



ORIGINAL ARTICLE

A comparative study between open and laparoscopic approach in radical cystectomy with orthotopic ileal neobladder[☆]



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Received 29 May 2014; accepted 6 June 2014

Available online 3 February 2015

KEYWORDS

Bladder cancer;
Neobladder;
Laparoscopy;
Complications;
Incontinence

Abstract

Objective: Probably, laparoscopic radical cystectomy with ileal neobladder and neovesicourethral anastomosis is one of the most complex procedures in minimally invasive surgery.

Materials and methods: Prospective study carried out in 72 patients surgically treated for invasive bladder neoplasia between January 2008 and October 2013. Patients underwent radical cystectomy with ileal neobladder (open approach in 33 patients and laparoscopic approach in 39). The study assessed comparatively surgical outcomes, continence rate and postoperative complications.

Results: Mean age was 63.5 ± 9 years (64.3 open vs. 62.7 laparoscopic, $p=0.46$), mean surgery time 323.6 ± 78.7 minutes (321.3 vs. 326.5 , $p=0.77$), average hospital stay 14.8 days ± 8.1 (16.2 vs. 13.6 , $p=0.2$), transfusion rate 40.3% (66.7% vs. 17.9% , $p<0.0001$) and complications rate 47.2% (63.6% vs. 33.3% , $p=0.01$). Major complications were reported in 29.1% of cases (39.4% open vs. 20.5% laparoscopic, $p=0.07$). With a mean follow-up rate of 42.5 ± 19.2 months (range 15–70), 50 (69.4%) patients remained alive and free of disease. Continence was evaluated in these patients: total continence rate was 38% (50% vs. 27% , $p=0.09$) and diurnal continence rate 58% (70.8% vs. 46.1% , $p=0.07$). Self-catheterization rate was 8% (4.2% vs. 11.5% , $p=0.67$). Total incontinence rate was 34% (25% vs. 42.3% , $p=0.19$).

Conclusion: According to our experience, transfusion rate, number and severity of complications are lower in laparoscopic cystectomy with ileal neobladder. No statistically significant impact on operative time and on hospital stay was observed. In patients undergoing laparoscopic approach, continence rate is lower but not statistically significant.

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[☆] Please cite this article as: Mateo E, García-Tello A, Ramón de Fata F, Romero I, Núñez-Mora C, Angulo JC. Estudio comparativo entre abordaje abierto y laparoscópico en la cistectomía radical con reservorio ortotópico ileal continente. Actas Urol Esp. 2015;39:92–97.

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PALABRAS CLAVE

Cáncer vesical;
Neovejiga;
Laparoscopia;
Complicaciones;
Incontinencia

Estudio comparativo entre abordaje abierto y laparoscópico en la cistectomía radical con reservorio ortotópico ileal continente

Resumen

Objetivo: La cistectomía radical laparoscópica con neovejiga ileal y anastomosis neovesicourethral realizada por laparoscopia posiblemente sea uno de los procedimientos más complejos de la cirugía mínimamente invasiva.

Material y métodos: Estudio prospectivo realizado entre enero de 2008 y octubre de 2013 con 72 pacientes afectados de neoplasia vesical infiltrante, intervenidos mediante cistectomía radical con neovejiga ileal (33 mediante técnica abierta y 39 laparoscópica). Evaluamos de forma comparativa los resultados quirúrgicos, la tasa de continencia y las complicaciones postoperatorias.

Resultados: La edad media fue $63,5 \pm 9$ años ($64,3$ abierta vs. $62,7$ laparoscópica, $p=0,46$), el tiempo medio quirúrgico $323,6 \pm 78,7$ min ($321,3$ vs. $326,5$, $p=0,77$), la estancia media $14,8 \pm 8,1$ días ($16,2$ vs. $13,6$, $p=0,2$), la tasa de transfusión $40,3\%$ ($66,7\%$ vs. $17,9\%$, $p < 0,0001$), la tasa de complicaciones $47,2\%$ ($63,6\%$ vs. $33,3\%$, $p=0,01$). Sucedieron complicaciones mayores en $29,1\%$ ($39,4\%$ abierta vs. $20,5\%$ laparoscópica, $p=0,07$). La media de seguimiento fue $42,5 \pm 19,2$ meses (rango 15-70); 50 pacientes ($69,4\%$) estaban vivos y libres de enfermedad y pudieron ser evaluados con respecto al estado de continencia. La tasa de continencia total fue 38% (50% vs. 27% , $p=0,09$) y la tasa de continencia diurna 58% ($70,8\%$ vs. $46,1\%$, $p=0,07$). La proporción de pacientes con autocateterismo fue 8% ($4,2\%$ vs. $11,5\%$, $p=0,67$). La tasa de incontinencia total fue 34% (25% vs. $42,3\%$, $p=0,19$).

Conclusión: En nuestra experiencia la tasa de transfusión, el número y severidad de complicaciones es menor en la cistectomía radical con neovejiga realizada mediante abordaje laparoscópico, sin claro impacto en el tiempo quirúrgico y en la estancia hospitalaria. La tasa de continencia de los pacientes intervenidos mediante abordaje laparoscópico es inferior, aunque sin alcanzar significación estadística.

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Introduction

Radical cystectomy with pelvic lymphadenectomy is the treatment of choice for muscle-invasive bladder cancer.¹ Laparoscopic radical cystectomy and robot assisted cystectomy with different urinary diversions have proven to be safe and reliable techniques, and they have advantages in terms of operative and postoperative outcomes.²⁻⁵ The use of orthotopic ileal reservoirs has become the standard method of urinary diversion after radical cystectomy in both sexes, in selected patients and whenever possible.

Laparoscopic radical cystectomy with extracorporeal reconstruction of the ileal reservoir, followed by neovesicourethral anastomosis through laparoscopy is performed at institutions with expertise in this approach, but it remains one of the most complex minimally invasive urological techniques. Given the limited studies on this technique, it is unknown whether the laparoscopic approach has advantages over the open approach of orthotopic reservoirs in terms of surgical and oncological outcomes.

We present a prospective comparative study of patients with bladder cancer operated by means of open radical or laparoscopic cystectomy, and have undergone orthotopic ileal reservoir. Surgical outcomes, complications, and functional outcomes focused on urinary continence are described.

Materials and methods

Non-randomized prospective and comparative study was conducted between January 2008 and October 2013 with 72 consecutive patients treated at the University Hospital of Getafe undergoing radical cystectomy with orthotopic ileal reservoir, either by open ($n=33$) or laparoscopic approach ($n=39$). Table 1 shows the characteristics of the patients studied. Demographic data include age, sex, and body mass index (BMI). None of the patients received neoadjuvant treatment and in all extended pelvic lymphadenectomy was performed including the lymph nodes belonging to external, internal, and common iliac vessels.

The open technique is performed through medium infraumbilical approach. For the laparoscopic approach, the patient is placed in Trendelenburg position and 4

Table 1 Demographic data of the series evaluated.

Mean age (range)	63.5 ± 9 (44–83)
Distribution by sexes (%)	
Male	67 (93)
Female	5 (7)
Mean body mass index (range)	28 ± 4 (20–40)

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