

FOLLOW-UP AFTER AUGMENTATION (CLAM) ILEOCYSTOPLASTY – A UK-WIDE PRACTICE AND APPROACH SURVEY

Hypothesis / aims of study

Carcinoma can occur as a late complication of ileocystoplasty. Owing to a lack of evidence regarding best practice, there are no guidelines to standardise follow-up in this challenging cohort.

Many centres employ follow-up protocols, influenced by local opinion, which are largely dependent on cystoscopy. A recent paper suggests annual check cystoscopy is not routinely required in patients with augmented bladders at least in the 1st 15 years (1). In those that develop 'red flag' symptoms of haematuria or recurrent UTI, clinical assessment along with cystoscopy and radiological investigation are indicated.

Our department performs annual ultrasonography of the urinary tract and flexible cystoscopy, which commences at year 5 post-operatively. We have not diagnosed carcinoma in an augmented bladder in the last 10 years and consequently we question whether hospital resources are being utilised appropriately.

Study design, materials and methods

A postal survey was sent to 26 members of the Female, Neurological and Urodynamic section of the British Association of Urological Surgeons. Responses were collated to contrast and compare regional follow-up strategies in patients after augmentation ileocystoplasty.

Results

There was a better than average reply rate (73%) to our survey. 11/19 urologists (58%) adhere to departmental protocols for follow-up of ileocystoplasties: these are consensus-based.

11/19 surgeons have diagnosed carcinoma in augmented bladders during their careers; 3 of these were in asymptomatic patients and 8 were in symptomatic patients. No further information is available regarding the site or histology of these malignancies.

The volume of bladder augmentations performed annually by individual surgeons ranged from 0 to 20, and respondents are responsible for the follow-up care of between 5 to approximately 360 patients.

Interpretation of results

All respondents currently perform long-term follow-up in all patients after augmentation ileocystoplasty; however there is dramatic variation in when follow-up is initiated, how it is undertaken, and how frequently it should be conducted.

Routine cystoscopy forms part of the follow-up regime for 12/19 (63%) of respondents, whereas others reserve this procedure for patients with red flag symptoms of haematuria or recurrent urinary tract infection. However, the majority (14/19, 74%) believe that annual cystoscopy need not be mandatory for all augmentation ileocystoplasties; it is largely done out of habit because precedent has been set. In spite of this, only 9/19 surgeons (56%) felt follow-up could feasibly be based on development of 'red flag' symptoms alone.

Concluding message

Follow-up of augmentation ileocystoplasties in the UK is highly variable because there is a paucity of robust evidence on this topic. To our knowledge there are no European or American (EAU or AUA) guidelines to influence opinion.

Furthermore, opinion is divided as to whether follow-up of these patients could safely be based on the development of 'red flag' symptoms only.

We agree with the majority of British urological surgeons surveyed (13/19, 68%) that consensus guidelines should be established to standardise patient follow-up after augmentation ileocystoplasty.

References

1. Hamid R, Greenwell TJ, Nethercliffe JM, et al. Routine surveillance cystoscopy for patients with augmentation and substitution cystoplasty for benign urological conditions: is it necessary? *BJU Int*, 2009;104(3): 392-5

Specify source of funding or grant	N/A
Is this a clinical trial?	No
What were the subjects in the study?	NONE

