ensure or Boost and eat regular food, as tolerated

Chew gum for 30 minutes 3 times/day

Tubes and lines

Your IV will be removed when you are drinking well

If you have an epidural, you will have a “stop test” today, to see if your pain can be controlled with pills.

This is how a stop test is done:

- We will turn off your epidural pump and leave the catheter in place
- You will take the first dose of pain pills
- If the pills control your pain, your epidural catheter will be removed
- Please tell your nurse if your pain is higher than 4/10

If you have an ileal conduit:

- In the morning, disconnect your pouch from your night drainage system with help. Empty and rinse.
- During the day, empty your pouch into a container when $\frac{1}{3}$ to $\frac{1}{2}$ full
- In the evening, connect your pouch to the night drainage system with help
- Talk with your nurse about the signs of urinary tract infection (UTI) and how to prevent this

If you have an orthotopic neobladder:

- Your doctor will show you how to irrigate your catheter



Goals for Day 5

Breathing

Do your breathing exercises

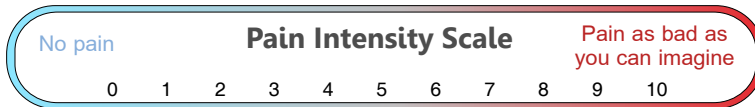
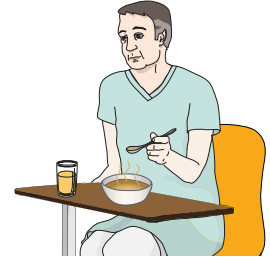
Activities

Sit in a chair for meals

Walk in the hallway 4 times

Pain control

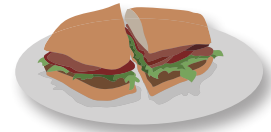
Tell your nurse if your pain reaches 4/10 on the pain scale



Diet

Drink liquids, including Ensure or Boost and eat regular food, as tolerated

Chew gum for 30 minutes 3 times/day



Tubes and lines

Your IV will be removed when you are drinking well

If you have an ileal conduit:

- In the morning, disconnect your pouch from your night drainage system, empty and rinse
- During the day, empty your pouch into a container when $\frac{1}{3}$ to $\frac{1}{2}$ full
- In the evening, connect your pouch to the night drainage system



If you have an orthotopic neobladder:

- You will irrigate your catheter, with help

Goals for Day 6

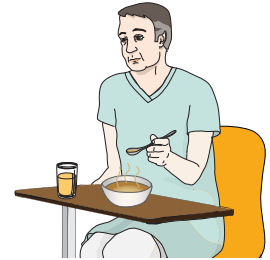
Breathing

Do your breathing exercises

Activities

Sit in a chair for meals

Walk in the hallway 4 times



Pain control

Tell your nurse if your pain reaches 4/10 on the pain scale

Diet

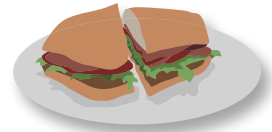
Drink liquids, including Ensure or Boost and eat regular food, as tolerated

Chew gum for 30 minutes 3 times/day

Tubes and lines

Your IV will be removed when you are drinking well

Your ureteral stents may be removed today



If you have an ileal conduit:

- In the morning, disconnect your pouch from your night drainage system, empty and rinse
- During the day, empty your pouch into a container or the toilet as needed
- In the evening, connect your pouch to the night drainage system
- Talk with your nurse about when and who to contact for medical attention

If you have an orthotopic neobladder:

- You will irrigate your catheter, with help

You may go home from the hospital on Day 7 after your surgery. Please tell your nurse if you have any concerns about going home. Remember to arrange your ride.

Goals for Day 7: Going home

Plan to go home today before 11AM.

We will arrange appointments for a CT scan, x-ray, or ultrasound, and a visit with your surgeon in about 3 weeks.

Most patients will have their stents removed before leaving the hospital. If you go home with your stents in place, your surgeon will explain the next steps.

Your Jackson-Pratt drain will be removed today if your stents have been removed.

We will arrange for your clips to be removed by the CLSC.



If you have an ileal conduit, the Enterostomal Therapy Nurse will fit you for your urostomy appliance while you are in the hospital. She will give you urostomy supplies and a product list before you leave the hospital and offer telephone support when you go home. A liaison nurse will arrange ongoing teaching from your CLSC.

If you have an orthotopic neobladder, you will visit the urology nurse clinician at the urology clinic a few weeks after you go home. She will help you get used to living with your neobladder.

Pain

You may have pain for a few weeks after surgery. Take acetaminophen (Tylenol®) to relieve your pain.

If your pain is not controlled by acetaminophen (Tylenol®), add the narcotic that your doctor ordered.

If you have severe pain that is not relieved with medicine, call your surgeon or go to the emergency room.

Pain medicine may cause constipation. To help your bowels stay regular:

- Drink more liquids
- Eat more whole grains, fruits and vegetables
- Get regular exercise (a 15-minute walk is a good start)
- Take the stool softeners your doctor ordered

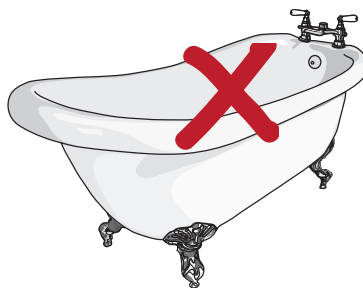


Incisions

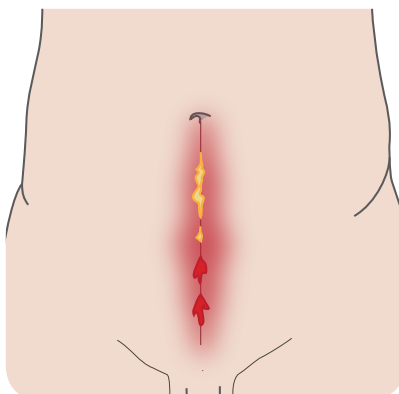
Your incision(s) may be slightly red and uncomfortable for 1-2 weeks after surgery.

You may take a shower once your stents are removed.

Let the water run softly over your incision(s) and wash the area gently. Do not scrub. Do not take a tub bath for 2 weeks.



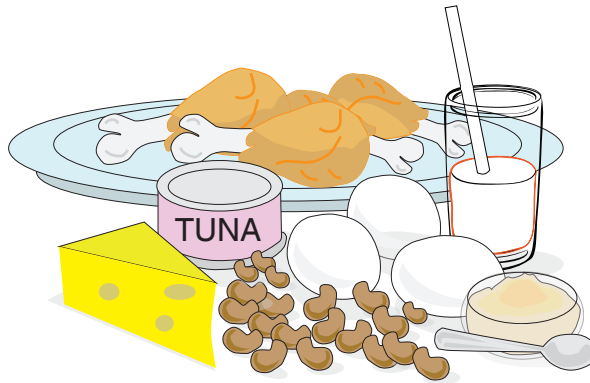
Tell your surgeon if your incision becomes warm, red, and hard, or if you see pus or drainage coming from it.



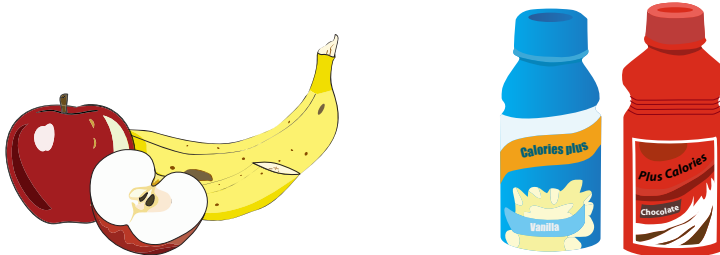
Diet

You may eat anything you want, unless your doctor, nurse, or nutritionist tell you not to.

Include foods that contain protein to help your body heal. Meat, fish, poultry and dairy products are good sources of protein.



If you find it hard to eat enough calories, try eating smaller amounts at each meal. Add nutritious snacks between meals. Try high protein, high calorie shakes, or commercial supplements like Ensure or Boost.

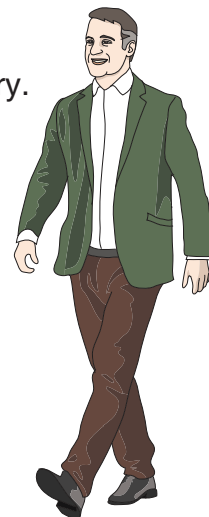


If you cannot drink fluids or keep them down, call your surgeon.

Activities

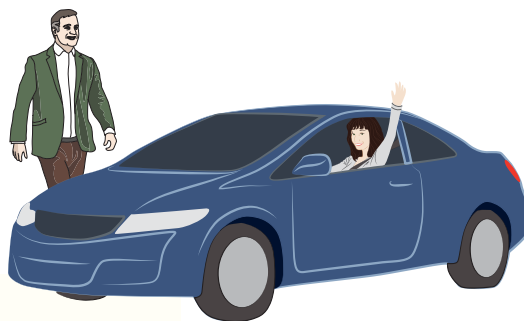
After you go home:

- Continue to walk several times each day. Gradually increase the distance until you reach your usual level of activity.
- Do not lift more than 5 pounds for 4-6 weeks after your surgery.
- Do not drive while you are taking narcotic pain medication.
- Ask your surgeon when you may return to work. It will depend on your recovery and your type of work.
- When you are pain free, you may resume most activities, including sexual activities.

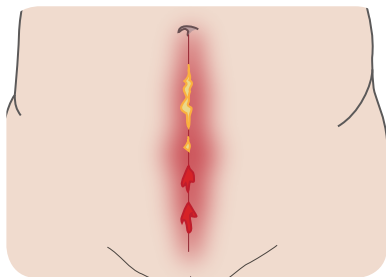


Ask your family and friends for help with:

- Transportation
- Meal preparation
- Laundry
- Grocery shopping
- House cleaning



When to call your doctor



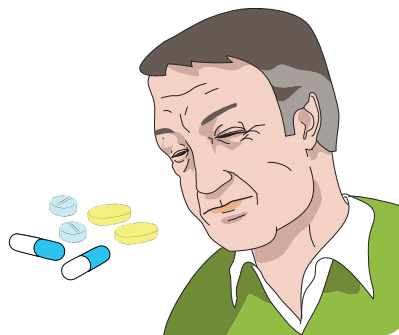
Your incision is warm, red or you see pus coming from it.



You have a temperature higher than 38°C/100.4°F.



You have nausea or vomiting when drinking fluids.



You have more pain and your pain medicine does not help.

Contact information

Dr. Armen Aprikian: 514-934-8295

Dr. Wassim Kassouf: 514-934-8246

Dr. Simon Tanguay: 514-934-8535

Urology Nurse Clinician: 514-934-1934, ext. 44276

Enterostomal Therapy Nurse: 514-934-1934, ext. 44782

or woundandostomy@muhc.mcgill.ca



If you cannot reach your doctor, go to the nearest Emergency Department.

Resources

Websites of interest

For more about bladder surgery:

<http://urology.osu.edu/20970.cfm>

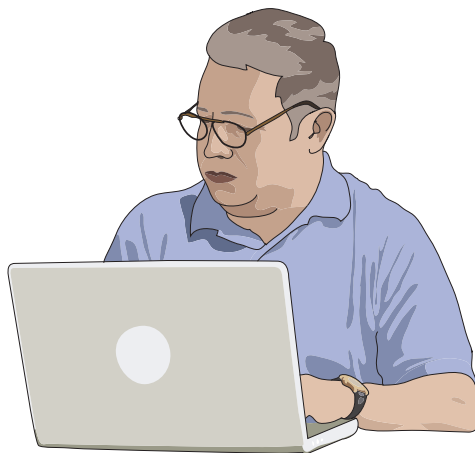
For more about bladder cancer:

www.bladdercancercanada.org

<http://www.cancer.ca/en/cancer-information/cancer-type/bladder/bladder-cancer/?region=qc>

For more about anesthesia:

<http://www.cas.ca/english/patient-information>



Suggestions to help you stop smoking

Phases of quitting:

1. Preparing to quit
2. Choosing a quit date
3. Coping with withdrawal
4. Fighting relapses



Strategies to help you quit:

- Stop smoking now and you will already be on your way to quitting.
- Take it one day at a time. Think of yourself as a non-smoker. Be proud of what you have already done.
- Ask your family and friends not to smoke around you.
- Ask a family member, or a friend, to stop smoking at the same time.
- Join a stop-smoking group and kick the habit with other people.
- Speak with your doctor about aids to help you quit, such as the nicotine patch.



Get more information from:

Montreal Chest Hospital

(514) 934-1934 ext. 32503

www.muhc.ca

Quebec Lung Association

(514) 287-7400 or 1-800-295-8111

www.pq.lung.ca



Royal Victoria Hospital at the Glen site

1001 Decarie Blvd. Montreal, QC H4A 3J1

DE MAISONNEUVE W.
VENDÔME



Registration, Surgery
and Intervention
Centre: C 03.7055

Cafeteria:
Located off the
Adult Atrium on
level S1

Pre-op Clinic:
D S1.2428

