

COLUMBIA UNIVERSITY IRVING MEDICAL CENTER

CYSTOSCOPY AND RESECTION OF BLADDER TUMOR

This packet will help you prepare for your upcoming cystoscopy. Please review this information before surgery and have it available as a reference after surgery. Should you have any questions, please contact our office at (212) 305-0144. There will be someone available to answer questions 24 hours a day, every day of the week including holidays. For non-urgent issues, please call between 9am and 5pm.

I. IN THE WEEKS LEADING UP TO SURGERY

- You will require a preoperative urine culture within 30 days of surgery. If this is done locally then you must have the results faxed to us at least one week before surgery.
- You may require additional tests, including blood work, a chest x-ray, and an electrocardiogram (EKG). If you have these tests done locally then you must have the results faxed to us at least one week before surgery.
- You may be asked to have a clearance letter from your primary medical doctor, cardiologist or pulmonologist. If your preoperative clearance is done outside of Columbia, the letter must be faxed to our office at least five days prior to surgery.
- We recommend you stop smoking cigarettes as soon as you decide to have surgery.
- Avoid drinking alcohol in the week leading up to surgery. If you use alcohol regularly then stopping suddenly could be dangerous. Let your doctor know if you are a heavy drinker or are unable to stop drinking.
- Please stop taking the following medications **one week** prior to surgery:
 - Any blood thinners, including Plavix, Coumadin, Effient, Brilinta, Ticlid, Persantine, Pradaxa, Eliquis, and Xarelto. **You must discuss stopping these medications with the doctor who prescribes them**
 - You may continue taking low-dose aspirin (81mg) if you have a history of heart disease or stroke.
 - All herbal medications, supplements, and vitamins, including vitamin E, fish oil, garlic, and ginkgo biloba.
 - Ibuprofen-containing medications or other non-steroidal anti-inflammatory medications (NSAIDS). Medications for arthritis often contain these drugs. If you are unsure whether you are taking one of these medications, ask your doctor.

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- If you take any of the following medications for diabetes or weight loss, please stop them before surgery:
 - Stop dapagliflozin (Farxiga), empagliflozin (Jardiance), canagliflozin (Invokana) or ertugliflozin (Steglatro) 4 days before surgery
 - Stop liraglutide (Victoza, Saxenda), exenatide (Byetta) or semalutide (Ryblesus) 1 day before surgery.
 - Do not take your injection of dulaglutide (Trulicity), exenatide (Bydureon BCise) or semaglutide (Ozempic, Wegovy) 7 days before surgery.
 - These medications may all be restarted the day after your surgery.

II. THE DAY BEFORE SURGERY

1. You will receive a call from a Milstein Hospital Preoperative nurse the business day prior to your scheduled operation between the hours of 2:30-5:30 PM.
 - If you do not receive this call, please call 212-305-7000. The preoperative unit is open Monday-Friday 6:00AM to 6:30PM.
 - This call will include the following instructions:
 - Arrival time: 2 hours before your scheduled operation
 - Admitting location: 173 Fort Washington Ave, Milstein Heart Center Admitting Desk. The lobby is inside the Milstein Hospital Building and the operating room is on the 3rd floor.
 - What medications to take before your surgery.
2. Drink plenty of fluids throughout the day and eat a light diet.
3. Wear a set of comfortable loose-fitting clothing. This includes loose underwear and lace-up shoes. Leave all valuables and jewelry at home.
4. You must arrange for an adult to transport you to and from the hospital. You cannot be discharged home unless you have an adult to take you home.
5. **Do not eat or drink anything after midnight.**

III. THE MORNING OF SURGERY

- Do not eat or drink anything on the day of your surgery, including gum, hard candy and cigarette smoking. You may brush your teeth, but do not swallow any water.
- If you were instructed to take any medications on the day of surgery, you may do so with a small sip of water.
- Bring your insurance card and personal identification information to the hospital.

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- Consider appointing a healthcare proxy. This is the person who will help make healthcare decisions for you if you are unable to communicate. You may discuss this with your nurse once you arrive at the hospital. If you have already done this, or have an advanced directive, bring this paperwork with you for your surgery.
- Please remove all metal objects, including jewelry and piercings. You will have to remove hearing aids, dentures, glasses, wigs, and any other prosthetic devices before you are brought to the operating room.
- Surgery times may vary based on emergencies or surgeries that take place before yours. The operating room staff will keep you informed of any changes that may occur on the day of your procedure.
- You will be given a discounted valet parking ticket for your surgery day.
- **Please arrive on time.**

IV. BLUE LIGHT CYSTOSCOPY

- If your doctor recommends a blue light cystoscopy, you will have a catheter placed 1 hour prior to your procedure and 2 ounces of Cysview® (hexaminolevulinate HCL) will be delivered into your bladder. The catheter will be removed after the medication is delivered.
- Cysview® is a medication that is absorbed by cancerous tissues and allows them to be visualized under a blue light.
- If you have questions about this procedure, discuss with your doctor.

V. IN THE HOSPITAL

- Your family may accompany you in the preoperative holding area, and will be directed to the waiting area of the Milstein Hospital building where they can wait during surgery.
 - The cafeteria is located on the 2nd floor of the Milstein Hospital building.
 - Your family will receive text updates about your surgery.
 - After the surgery is over, the doctor will contact your family.
- After surgery, you will spend a few hours in the recovery room as you continue to wake up from anesthesia.
 - Your family can visit you in the recovery room once you are fully awake, usually no more than 2 hours after the surgery is over.

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- Some patients are recommended to have a chemotherapy washing through the bladder after a bladder tumor was removed. If your doctor recommends this, you will wake up with a bladder catheter and have the medicine instilled through the catheter in the recovery room. The chemotherapy will sit in the bladder for about one hour and then get drained out before you are discharged.
- Sometimes a bladder catheter is left in place after surgery. This is often removed before you go home, but sometimes it must stay in for several days. If you are discharged home with a catheter, you will be given instructions on how to care for it and when it should be removed (see **Catheter care**).
- Before you are discharged you will receive a copy of your discharge instructions. If you have a long trip home, make sure you stand up and walk every 45 minutes.

VI. AT HOME AFTER SURGERY

- After bladder tumor resections or bladder biopsies, it is normal to have bladder discomfort, urinary irritation, and blood in the urine. These symptoms tend to be greater for patients with larger tumors and more extensive resections.
 - Symptoms such as burning, urinary frequency, urinary urgency, and bladder pain are common, but usually resolve or are substantially improved within 3-5 days of the procedure. These symptoms can be treated with ibuprofen or Tylenol. Your doctor can prescribe additional medications if your symptoms are more severe.
 - It is normal to have blood in the urine and this can also last for several days. Patients can sometimes see small blood clots in the urine. Make sure to stay well hydrated if you have blood in the urine. If your bleeding is severe, worsens, or causes difficulty urinating, call your doctor immediately.
- You may eat a normal diet and should stay well hydrated.
- If you were taking blood thinners before surgery, you may resume them one week after surgery unless directed otherwise.
- Do not engage in strenuous activity for one week.
- If you experience fevers >101.5 degrees, nausea, vomiting, chest pain, shortness of breath, abdominal pain, leg swelling, or any other concerning symptom, **call the office immediately or come to the emergency room**.
- The results of your biopsy are usually available within one week of surgery. You will either have a visit scheduled to discuss these results or your surgeon will call you to discuss.

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VII. CATHETER CARE

- The catheter is held in place by a balloon that is inflated in your bladder. Be careful not to tug on the catheter and make sure the catheter is secured to your upper thigh.
 - If the catheter holder falls off, you may replace it with another one or use strong medical tape to secure the catheter to your leg.
- Leakage around the catheter: This is common, especially when you're walking around. You can put some padding in your underwear if there is more than a small amount of leakage.
- Bleeding: It is common to have discharge (sometimes bloody) around the catheter, sometimes more noticeable when you have a bowel movement. This is normal and it will stop. Do not be alarmed by pink or red tinged urine, or small clots or debris in the catheter tubing and drainage bag. Drink plenty of fluids to dilute the urine to avoid clots.
- **If your catheter stops draining completely first make sure the tubing is not kinked or blocked.** You can also lie down flat and drink water. If after one hour there is no urine coming through the catheter tubing, it is possible that your catheter has become obstructed or is out of position. At that point, please call our team.
- Bladder spasm: While the catheter is in place, it is common to have a strong sudden desire to urinate with pain over the bladder area, and simultaneous leakage of urine around the catheter. This is called a "bladder spasm." The first step is to relax your body and lie down until the discomfort passes. If bladder spasms become frequent and bothersome, ibuprofen can be helpful, or other medications can be used to relax the bladder.
- You may get the catheter wet. You can disconnect the bag while you are in the shower, let any small amount of urine run down the drain during the shower, and reconnect the bag afterward. You should gently clean the catheter and end of the penis with some warm soapy water in the shower every day.
- You should change the drainage bags (night bag and leg bag) as directed. To change the drainage bag, first empty the bag you currently have attached. Then wash your hands with soap and water, separate the catheter from the tubing of the drainage bag, and attach the other drainage bag. Make sure the leg bag is attached to your leg with the elastic straps.
- Keep all drainage bags below the level of your waist at all times.
- You may clean the drainage bags with warm soapy water. If your catheter bag has a bad odor, fill it halfway with a mixture of 1-part white vinegar and 3 parts water. Shake bag, let sit for 15 minutes, empty, rinse with cool water and then hang to dry.

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SUPPORT FOR THE COLUMBIA UNIVERSITY DEPARTMENT OF UROLOGY

Patients often ask how they can help support the mission of our Department. Not only are we committed to providing excellent patient care, but also to advancements in prostate cancer research and teaching the next generation of prostate cancer experts. Our Department relies on private support to maintain and advance our research, education, and patient care goals.

If you are interested in learning more, please contact Cynthia Gorey at cg3334@cumc.columbia.edu, or you may contact your surgeon directly.

If you wish to opt out of receiving fundraising communications, please contact the CUMC Office of Development at fundraising.opt.out@columbia.edu 212-305-7315.