

# Discharge advice and self flushing instructions for patients with a neobladder

This leaflet explains more about returning to your everyday activities after your bladder removal operation. It will tell you how to flush your new neobladder. Flushing helps prevent mucus (a watery substance produced by cells) from blocking your urethral catheter (tube from your new bladder draining urine) and from building up on the lining of the pouch.

If you have any further questions, please speak to a doctor or nurse caring for you.

## How often will I need to flush my catheter?

After your surgery the urethral catheter will be flushed by the nurses on the ward with normal saline (a sterile mixture of salt and water) to help clear your new neobladder of mucus. Before you leave hospital we will show you how to do this yourself at home to prevent the catheter from blocking. You will need to do this three times a day. You will need the following items to flush your catheter:

Two 50ml syringes (we will supply these)

A small clean container or jug

Sterile normal saline (we will supply this; please do NOT use tap water as it may contain small germs that can cause infection)

## How do I flush my catheter?

- Wash your hands.
- Open the bottle of saline and pour 100mls into a small container.
- Draw up 50mls of saline into the syringe.
- Disconnect the urethral catheter from the drainage bag.
- Hold the tip of the catheter upright between the thumb and first finger. Place the tip of the syringe into the catheter.
- Gently push the saline into the catheter. This is called flushing. Do not force the saline in as this can cause discomfort.
- Gently withdraw the saline from the catheter with the syringe. Look for mucus as this is what you should expect to see. If you meet resistance do not force it. Remove the syringe and reconnect the urethral catheter to the drainage bag. Get up and walk around; you will probably see the drainage mixed with mucus flowing into the tube.

- This process may be repeated several times, using fresh saline each time. Once you can no longer withdraw mucus, you may stop flushing. However, you still must flush three times a day.
- Wash your hands.

You can use the same syringe(s) again. Clean the syringe(s) after each use by pulling the plunger out of the casing and washing both with warm water and soap. Let them dry in the air on a clean surface.

### **Further discharge advice:**

- Keep the urethral catheter connected to the leg bag during the day. You will need to empty these bags every two hours. At night, connect the catheter to the large drainage bag. This will allow you to sleep through the night without emptying your bag.
- Drink two litres of fluid per day, avoid drinks that contain caffeine.
- Shower daily.
- Clean the skin around your catheter twice each day with warm water and soap (we will show you how to do this before you go home).

### **Call your specialist nurse if you:**

- Cannot flush the catheter.
- Have no urine draining.
- Feel pressure, pain, bloating, or distension (expansion) in your abdomen (Try to irrigate first to relieve any mucus plug that could be causing these symptoms).
- Notice foul-smelling urine.
- Develop a fever.
- Have any questions or concerns.

### **When will my catheter be removed?**

Your new bladder will take around four weeks to heal. During this time the catheter will remain in place to drain away your urine. A cystogram (a special x-ray) will be arranged three to four weeks after the surgery, to ensure that there are no leaks in your new bladder, if there are no leaks the urethral catheter can be removed in clinic.

### **How do I look after my wound and drain?**

You will have clips and may have a drain that will be removed at your first clinic appointment if they have not been removed before you go home. If your wound becomes red, inflamed, swollen, discharges fluid and becomes smelly or more painful, please contact us.

### **What should I do if I have abdominal pain or constipation?**

As your surgery has involved disturbing your intestines (bowels) this usually results in altered bowel habit in the immediate post operative period and the short term after discharge. This may result in either loose stools or constipation. This usually settles as your appetite improves and you return to your normal eating and drinking habits. It is very important that you drink two litres of fluid every day. This will help to avoid constipation and keep you well hydrated. If constipation lasts longer than three-four days then we would suggest you take a mild laxative which your GP can prescribe if you do not already have some from the hospital.

If your tummy becomes very painful and/or you have a fever it is important to contact us and we will readmit you to hospital to do some investigations.

## **Will I need to change my diet or do any specific exercises?**

Ensure you drink plenty of fluid, maintain a healthy diet and take regular exercise, such as walking. This can be gradually increased until you are back to your usual activity. Do not undertake any heavy lifting for two months after the operation. You may feel extremely tired, this is normal and you should rest when required. If you have a poor appetite or have noticed weight loss please contact us or your GP as you may need further nutritional advice.

To reduce the risk of you developing a deep vein thrombosis (blood clots in the leg) you may be given special stockings to wear and a daily blood-thinning (anticoagulant) injection. The injections may need to be taken for 28 days in total. You or a family member/friend will be taught how to give the injections before you leave the ward.

## **When can I return to normal activities?**

You should consider taking up your hobbies and activities as soon as possible again after surgery. It enables you to maintain your activity and will benefit your recovery. You should not need to restrict these unless they cause significant pain or involve heavy lifting, in which case avoid them for the first two months after your operation. You can start driving when you feel confident that you can safely perform an emergency stop and your insurance company is happy then you are fit to drive, usually six to eight weeks after the procedure.

## **Will I have a follow-up appointment?**

You will be given an appointment to come back to the bladder cancer clinic within two weeks of your discharge from the ward, unless you are given other information. However, if you have any concerns then please do not hesitate to contact us on numbers shown below before.

## Contact us

If you want any further information or any help, please do not hesitate to contact the urology department for advice.

Telephone **020 7188 7636** to speak to Sue Amery or Kathryn Chatterton (Monday to Friday, 9am to 5pm) leaving a message with the call centre. Or the stoma team on **0207 188 6469**

Alternatively telephone **020 7188 3026** and ask the operator to bleep:

- 2840 to speak to Sue Amery, Bladder cancer clinical nurse specialist or
- 1227 to speak to Kathryn Chatterton, Bladder cancer enhanced recovery clinical nurse specialist

Outside of normal working hours, please call Aston Key ward on **020 7188 8860** or Florence ward on **020 71882441**

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.guysandstthomas.nhs.uk/leaflets](http://www.guysandstthomas.nhs.uk/leaflets)

## Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

**t:** 020 7188 8748 9am to 5pm, Monday to Friday

## Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

**t:** 020 7188 8801 (PALS)      **e:** [pals@gstt.nhs.uk](mailto:pals@gstt.nhs.uk)

**t:** 020 7188 3514 (complaints)      **e:** [complaints2@gstt.nhs.uk](mailto:complaints2@gstt.nhs.uk)

## Language and Accessible Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch:

**t:** 020 7188 8815      **e:** [languagesupport@gstt.nhs.uk](mailto:languagesupport@gstt.nhs.uk)

## NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

**t:** 111

## NHS Choices

Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

**w:** [www.nhs.uk](http://www.nhs.uk)

**Leaflet number: 4330/VER1**

Date published: December 2016

Review date: December 2019

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