Urology department

Formation of ileal conduit

What is the evidence base for this information?
This leaflet includes advice from consensus panels, the British Association of Urological Surgeons, the Department of Health and evidence based sources; it is, therefore, a reflection of best practice in the UK. It is intended to supplement any advice you may already have been given by your urologist or nurse specialist as well as the surgical team at Addenbrooke’s. Alternative treatments are outlined below and can be discussed in more detail with your urologist or specialist nurse.

What does the procedure involve?
Diversion of urine to skin with an intestinal stoma.

What are the alternatives to this procedure?
Catheters, bladder enlargement, continent diversion (a catheterisable pouch), depending on the reason why the stoma is being formed.

What should I expect before the procedure?
You will be seen by a stoma nurse specialist before your operation to discuss life with a urostomy and to try the various drainage bags available. If you wish, you will be given the opportunity to meet someone who has previously had this procedure.

You will normally undergo pre assessment on the day of your clinic or an appointment for pre assessment will be made from clinic, to assess your general fitness, to screen for the carriage of MRSA and to perform some baseline investigations.

You will usually be admitted on the same day as your surgery. After admission, you will be seen by members of the medical team which may include the consultant, specialist registrar, junior doctors, and your named nurse.

You will be seen by the stoma nurse specialist before your operation to mark the site where your stoma will be positioned. You will also be seen by the anaesthetist before the operation.

You will be given intravenous antibiotics at the time the anaesthetic is given, and possibly after surgery too. You may be given a pre-medication by the anaesthetist which will make you dry-mouthed and pleasantly sleepy.

Normally, we use elastic stockings to minimise the risk of a blood clot (deep vein thrombosis) in your legs.
Please be sure to inform your urologist in advance of your surgery if you have any of the following:

- an artificial heart valve
- a coronary artery stent
- a heart pacemaker or defibrillator
- an artificial joint
- an artificial blood vessel graft
- a neurosurgical shunt
- any other implanted foreign body
- a prescription for warfarin, aspirin, rivaroxaban, dabigatran, apixaban, edoxaban or clopidogrel, ticagrelor or blood thinning medication
- a previous or current MRSA infection
- high risk of variant CJD (if you have received a corneal transplant, a neurosurgical dural transplant or previous injections of human derived growth hormone)

What happens during the procedure?

A full general anaesthetic will be used and you will be asleep throughout the procedure. In some patients, the anaesthetist may also use an epidural anaesthetic which produces freedom from pain post operatively.

In the operation, the ureters (the tubes which drain urine from the kidneys to the bladder) are sewn to an isolated segment of small bowel which is positioned on the surface of the abdomen as an opening called a urostomy. The ends of the small bowel, from which the conduit is isolated, are then joined together again.

What happens immediately after the procedure?

The average stay in hospital will be approximately 10 to 14 days. Drainage tubes (stents) will be placed through the stoma up to the kidneys, for about a week. There will be a drainage tube close to the wound, to drain fluid away from the internal area where the operation has been done. A tube may be placed through the nose to drain the stomach (nasogastric tube).

After your operation, you may be in the intensive care unit or the special recovery area of the operating theatre before returning to the ward; visiting times in these areas are flexible and will depend on when you return from the operating theatre. You will have a drip in your arm and you may have a further drip into a vein in your neck.
You will be encouraged to mobilise as soon as possible after the operation because this encourages the bowel to begin working. We will start you on fluid drinks and food as soon as possible.

You will be given an injection under the skin of a drug (Dalteparin) that, along with the help of elasticated stockings provided by the ward, will help prevent thrombosis (clots) in the veins. A physiotherapist will come and show you some deep breathing and leg exercises, and you will sit out in a chair for a short time soon after your operation.

You or your carer will be shown by the stoma care nurse how to empty and change the stoma bags, and you or your carer will be confident doing this before you go home. It will, however, take at least three to six months for you to recover fully from this surgery, although much of the recovery comes a good deal sooner than this.

**Are there any side effects?**

Most procedures have a potential for side effects. You should be reassured that, although all these complications are well recognised, the majority of patients do not suffer any problems after a urological procedure.

Please use the check boxes to tick off individual items when you are happy that they have been discussed to your satisfaction:

**Common (greater than one in 10)**

- Recurrent urinary infections, requiring long-term antibiotic treatment.
- Decreased kidney function with time

**Occasional (between one in 10 and one in 50)**

- Anaesthetic or cardiovascular problems possibly requiring intensive care admission (including chest infection, pulmonary embolus, stroke, deep vein thrombosis, heart attack and death)
- Blood loss requiring transfusions or repeat surgery
- Temporary or long-term tendency for the blood to be more acidic than normal, requiring temporary or long-term medication
- Infection or hernia of the incision requiring further treatment
- Diarrhoea/vitamin deficiency/constipation due to shortened bowel, requiring treatment
- Scarring of the bowel or ureters requiring further surgery
- Scarring, narrowing or hernia formation around the urine opening requiring revision

**Rare (less than one in 50)**

- Tumour formation in the stoma
- Bowel and urine leakage from the anastomosis requiring re-operation

**What should I expect when I get home?**

When you leave hospital, you will be given a discharge summary of your admission. This holds important information about your inpatient stay and your operation. If, in the first few
weeks after your discharge, you need to call your GP for any reason or to attend another hospital, please take this summary with you to allow the doctors to see details of your treatment.

This is particularly important if you need to consult another doctor within a few days of your discharge.

- You will require pain killing tablets at home for two or three weeks and it may take two or three weeks at home to become comfortably mobile.
- You should avoid driving for at least six weeks, and it may be longer before this is possible.
- If you work, you will need a minimum of six weeks off, and it may be significantly longer if your work involves physical activity.
- Heavy lifting should be avoided for six weeks.
- Sexual intercourse should be avoided for at least a month.
- You may see blood in the urine or vaginal discharge for up to a month after surgery.

What else should I look out for?

There are a number of complications which may make you feel unwell and may require consultation with your GP or contact with the urology department.

- If you experience fever or vomiting, especially if associated with unexpected pain in the abdomen, you should contact your doctor immediately for advice.
- If you have problems relating to recurrent urinary tract infection or bladder retraining, you should contact the urology department.

Are there any other important points?

- The stoma care nurses will keep in contact by phone and by clinic visits in the first couple of months after surgery, and be available for long term follow up.
- A follow up outpatient appointment will be arranged at about six to eight weeks after surgery.

Driving after surgery

It is your responsibility to ensure that you are fit to drive following your surgery. You do not normally need to notify the DVLA unless you have a medical condition that will last for longer than three months after your surgery and may affect your ability to drive. You should, however, check with your insurance company before returning to driving. Your doctors will be happy to provide you with advice on request.

Privacy & dignity

Same sex bays and bathrooms are offered in all wards except critical care and theatre recovery areas where the use of high tech equipment and/or specialist one to one care is required.
Hair removal before an operation

For most operations, you do not need to have the hair around the site of the operation removed. However, sometimes the healthcare team need to see or reach your skin and if this is necessary they will use an electric hair clipper with a single-use disposable head, on the day of the surgery. Please do not shave the hair yourself or use a razor to remove hair, as this can increase the risk of infection. Your healthcare team will be happy to discuss this with you.

References:
NICE clinical guideline No 74: Surgical site infection (October 2008); Department of Health: High Impact Intervention No 4: Care bundle to preventing surgical site infection (August 2007)

Is there any research being carried out in this field at Addenbrooke’s Hospital?

Yes. As part of your operation, various specimens of tissue will be sent to the pathology department so that we can find out details of the disease and whether it has affected other areas. This information sheet has already described to you what tissue will be removed.

We would also like your agreement to carry out research on that tissue which will be left over when the pathologist has finished making a full diagnosis. Normally, this tissue is disposed of or simply stored. What we would like to do is to store samples of the tissue, both frozen and after it has been processed. Please note that we are not asking you to provide any tissue apart from that which would normally be removed during the operation.

We are carrying out a series of research projects which involve studying the genes and proteins produced by normal and diseased tissues. The reason for doing this is to try to discover differences between diseased and normal tissue to help develop new tests or treatments that might benefit future generations. This research is being carried out here in Cambridge but we sometimes work with other universities or with industry to move our research forwards more quickly than it would if we did everything here.

The consent form you will sign from the hospital allows you to indicate whether you are prepared to provide this tissue. If you would like any further information, please ask the ward to contact your consultant.

Who can I contact for more help or information?

Oncology nurses
Uro-oncology nurse specialist
01223 586748

Bladder cancer nurse practitioner (haematuria, chemotherapy and BCG)
01223 274608

Prostate cancer nurse practitioner
01223 274608 or 216897 or bleep 154-548
Surgical care practitioner
01223 348590 or 256157 or bleep 154-351

Non-oncology nurses
Urology nurse practitioner (incontinence, urodynamics, catheter patients)
01223 274608 or 586748 or bleep 157-237
Urology nurse practitioner (stoma care)
01223 349800
Urology nurse practitioner (stone disease)
01223 349800 or bleep 152-879

Patient advice and liaison service (PALS)
Telephone: +44 (0)1223 216756
PatientLine: *801 (from patient bedside telephones only)
email: pals@addenbrookes.nhs.uk
Mail: PALS, Box No 53
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

Chaplaincy and multi faith community
Telephone: +44 (0)1223 217769
email: chaplaincy@addenbrookes.nhs.uk
Mail: The Chaplaincy, Box No 105
Addenbrooke's Hospital
Hills Road, Cambridge, CB2 2QQ

MINICOM System (‘type’ system for the hard of hearing)
Telephone: +44 (0)1223 217589

Access office (travel, parking and security information)
Telephone: +44 (0)1223 596060

What should I do with this leaflet?
Thank you for taking the trouble to read this patient information leaflet. If you wish to sign it and retain a copy for your own records, please do so below.

If you would like a copy of this leaflet to be filed in your hospital records for future reference, please let your urologist or specialist nurse know. If you do, however, decide to proceed with the scheduled procedure, you will be asked to sign a separate consent form which will be filed in your hospital notes and you will, in addition, be provided with a copy of the form if you wish.

I have read this patient information leaflet and I accept the information it provides.

Signature………………………………………………………..Date……………………………………
We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site. For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:

If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.

Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

Document history

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