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A small flyer with a high impact on orthotopic ileal bladder patient safety

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Introduction:

Following radical cystectomy and urinary diversion with an orthotopic ileal bladder substitute, patients are usually transferred to our urological intermediate care unit.
Occasionally, patients in a critical condition might be referred to the intensive care unit.
Since this happens rarely, nurses from other departments are unfamiliar with the proper management of these patients.

Aim:

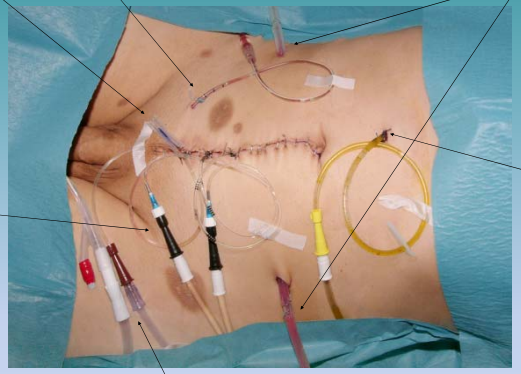
Enhance patient's own safety in providing nurses with basic informations on how to monitor and manipulate the drainages and tubes in patients with orthotopic ilael bladder substitute.

Drainages after orthotopic ileal bladder substitute / Pouch

Security-thread to replace the catheter after dislocation, this thread end is fixed at the end of the catheter and helps as a guidance.

Redon, subcutaneous, can be removed on the 2nd. p.o. day.

Wounddrain right + left, the doctor will shorten them on the 3rd p.o. day and every second day after.



Uretercatheter right+ left placed in the renal pelvis, must bring urine, sometimes a gentle kneading of these two tubes is necessary. Occasionally the doctor has to rinse it with NaCl 0,9%, 2ml wise, in a 10ml syringe.

Stomach tube, to be rinsed spontaneously should the gastric juice not be running. Drinking with open stomach tube is allowed.

Catheter and Cystostomie stay in the neobladder, *Cave*: **Obstruction**, therefore both tubes have to be rinsed with NaCl 0,9% every 4 to 6 hours.

Irrigation:
Open both tubes, check the patency with 50ml, for neobladder blockage. Close the cystostomie with a clamp. Now rinse the bladder with 50 ml through the catheter, using therefore little pressure and aspirate actively, so the blood and mucus comes out.
Now close the catheter and rinse the cystostomie the same way. Finally rinse both tubes once more without using the clamp. The liquid must communicate through both tubes.

Procedure:

We worked out a flyer. Patients transferred to the intensive care unit or to another clinic, are always provided with this flyer. Thus they have the necessary information's ready at hand at the right time.

Results:

This information flyer is established in our hospital. Nurses of the intensive care unit fully appreciated it. They are now able to provide care for patients with orthotopic ileal bladder substitute in the same manner and this guarantees improvement of nursing quality and patient safety

Conclusions:

- Support of the nurses skills in care for patients with orthotopic ileal bladder substitute
- Security in handling the drainage and tubes is improved
- Patients safety is improved
- This procedure ensures that the same routine is applied by all nurses in our hospital involved in patients with orthotopic ileal bladder substitute.