

RADICAL CYSTECTOMY CLINICAL PATHWAY

Activities before Surgery

Day -7 to -14 Pre-op clinic visit Surgery Teach: Discuss care map with patients and set expectations Stomal Therapist Visit - Marking & Patient Education Prehab with PT if needed or if getting neoadjuvant chemo Schedule follow-up visit for 2 weeks post-op Consents signed

Day -1 Tap water or mineral oil enema at 8 pm (Your physician may ask you to do more) NPO after midnight Patient drinks 8 oz of apple juice b/f midnight, 1 day prior

Day 0: Pre and Peri-operative Milestones

Pre-Op 8oz of apple juice 2 hours before surgery SQ heparin 5000U Entereg 12mg PO BID x 7 days * Pain: Acetaminophen 1000mg po (then po Q6hr until discharge) Fluids: If IV in place, LR at 50 ml/hr

Intra-Op Antibiotics within 1 hour of start time OG tube (removed at end of case) Pain: Robotic = PCA; Open = Epidural (preferred) or PCA Fluid: Induction period: 7 ml/kg of LR over 30 min Fluid: During surgery: 5 ml/kg/hr of LR . If UOP avail, target UOP of 0.3-0.5 ml/kg/hr ** In case of blood loss or hypotension, see below

Intra-Op Fluid: In patients deemed clinically appropriate to have an arterial line placed, draw serum arterial lactates every hour to monitor for tissue ischemia, and administer fluid boluses of 4 ml/kg LR if lactate is increasing.

PACU Pain: ketorolac*** 15 mg IV Q 6hrs (for up to 48 hrs) Fluid: LR at 1 ml/kg/hr Fluid: Target urine output of 0.3-0.5 ml/kg/hr ** In case of hypotension, see guidelines below

Inpatient Milestones: ICU (5E) LOS = 1 day, Target Post-op LOS = 5 days

Day 0: Post-Op Orders (7SE or 5 East) Sips of clear liquid, chew gum Abx: Cefazolin, metronidazole x 23 hours CV: Beta blocker if indicated. Hydralazine PRN. (Neobladder) Albuterol, if indicated GI Meds PRN Nausea: Ondansetron or Reglan Incent Spir & Seq Compression Device until discharge

Day 0: Post-Op Orders (7SE or 5 East) Fluids: See dropdown to order one of: D5NS, D51/2 NS, LR, D5LR. Wean fluids asap, encourage PO intake, lock IVFs once taking adequate PO. Urethral Foley & Suprapubic Tube to gravity (Neobladder)**** Ureteral Stent to Gravity SQ Heparin 5000U SQ TID JP to bulb suction Mobility: Dangle at edge of bed Day 0

Day 1 Diet: Clear Liquid Diet (If No Nausea, No Distention, No Belching/Hiccups) PT & OT Evals on Day 1 After PT/OT visit, Walk 2-3 times on Day 1 Ostomy Nurse: check bandage/wafer for right fit. Staff Nurse: Order Ostomy education & Starter kit

Day 1 contd Remove vaginal packing (female) Labs: Hct x 3 days Labs: Chem7. Ca-Mg-Phos daily until discharge OT/PT: set up abdominal binder

*[Entereg] – Not for patients with elevated creatinine.

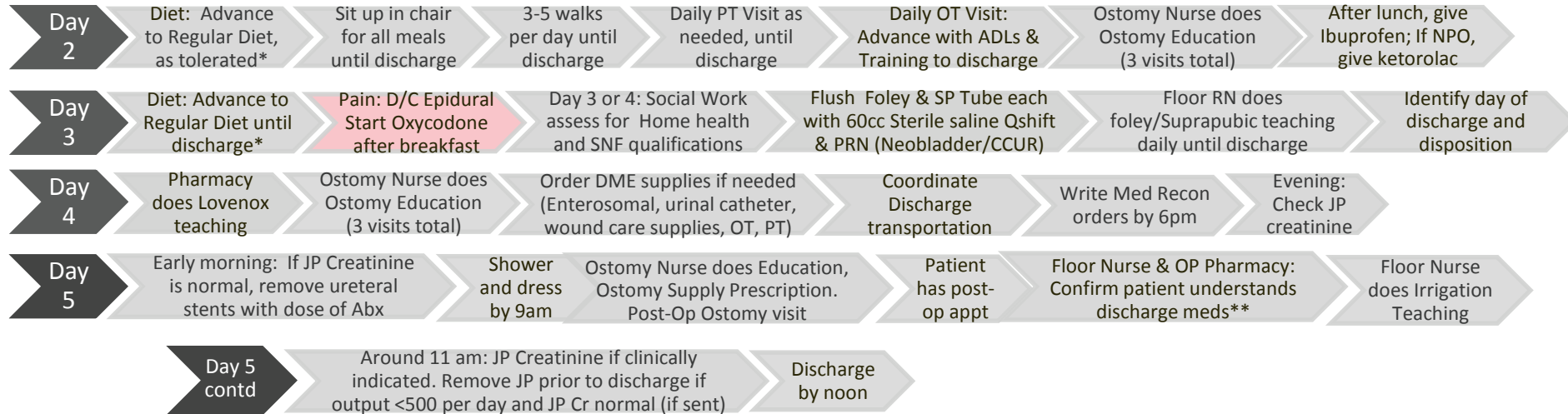
** If Blood loss (ml for ml), replace with colloid (5% albumin). If Hypotensive, treat with phenylephrine up to 0.8 mcg/kg/min or norepinephrine up to 0.04 mcg/kg/min. For hypotension not responsive to the suggested dose of vasopressor (only use one), administer 3 ml/kg of LR over 20 min and reassess.

***[Ketorolac / Toradol U.S. Boxed Warning]: Contraindicated in patients with advanced renal impairment. Patients with moderately-elevated serum creatinine should use half the dose with a max of 60 mg/day

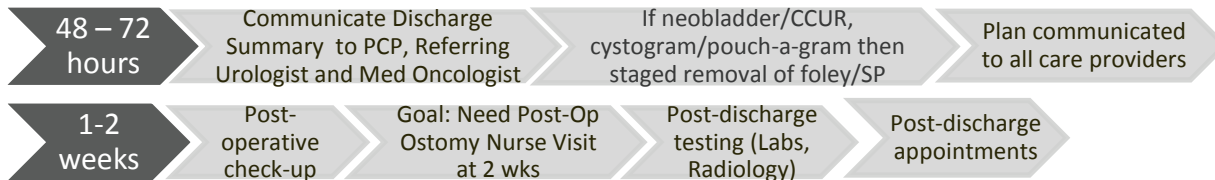
**** For patients with CCUR, the foley catheter will be through the stoma.

RADICAL CYSTECTOMY CLINICAL PATHWAY

Inpatient Milestones: 7SE Floor LOS = 4 days, Target Post-op LOS = 5 days



Post-Discharge Outpatient Follow Up Milestones



* If No Nausea, No Distention, No Belching/Hiccups. Okay to start with full liquids and advance as tolerated to regular.

** Standard discharge meds : Colace, Oxycodone, Tylenol and Lovenox