

Saint John's Health Center



CYSTECTOMY – NEOBLADDER RECONSTRUCTION

Location of Surgery:

Saint John's Health Center
2121 Santa Monica Blvd
Valet parking available
Hospital Phone: 310-829-5511

Patient Name:

Date and Time of Surgery:

Check-in Arrival Time (2 hours prior to surgery):

Physician:

Duration of Procedure:

Approximate Total Time (arrival to discharge):

Office Telephone: 310-582-7137

Office Fax: 310-582-7140

BE SURE TO ARRANGE FOR A FAMILY OR FRIEND TO DRIVE YOU HOME. IT IS RECOMMENDED THAT SOMEONE STAY WITH YOU FOR THE FIRST 24 HOURS AFTER THE PROCEDURE.

AFTER SURGERY APPOINTMENTS

Radiology Appointment:

You will have your pouchogram done at this appointment.

- **Date:**
- **Time:**
- **Location:** Saint John's Health Center
1st Floor
2121 Santa Monica Blvd
Santa Monica, CA 90404

1-week Follow-up Appointment:

Your urinary catheter will be removed at this visit.
Take an antibiotic prior to appointment.

- **Date:**
- **Time:**
- **Location:** Saint John's Health Center
Cancer Clinic (Garden Level)
2121 Santa Monica Blvd

GENERAL INFORMATION

A radical cystectomy (bladder removal) is the standard treatment when cancer has spread into the muscle layer of the bladder or when earlier stage bladder cancer is not responsive to other therapies.

It can also be done if there is severe bladder damage from treatments, conditions, or injuries. This surgery involves removal of the bladder, nearby lymph nodes, and part or all of the urethra. The surgeon will also remove the prostate and seminal vesicles in men, and the uterus, fallopian tubes, ovaries, and part of the vagina in women.

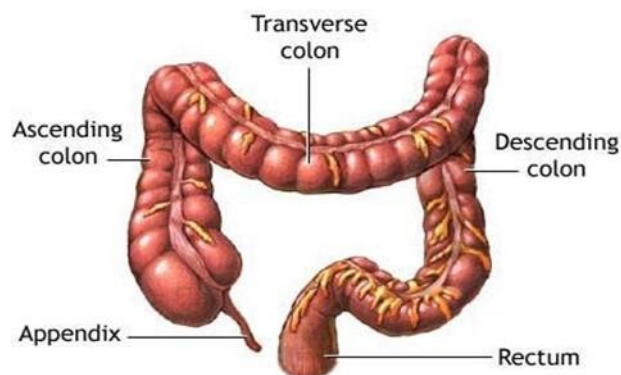
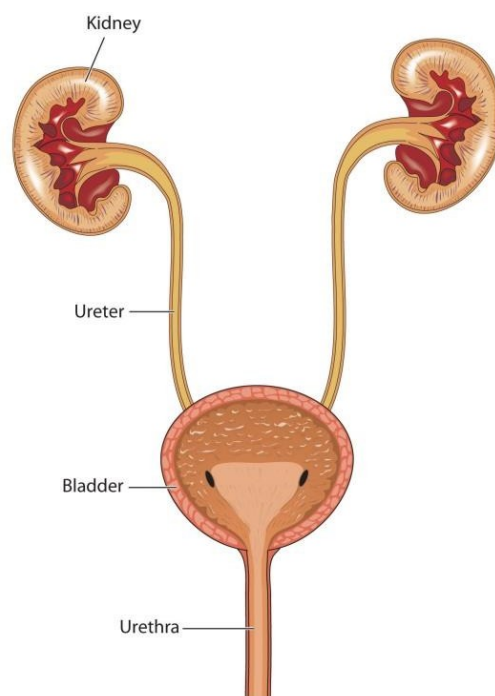
Your surgeon may decide to perform this surgery using robotic assistance.

Once the bladder is removed, it is then essential to create a different route to eliminate urine out of the body. This is called a urinary diversion. The most common types of urinary diversions are Ileal Conduit, Indiana Pouch, and Neobladder (Studer Pouch). Each urinary diversion requires special care and management.

The normal urinary tract is made up of two kidneys which filter the blood and remove extra water and waste through the urine. The urine is eliminated by the kidney's collecting system and travels down through the tubes, called ureters, into the bladder. Urine is stored in the urinary bladder until it is full and the person urinates.

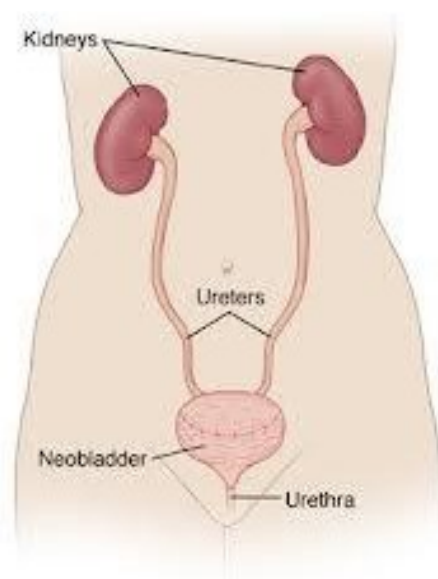
After the bladder is removed, the urine is diverted to exit the body through a urinary diversion. All forms of urinary diversion are made with a part of the body's intestinal tract.

In each type of urinary diversion, part of the intestine is turned into either a passage tube for urine to exit the body or a



reservoir (pouch) to store urine (like a normal bladder would). The surgery is done in such a way that urine and stool would remain completely separate as they would normally.

For some patients, it is possible to safely connect a reservoir (pouch) made of small intestine to the urethra. This urinary diversion is made to function like a normal bladder. The patient is able to pass the urine through the urethra, although there is a period of incontinence (leakage of urine) that most patients go through following this surgery. It may take some patients up to one year to regain control of their urination. A few patients may not be able to empty urine from this reservoir well and will need to do catheterization (passing of a small tube into the urethra) to empty the reservoir. There must be no evidence of cancer spread to be considered for this sort of reservoir. Patients must be willing and able to pass a catheter (tube) into the urethra to empty the reservoir if necessary.



ADVANTAGES of a Neobladder as Urinary Diversion

- Most patients are able to empty their pouch by normal urination
- No external bag is needed
- No stoma
- No activity restrictions

DISADVANTAGES of a Neobladder as Urinary Diversion

- Longer surgery time
- Higher complication rate
- Longer recovery period
- Risk of urinary incontinence (urine leak)
- Risk of inability to empty reservoir requiring catheterization at the scheduled times throughout the day

PRIOR TO SURGERY

Pre-Operative Testing:

- Pre-op clearance is needed to ensure your safety for surgery.
- You will need to make an appointment with your primary care physician (PCP) **within 1 month** of your surgery date.
 - If you are over 60-years-old OR have cardiovascular, renal, or pulmonary issues OR if you have diabetes, you will be **required** to have an electrocardiogram (EKG). This can be done through your PCP or your cardiologist. If you have significant cardiac problems, you may require special clearance from your cardiologist.
 - If you have lung problems, you also may need a chest x-ray (CXR).
 - Orders will be sent for your necessary labs, CXR, and EKG.
- If you do not have a PCP or cannot get an appointment in time, please call our office at (310) 582-7137. We can arrange for you to get clearance from our pre-op team here at Saint John's.
- *All pre-operative testing must be completed with your results faxed to our office **at least 1 week (no longer than 1 month) prior to your scheduled surgery.***

Illness:

- If you develop a fever, signs of a cold, or any other illnesses between now and your surgery date, notify our office at (310) 582-7137. We likely will need to reschedule your procedure.

1 Week Prior to Surgery:

Blood Thinner Medications to Stop:

- Blood thinner medications can contribute to serious bleeding during or after your procedure. These common blood thinners should be evaluated by your managing physician, cardiologist, or PCP before surgery to ensure the safety of stopping these medications:
 - Coumadin (Warfarin)

- Plavix (Clopidogrel)
- Eliquis (Apixaban)
- Xarelto (Rivaroxaban)
- Brilinta (Ticagrelor)
- Effient (Prasugrel)
- Ticlid (Ticlopidine)
- There are other less common blood thinners that should be stopped as well (see comprehensive list)

Over-the-Counter Medications or Supplements to Stop:

- Stop taking these common over-the-counter medications and supplements **7 days** before surgery (unless otherwise specified) as these may contribute to bleeding:
 - Aspirin
 - Check cold medication ingredients to make sure that it does not contain aspirin
 - All NSAIDS (e.g. Advil, Ibuprofen, Motrin, Naproxen)
 - Glucosamine
 - Chondroitin
 - Vitamin E
- Herbal supplements and teas should be stopped **14 days** before surgery to prevent bleeding (see comprehensive list)
- It is okay to use Tylenol (normal or extra-strength) or previously prescribed narcotics with Tylenol (i.e. Percocet, Vicodin) for pain control days prior to your procedure, if necessary.
- See the Comprehensive List of Medications to Stop on the next two pages.

Comprehensive List of Medications to Stop:

The following medications contain nonsteroidal anti-inflammatory agents or aspirin ingredients that may interfere with the bloods' ability to clot. These medications need to be **stopped for at least a full 7 days prior** to having your procedure.

A.P.C.	Cataflam	Fiorina	Methocarbamol
Aceta-Gesic	Celebrex	Fiortal	Micrainin
Acuprin	Celecoxib	Flector Patch	Midol
Adprin-B	Clinoril	Flexaphen	Midol Extended Relief
Advil	Co-Advil	Flurbiprofen	Midol Maximum
Aggrenox	Co-Gesic	Four Way Cold Tablets	Strength Cramp
Aleve	Congespirin	Gelpirin tablets	Formula
Alka Seltzer	Cope	Gemisyn	Mobic
Amigesic	Coricidin	Genpril	Mobidin
Anacin	Damason-P	Genprin	Mobigesic
Anaprox	Darvon Compound	Goody's Body Pain	Momentum
Anaprox DS	Daypro	Goody's Extra	Mono-Gesic
Anodynos	DeWitt's Pain Reliever	Strength Headache	Motrin
Ansaid	Diclofenac	Halfprin 81	Motrin IB
Argesic	Diflunisal	Halfprin	MST 600
Artha-G	Dipyridamole	Haltran	Nabumetone
Arthritis Foundation	Disalcid	Healthprin	Nalfon
Pain	Doan's	Heartline	Naprelan
Arthritis Pain Formula	Dolene	Ibuprofen (all	Naprosyn
Arthritis Strength	Dolobid	NSAIDs)	Naproxen
Bufferin	Dolor	Ibutab	Night-Time
Arthropan	Doxaphene	Indocin	Effervescent
Arthrotec	Dristan	Indomethacin	Norgesic
ASA	Dristan Sinus Pain	Ketoprofen	Norgesic Forte
Asacol	Reliever	Ketorolac	Norwich Extra
Ascriptin	Durabac	Levacet	Strength
Aspergum	Duradyne	Liquiprin	Nuprin
Aspirin	Duraxin	Lobac	Nyquil
Aspirin with codeine	Easprin	Lodine	Nytol
Asprimox	EC-Naprosyn	Lortab ASA	Orphenadrine
Azdone	Ecotrin	Magan	Orphengesic
Azulfidine	Empirin	Magnaprin	Orudis
Backache Maximum	Empirin with codeine	Magsal	Oruvail
Bayer Products	Equagesic	Marthritic	Oxaprozin
BC powder and tablets	Equazine-M	Meclofenamate	Oxycodone and
Bufferin	Etodolac	Meclomen	aspirin
Bufferin Arthritis	Excedrin	Medipren	Pabalate-SF
Strength	Excedrin Aspirin Free	Mefenamic Acid	P-A-C
Buffex	Excedrin IB	Meloxicam	Painaid
Butalbital Compound	Extra Strength Anacin	Menadol	Pamprinamprin
Butazolidin	Feldene	Mepor Compound	Panasal
Cambia	Femback Caplets	Meprobamate/Aspirin	Pentasa
Carna Arthritis	Fenoprofen	Meprogesic Q	Pepto-Bismol

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Percodan	Piroxicam	Presalin	Resolve
Persantine	Ponstel	Prevacid NapraPAC	Rexolate
Phenylbutazone	Pradaxa	Quiet World tablets	Robaxisal
Phrenilin	Premsyn	Relafen	
Robomol	Salsalate	Sulindac	Trigesic
Rowasa	Salsitab	Summit	Trilisate (Choline trisalicylate)
Roxiprin	Sine-aid	Synalgos-DC capsules	Tusal
Rufen	Sine-off	Tolectin	Vanquish
S-A-C	Sodium salicylate	Tolmetin	Voltaren
Saleto	Sodol	Toradol	Zipsor
Saleto-200	Soma Compound	Trendar	ZORprin
Salflex	Sominex	Trental	
Salocol	St. Joseph Aspirin	Tricosal	

This list contains the most common medications prescribed. There are hundreds of other aspirin-containing products on the market that may contain generic aspirin. As such, any medication containing aspirin or acetylsalicylic acid should be **stopped for a full 7 days prior to your procedure**. If you have any questions regarding these medications, call 310-582-7137.

HERBAL PRODUCTS AND VITAMIN USE SHOULD STOP BEFORE YOUR PROCEDURE: Certain vitamins, minerals, and “herbal medications” can affect anesthetic potency, cause hemodynamic instability, potentiate bleeding, and increase cardiac dysrhythmias. **These should be stopped for 14 days prior to your procedure.**

Vitamin E	Garlic	Kava-kava
Echinacea	Ginger	Licorice
Ephedra	Gingko biloba	Saw Palmetto
Feverfew	Ginseng	St. John’s Wort
Fish Oil (Omega 3)	Goldenseal	Valerian

The following medications are anticoagulant medications and need to be stopped after consulting with the ordering physician:

Angiomax (Bivalirudin)	Fragmin (Dalteparin)	Pradaxa (Dabigatran)
Argatroban	Heparin	Refludan (Lepirudin)
Arixtra (Fondaparinux)	Innohep (Tinzaparin)	Ticlid (Ticlopidine)
Coumadin (Warfarin)	Lovenox (Enoxaparin)	Xarelto (Rivaroxaban)
Effient (Prasugrel)	Plavix (Clopidogrel)	
Eliquis (Apixaban)	Pletal (Cilostazol)	

**If you are unsure of which medications to stop, call 310-582-7137.
DO NOT STOP TAKING ANY PRESCRIBED MEDICATIONS WITHOUT CHECKING
WITH THE ORDERING PHYSICIAN!**

5 Days Prior to Surgery:**Diet:**

- You may eat a regular meal until noon, then only clear liquid diet until midnight the night before your surgery. **DO NOT EAT OR DRINK AFTER MIDNIGHT.**
- **IMPACT Advanced Recovery** is a nutritional supplement that has been found to help patients recover with fewer complications after a major surgery. Clinical studies show that the supplement helps support the immune system, lower rates of infection, and decreases length of stay in the hospital following surgery.
 - Unlike Boost or Ensure, it contains arginine (an amino acid that aids in wound healing) and omega-3-fatty acids (healthy fats that decrease inflammation and support a healthy immune system after surgery).
 - **Drink 3 cartons per day over 5 days leading up to your surgery date.**
 - You can still drink the supplement if you have diabetes; you just have to drink a smaller amount more often to avoid a high blood sugars.
 - You can purchase the supplement on Amazon or at the hospital cafeteria (best price).
- After surgery, you can continue any diet that your primary care provider has previously prescribed to you (Heart Healthy, Diabetic, Renal, Low Fiber diets, and etc.)



2 Days Prior to Surgery:

Clear Liquid Diet:

- Begin a clear liquid diet (liquids that you can see through). Do not eat any solid foods or drink anything that is not a clear liquid. Examples of clear liquids include:
 - Water
 - Tea or coffee (no milk or creamer)
 - Clear broth or bouillon
 - Plain jello
 - Soft drinks
 - Gatorade
 - Popsicles
 - Clear juices without pulp
- Continue to drink plenty of fluids throughout the day, at least 16 8-oz glasses or 4-qt fluids in addition to any bowel preparation solution you were instructed to drink.
- Follow the sample pre-surgery diet menu below. If you have questions about what is allowed or not allowed on this diet, please refer to the list on the next page or call the nurse at 310-582-7137.

Clear Liquid Diet List:

Food Group	Is it Allowed?
Soups	Yes – clear strained broth only
Milk and Milk Products	No
Meats	No
Vegetables	No
Fruits	Yes – clear pulp-free juices (e.g. apple, cranberry, cranapple, grape, cherry)
Starches and Grains	No
Fats	No
Beverages	Yes – coffee or tea (no milk or creamer), carbonated beverages, water
Other	Yes – additional supplements are okay (e.g. clear hard candy, popsicles, sugar, honey, syrup, plain jello)

Evening Prior to Surgery:

Food and Drink:

- ***DO NOT EAT, DRINK OR CHEW ANYTHING FOR 8 HOURS PRIOR TO YOUR PROCEDURE.*** This includes water, juice, coffee, chewing gum, breath mints, and lozenges.
- Do not drink alcoholic beverages, smoke, or take recreational drugs for **48 hours prior** to your procedure.

Pre-Procedure Cleansing and Skin Care Instructions:

- Take a shower the night before and the morning of your procedure with antibacterial soap (such as Dial) to prevent infection.
- Generously lather your body, scrub well, and rinse. Give special attention to the area where the incision will be made for your surgery.
- After your morning shower, do not apply creams, body oils, perfumes, deodorants, lotions, powders, make-up, lipstick, nail polish, or any other cosmetic product to the skin.
- Remove dark nail polish and acrylic nails on at least 2 nails (one on each hand). This is needed to assess nail bed color and monitor oxygen saturation.

Day of Surgery

Before Arrival:

- Drink 1 bottle of Clear Fast **3 hours before** surgery.
- Wear comfortable, loose-fitting clothes.
- You **MUST** bring your insurance card.
- Avoid bringing valuables, such as jewelry, watches, and money. Essential items (e.g. glasses, contact lenses, wigs, hairpins, hair clips, dentures, prostheses) should be removed before entering the operating room. Leave your essentials with family members/friends, or secure them in an on-site locker.
- Optional: bring any advanced directives, healthcare power of attorney, or guardianship papers if you have them.

Medication DO's and DON'T's:

- DO check with your prescribing physician if you take **insulin** for dosing instructions.
- DO NOT take **oral diabetic medication** the morning of your procedure. Taking it could result in low blood sugar, since you will not be allowed to drink or eat anything that morning.
- DO take **blood pressure** and/or **thyroid medication**. If you usually take a morning dose, then take as usual the morning of procedure with a small sip of water.
- DO bring your current, up-to-date list of medications with you for your anesthesiologist to review.
- DO bring inhalers if you use any.

On Arrival:

- Proceed to the surgery location and check in at the information desk to be escorted to the pre-operative registration area.
- You will meet your anesthesiologist to review your medications and discuss your anesthetic plan.
- Family members/friends may stay with you until you are taken to the operating room.

During Surgery:

- Family members/friends waiting for you will be notified at start of surgery, then every 2 hours during surgery, and when surgery is complete. If you desire, the doctor can discuss findings with your family members/friends.

AFTER SURGERY**Hospital Admission:**

- After surgery, you will go to recovery to awaken from anesthesia under observation by a nurse. This usually takes **1 hour**, **occasionally 2 hours**. When you have sufficiently recovered from anesthesia, you will be admitted to the hospital

- You can expect your hospital stay to be about 4-7 days. During your stay, you and your caregiver will be given instructions to follow at home. If you have any questions or concerns, please inform your doctor or nurse.
- **Surgical Drains:**
 - You will have thin spaghetti-like tubes called stents which are inserted into your urinary diversion to allow you to drain urine and to help in proper healing. It will be removed approximately 7-10 days after surgery.
 - You may have a soft rubber drain called a “JP drain” that goes into your abdomen to remove excess fluid from the surgical area. This drain will be removed approximately 3-10 days after surgery.
- You will be trained how to give yourself an injection of Lovenox, a blood thinner, to prevent blood clots.
- You will be discharged to home as soon as your bowels are working, you are eating, your pain is controlled, and your vital signs are stable. This may be about 4-7 days after surgery depending on the progress of your recovery. You will have home health arranged by your case manager before going home.

Day of Discharge:

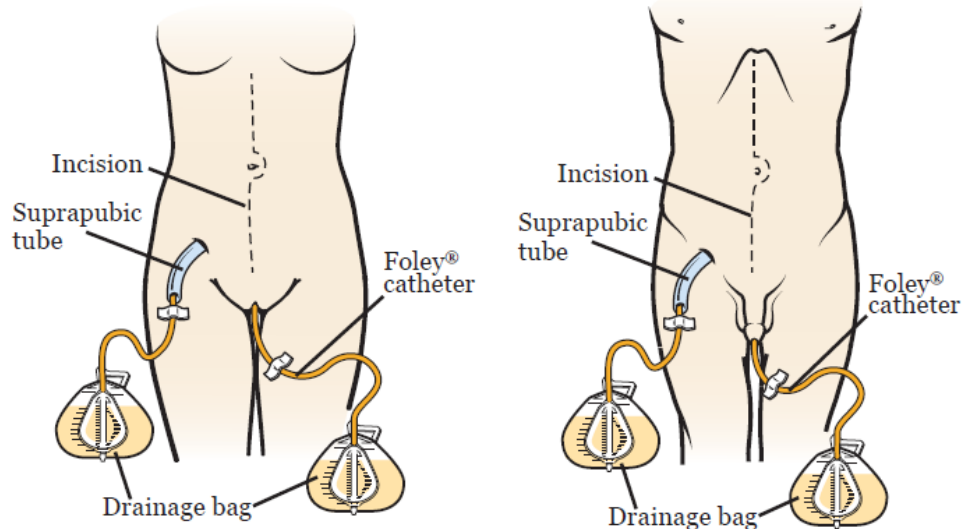
- It is important for you and your caregiver to inform your doctor or nurse of any questions or concerns related to the instructions you will receive. Feeling prepared to care for yourself at home is critical to your recovery.
- Follow the discharge instructions that will be provided to you by the hospital.

Home Care after Discharge:

- A home health nurse will visit you at home after discharge to see how you are managing your care, provide IV fluids, and answer any questions.
- After your initial follow up clinic visit, you will continue to be seen at intervals as determined by your doctor.

Taking Care of Your Neobladder:

- You will have 2 urinary catheters in for 3 weeks to help drain the urine while your bladder heals. One of the catheters is a suprapubic tube that goes from your lower abdomen into your neobladder. The other catheter is a Foley catheter which drains urine from the urethra into your neobladder.
- You will need to empty both urinary bags every 2 to 3 hours.
- You **MUST** irrigate both catheters with 120 cc daily for to clear out mucus.
- Stay well-hydrated. The neobladder is created by using a piece of your intestine which produces mucus. Therefore, drinking plenty of fluids will dilute the mucus to prevent clogging of your neobladder.
- You will have a pouchogram to make sure that the bladder is well-healed before the catheters are removed at approximately 3 weeks after surgery.
- Once the catheters are removed, it is normal to void every 1-2hrs with little amount of urine. The newly created bladder will take time to expand to be able to hold more urine.
- Prevent urinary tract infection (UTI). Watch out for cloudy, foul-smelling urine, and low back pain as these may indicate a UTI.



Activity:

- You should continue walking when you return home, gradually increasing the distance. The walking will help you build strength. You should aim to be out of bed for at least 8 hours a day.
- Take 4-5 short walks, 10 minutes a day. The best gauge is your own body and how you feel. You may walk up and down stairs as soon as you return home, but take them slowly. Plan activities so you need only go up and down several times a day. You will gradually build up to your regular routine as you regain your strength.
- Continue doing your deep breathing exercises with the incentive spirometer to prevent pneumonia.
- Avoid bending. This is tiring and also increases abdominal pressure. If you must pick something up, bend at your knees (not at your waist) and stoop to pick up the object.
- You should avoid lifting more than 10 pounds (about a gallon of milk) for at least six weeks. Heavy lifting can increase abdominal pressure, which can put a strain on your incision and could create a small hernia.
- You can travel, but you cannot lift your suitcase for 6 weeks.
- Take car breaks every couple hours for extended trips. Get out of the car and walk around to prevent blood clots.

Pain:

- You may need to continue pain medications for a few weeks. You will be given a prescription for this at discharge.
- Do not drive any motorized vehicle, or sign any legal documents while taking narcotic pain medications. The narcotic medication may cause alteration in visual perception and impair judgment

Blood Clot Prevention:

- You will give yourself an injection of Lovenox, a blood thinner, to prevent blood clots. You will have this training before you go home.

Bathing:

- Gently wash your incision with soap and water. Rinse and pat dry.
- You may take a shower. DO NOT take a bath or submerge in water until the incision has healed completely for 4 wks.
- If you have white strips called “steri-strips” on your incision, they should fall off in about seven days.

Diet:

- Return to normal eating habits after you have passed gas or had a bowel movement, although small frequent meals are better tolerated at first. If you begin to feel sick after eating, back off and take a rest until you feel better.
- You may notice that garlic, onions, spices or asparagus may cause an odor of your urine. If you notice an increase in odor, simply limit these foods in your diet if you choose.
- Drink fluids on a regular basis to assist in flushing mucous from the urine. The mucous is produced by the piece of bowel that was used to make the pouch. Drinking fluids will keep the mucous thin and prevent plugging of the stoma. You should try to take in 1.5 – 2 liters of fluid by mouth daily.

Constipation:

- You may experience constipation after surgery. This is due to the surgical anesthesia (your digestive system takes a while to “wake up” after surgery) and opiate pain medications (which will be given both during and immediately after surgery).
- The most important thing to remember is to stay hydrated. Drink more water than usual during your post-operative week.
- Colace gel caps are good stool softeners to take daily. Metamucil fiber capsules or powder supplements are good to take daily too.
- You may also take laxatives such as Miralax, or natural laxatives such as daily prune juice or Senna Tea.
- If this combination does not work, you may take milk of magnesia. Take 2 tablespoons with 16 oz. of water in the morning and at night until you have a bowel movement.
- The only time you need to seek medical attention for post-surgical constipation is if you go longer than 3 days without any type of bowel movement. Even a small amount of stool counts as a bowel movement.

Clothing:

- You can wear any clothing you want as long as it is loose around the area of the stoma. Tightness around the stoma can cause a rubbing effect and could start to bleed. You can wear belts.

Work:

- If you were working before surgery, you should be able to return to work after 4 weeks. Just remember to avoid heavy lifting.

Special Considerations:

- For a man, if your scrotum is swollen, wear supportive briefs or an athletic support. When resting, elevate your scrotum on a towel.
- If you notice a decrease in the amount of urine from your catheters, it may be that it needs to be irrigated. If this occurs, you should call your nurse for further instruction.

WHEN TO CONTACT YOUR DOCTOR

Call your doctor if:

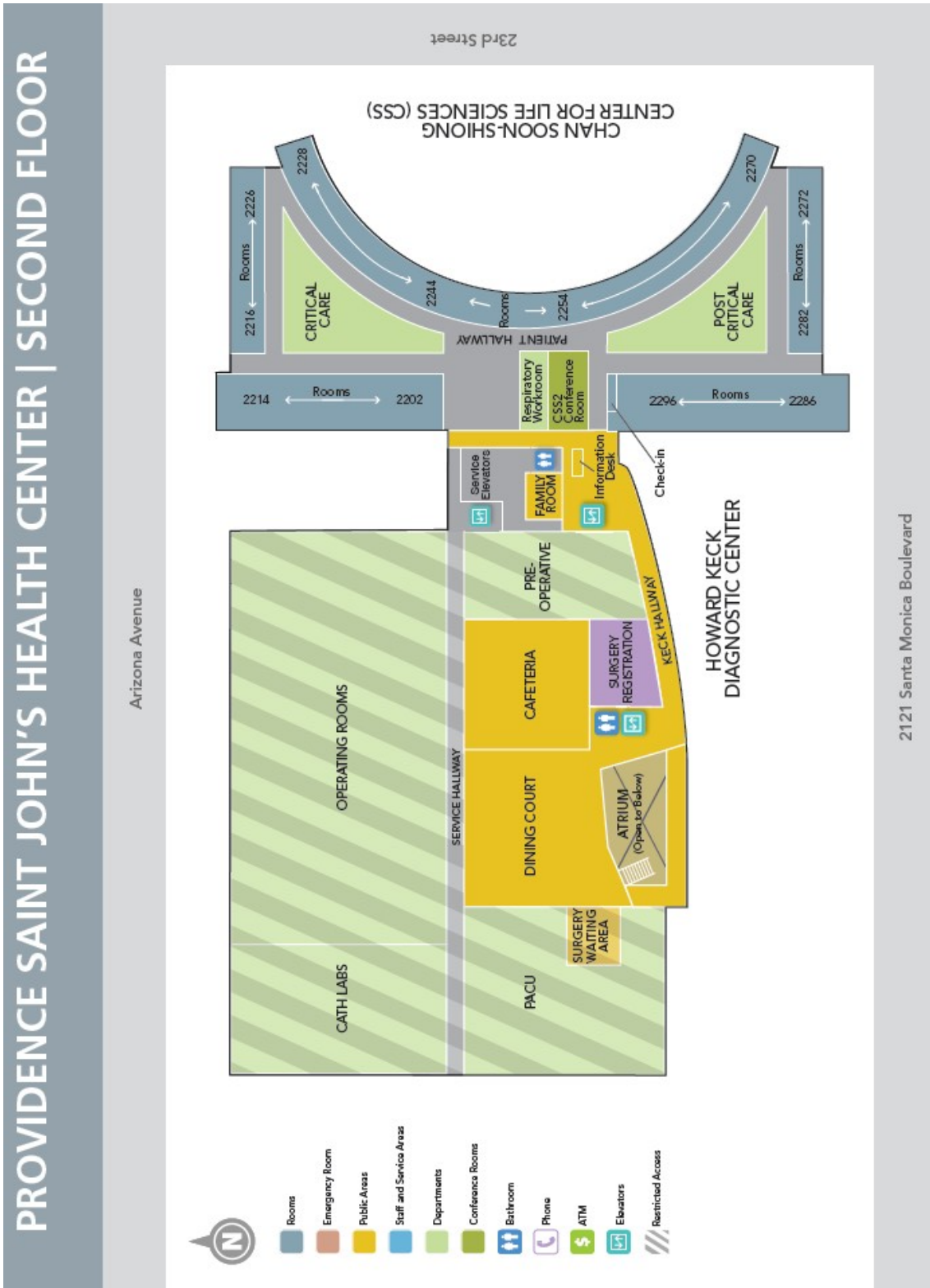
- The incision feels warmer, becomes red or swollen
- There is drainage or pus from your incision or your incision opens
- The stoma begins to look dark and not a healthy reddish pink.
- The urine becomes bloody or you begin to pass clots
- The catheter is clogged and obstruction cannot be relieved
- There is a decrease in urine from the stoma along with feeling “full”
- Nausea and/or vomiting
- You have chills or temperature greater than 100.4°F
- Swelling or noticeable warmth of your lower extremities and/or calf pain
- Chest pain, shortness of breath and/or jaw pain
- Severe pain that is not relieved by pain medication

IF IT IS AN EMERGENCY, GO IMMEDIATELY TO THE EMERGENCY ROOM.

For any further scheduling questions or concerns:

- Please call our physician’s team at (310) 582-7137. The office is open from Mon-Fri, 8am-5pm

HOSPITAL MAP – 2ND FLOOR



HOTELS

The following hotels are within close proximity to our facility. Rates quoted cannot be guaranteed. Please request the “Providence Saint John’s Health Center Patient/Family Rate” when making reservations.

Hotel	Distance to Medical Center	Rates	Parking
Ambrose Hotel, Santa Monica 1255 20th Street (310) 315-1555 www.ambrosehotel.com	0.3 Miles	\$249.00 – \$299.00	Complimentary self-parking
Best Western Gateway Hotel 1920 Santa Monica Boulevard (310) 829-9100 www.bestwestern.com	0.3 Miles	\$235.00 – \$289.00	Complimentary self-parking
Comfort Inn 2815 Santa Monica Boulevard (310) 828-5517 www.comfortinn.com	0.5 Miles	\$169.00 – \$205.00	Complimentary self-parking
Days Inn 3007 Santa Monica Boulevard (310) 829-6333 www.daysinn.com	0.7 Miles	\$169.00 – \$189.00	Complimentary self-parking
Doubletree Suites 1707 Fourth Street (310) 395-3332 www.doubletree.com	1.4 Miles	\$279.00 – \$415.00	Complimentary self-parking
Shutters On the Beach 1 Pico Boulevard Santa Monica, CA 90405 (310) 458-0030 www.shuttersonthebeach.com	2.3 Miles	\$480.00 – \$1600.00	Valet parking available
Loews 1700 Ocean Avenue Santa Monica, CA 90401 (310) 458-6700 www.santamonicaloewshotel.com	1.9 Miles	\$389.00 – \$725.00	Valet parking available
Casa Del Mar 1910 Ocean Way Santa Monica, CA 90405 (310) 581-5533 www.hotelcasadelmar.com	2.3 Miles	\$410.00 – \$1495.00	Valet parking available
Wilshire Motel 12023 Wilshire Boulevard Los Angeles, CA 90025 (310) 478-3545 www.wilshiremotel.com	1.5 Miles	\$90.00 – \$220.00	Complimentary self-parking