Perioperative Management of the Radical Cystectomy Patient.

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Financial Disclosures

• I have no Intuitive stock
• I am not an employee
• I have functioned as a proctor and speaker in the past.
Overview

• ERAS and the current state

• Pre-op Considerations

• Peri-op Considerations

• Post-op Considerations
ERAS?

- ERAS is the fad

- Many things we currently and have done are now en vogue
  - Bowel prep avoidance
  - Narcotic avoidance
  - Pathways
Pre-op Considerations

- Unhealthy population

- Use Neoadjuvant chemo – cisplatin based if possible
  - Can use split-dose if cT3 or higher and gfr 50 to 60

- Assess the current Thromboembolic risk and use anticoagulation if high even pre-op
Pre-op Considerations

• Pre-op anemia
  - Often found
  - Especially in chemo patients

• A hgb of 11 or high preferred
  - All cystectomy patients drop at least 2 grams or more (robotic or open)

• Vit C and Iron Sulfate used in all if anemic
Pre-op Considerations

- Nutritional Status

  - Most of the time can’t do pre-op IV nutrition but in rare cases can do enteral

  - Most case education with respect to supplements is key

  - If already losing weight and appetite, likely very advanced disease
Pre-op Considerations

- Social situation
- Should be thinking disposition prior to surgery
- Educate the patient
- We have a social work consult to work out any insurance and home health issues
Peri-op

• No old fashioned Nichols prep
  - Just NPO
  - In XRT history cases can do enema night before and in pre-op as well as a bottle of MgCitrate

• Everyone that can should get alvimopan in pre-op

• ?Use of Amicar intra-op
Peri-op

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- Heparin or Lovenox SQ in pre-op
Post –op Care

- No NGT necessary
- Sit in chair evening of surgery
- Ambulate >5 times POD #1
- NPO except meds with sips
- Alvimopan
- Gum chewing
Post –op Care

- Abx for only 24 hours

- Flatus either evening of POD#2 or AM of POD#3

- If tolerate clears then give regular diet
  - Some people will give clears earlier

- Drains and stent per surgeon discretion

- Plan for discharge on POD#4 or #5
Post-op Care

• Fluid boluses rarely if ever needed

• Discharge date should be decided with the patient in pre-op setting
  - Tell them they will be d/c’d on day 3 to 4

• Consider NaHCO3 in patients with neobladders and/or CO2 <21 post-op
Post –op Care

- I do f/u q48 hours 2 times after DC and check labs

- By that time their stents are out on day 7-10

- Can see them for failure to thrive

- Can intervene early

- Question remains on anticoagulation
Thank you for your attention!