

Quality of Life and Perioperative Outcomes After Open, Laparoscopic and Robotic Radical Cystectomy with Ileal Conduit Urinary Diversion

MAIN FINDING

- 1

Minimally invasive radical cystectomy with ileal conduit urinary diversion

▼ was associated with shorter hospital stay
- 2

Robotic surgery vs open was associated with:

 - ▲ higher postoperative hemoglobin
 - ▲ higher 3-month EQ-VAS
- 3

Laparoscopic surgery was associated with:

 - ▲ higher non-specific postoperative complication rate

54.5% vs 5.6% open / 5.6% robotic · p<0.001

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HYPOTHESIS / AIMS OF STUDY

To compare perioperative outcomes, postoperative complications and 3-month QoL after open, laparoscopic and robotic radical cystectomy with ileal conduit urinary diversion.

STUDY DESIGN, MATERIALS AND METHODS

MULTICENTRE RETROSPECTIVE STUDY March 2024 – March 2026

n = 58 Open n = 18 Laparoscopic n = 22 Robotic n = 18

Key outcomes: operative time · hospital stay · Hb · eGFR · postoperative complications · reintervention · adjuvant therapy

QoL at 3 months: EQ-5D-5L · EQ-VAS

Statistics: ANOVA/Welch · Kruskal–Wallis + Dunn · χ^2 /Fisher's exact · p<0.05

RESULTS – PERIOPERATIVE OUTCOMES

HOSPITAL STAY



POSTOPERATIVE Hb

OPEN 9.71 vs ROBOTIC 10.76 g/dL p=0.042

SECONDARY FINDINGS

eGFR: between-group p=0.001

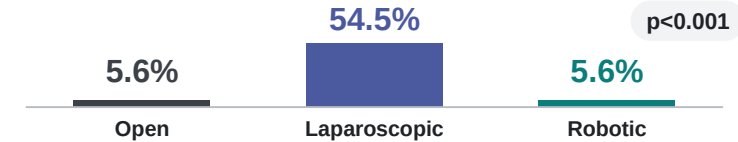
Open ↑ p=0.002 · Laparoscopic ↓ p=0.021 · Robotic ↓ NS

Operative time: NS, p=0.187 · Robotic mean 469 min

Adjuvant therapy: NS · overall 22.4% · p=0.494

RESULTS – COMPLICATIONS & QUALITY OF LIFE

Non-specific postoperative complications, including fistulas and eviscerations.



Major complications: NS · Reintervention: NS

QUALITY OF LIFE · 3 MONTHS

OPEN 72.5 vs ROBOTIC 90 median EQ-VAS p=0.016

EQ-5D-5L

	Self-care	Usual activities	Pain/discomfort	Anxiety/depression
Mobility	NS	NS	NS	NS
favoured laparoscopic group				

INTERPRETATION OF RESULTS

- Minimally invasive: associated with shorter hospital stay.
- Robotic vs open: higher postoperative Hb and 3-month EQ-VAS.
- Laparoscopic: higher rate of non-specific postoperative complications.

CONCLUDING MESSAGE

Surgical approach may influence early postoperative recovery and patient-reported health after radical cystectomy with ileal conduit urinary diversion.

Given the retrospective design, these findings should be interpreted cautiously; appropriate patient selection and surgical expertise remain essential.

SURGICAL STEPS – ILEAL CONDUIT URINARY DIVERSION

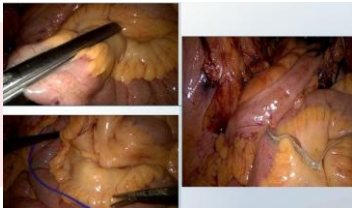


FIGURE 1
Isolation of ileal segment

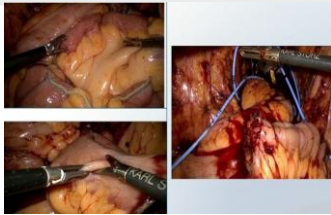


FIGURE 2
Ileal conduit reconstruction
Uretero-ileal anastomosis and restoration of intestinal continuity