

RADICAL CYSTECTOMY

(including minimal access & robotic-assisted procedures)

EVENT	ACTION	ADDITIONAL COMMENTS
Primary Care	Two-week referral rule Optimise chronic conditions Support for alcohol & smoking cessation Weight loss & optimise cardiovascular fitness	patient made aware of potential cancer diagnosis e.g. hypertension, diabetes, anaemia
Outpatients	Treatment options discussed Written information given Introduction to Specialist Nurse Referral for practical skills training Consider CPEX testing Expectation setting & discharge planning	MDT guided procedure & disease-specific with enhanced recovery information
Pre-Admission	Surgical/anaesthetic pre-assessment Manage outstanding medical issues Nutritional assessment Pre-operative investigations Expectation setting, identify social issues & confirm discharge planning	including guidance on medications supply supplements & carbohydrate loading may include FBC, U&E, G&S, ECG, CPEX
Admission	Day of surgery admission No mechanical bowel preparation Ensure stoma site is marked Pre-operative analgesia Consent & documentation Fasting Carbohydrate loading	WHO checklist, correct-site surgery, VTE prophylaxis no solids for 6hr, clear fluids up to 2hr pre-operatively up to 2hr pre-op
Surgery	Antibiotic prophylaxis VTE prophylaxis Positioning & pressure area protection Minimally-invasive access Uretero-ileal anastomosis over stents Consider omission of pelvic drain Analgesia	single dose at induction (e.g. Gentamicin/Flucloxacillin) TED stockings, calf compression, low MW heparin with external warming or minimise incision <i>if open</i> : LA & wound/regional blocks, RSC or thoracic epidural - <i>if totally intra-corporeal</i> : consider LA blocks
Post-Operative	Antibiotics Analgesia Anti-emetics Antacids Laxatives Intravenous fluids Diet & oral fluids Early mobilisation Stoma & catheter (if neobladder) care VTE prophylaxis (incl. self-admin) Consider early drain removal Prepare discharge medication Discharge	repeat if procedure last >4 hours regular oral analgesia plus LA infusion catheters: if PCA used, remove after morning mobilisation regular Metoclopramide Ranitidine 150mg PO BD ± PPI Magnesium hydroxide 20ml PO BD <i>day 1</i> : stop at 06.00hr <i>day 0</i> : free fluids, tea, coffee, nutritional supplements <i>day 1</i> : sloppy diet, nutritional supplements <i>day 2</i> : high-protein, low-residue (light) diet <i>morning 1</i> : around bed space <i>day 1</i> : to nursing station lunchtime and evening <i>day 2</i> : off the ward twice daily from day 1 low MW heparin from day 0 oral analgesia & laxatives when tolerating diet, no clinical concerns, no biochem problems, stoma/catheter competent, patient/family well-supported
Follow-Up	Emergency contact Specialist Nurse telephone contact Removal of stents Trial without catheter (neobladder) Consultant outpatient review	supply telephone numbers & instructions 48 hourly for first week at 7-10 days at 14 days (consider cystogram before) at 4 weeks with histology

MEDICATIONS FOR PATIENTS ON THE ENHANCED RECOVERY PATHWAY

Radical Cystectomy

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TIME	CLASS OF DRUG	DRUG NAME(S)	SPECIFIC ADVICE
P R E O P E R A T I V E	Analgesics	Paracetamol 1g PO Ibuprofen 400mg PO	at induction if GFR is normal
	Antacids	Ranitidine 150mg PO or Proton pump inhibitor PO	risk of <i>C difficile</i> infection
	Antiemetics	Dexamethasone 4-8mg IV	at induction
	Laxatives	None required	
	Nutrition supplements	Carbohydrate loading	the preceding night & 2 hours pre-op
	Antibiotics (prophylactic)	Cefuroxime 1.5g IV plus	on induction
		Metronidazole 500mg IV	on induction
P O S T O P E R A T I V E	VTE prophylaxis	TED stockings	pre-operative
		Pneumatic calf compression	intra-operative
	Analgesics	Paracetamol 1g PO QDS Ibuprofen 400mg PO QDS Fentanyl PCA in recovery	continue overnight, then Zomorph
		Zomorph 10mg BD	for 48 hours
	Antacids	Ranitidine 150mg PO BD	
	Antiemetics	Metoclopramide 10mg PO TDS	
	Laxatives	Magnesium hydroxide 20ml PO BD	
	Nutrition supplements	Fortisips 1 PO TDS Build Up soup 1 PO BD	
D I S C H A R G E	Antibiotics	Cefuroxime 1.5mg IV	three doses
		Metronidazole 500mg IV	three doses
	VTE prophylaxis	TED stockings	until normal mobility is restored
		Low molecular weight heparin SC ON	start on day of surgery
	As required	Codeine phosphate 30-60mg PO QDS	consider Oxycodone
		Oromorph 10-20mg PO 2-4 hourly Cyclizine 50mg PO TDS (or IV) Ondanestron 4-8mg IV BD	
	Analgesics	Paracetamol 1g PO QDS	for 14 days
D I S C H A R G E		Ibuprofen 400mg PO QDS	for 5 days (if GFR is normal) then stop
	Antacids	Ranitidine 150mg PO BD	
	Laxatives	Magnesium hydroxide 20ml PO BD	
	Nutrition	Fortisips 1 PO TDS Build Up soup 1 PO BD	
	VTE prophylaxis	Low molecular weight heparin SC OD	continue for 28 days