387

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TAILORED PRE-OPERATIVE INTERVENTION TO IMPROVE PATIENT-OUTCOME OF RADICAL CYSTECTOMY

Hypothesis / aims of study

Patients diagnosed with invasive bladder cancer (IBC) are more likely to harbour substantial comorbidity because of their advanced age at diagnosis (1). Enhanced recovery after surgery (ERAS) aims to optimize surgical outcomes and rehabilitation (2). However, little is known about preoperative predictors in Radical Cystectomy (RC) pathways. Whether timely preoperative assessment of adjustable predictors like comorbid conditions and nutritional risk can optimize patient outcome following RC is underreported (3).The aim was to identify factors associated with poor outcome in patients who undergo Radical Cystectomy for IBC.

Study design, materials and methods

The design was a historical combined registry study including 76 patients referred for RC in 2009. Early rehabilitation was defined by length of stay (LOS). The Charlson Comorbidity Index Score was calculated by linking the unique Civil Registration number with the National Patient Registry (NPR). Preoperative nutritional risk was calculated using NRS-2002 screening tool (NRS). Uni- and multivariate analysis were used to examine associations between variables.

Results

The proportion of patients at severe nutritional risk (NRS≥3) prior to surgery was 26 % (CI: 17;37)and 43 % (CI: 33;55) held a high comorbidity index score(≥3). NRS and comorbidity showed a clinical relevant association. LOS was independently associated with age (p=0.04) and gender (p=0.02); women of seventy years or more were most impaired prior to surgery.

Interpretation of results

An individually tailored intervention prior to RC could optimize the postoperative journey in RC pathways**.**

Concluding message

Particular attention should be paid to elderly women prior to surgery and to optimizing modifiable comorbidities and nutrition status in high risk patients.

References

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