

Ileal conduit urinary diversion is a valid last option for benign bladder conditions with acceptable outcomes. Simultaneous cystectomy is advised whenever possible

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Background

Urinary diversion is considered the last resort for treatment of bladder pain and refractory neurogenic and non-neurogenic LUTS after failure of conservative and minimally invasive approaches.

IC is the most common modality for urinary diversion after radical cystectomy for bladder cancer worldwide.

The aim of the study is to evaluate indications and complications of IC done for benign diseases in our unit in a 10-year period.

Methodology

Retrospective data collected for Open IC performed for benign conditions between 2014 and 2023.

Patient demographics, co-morbidities, indications, duration of hospital stay, perioperative complications were analysed.

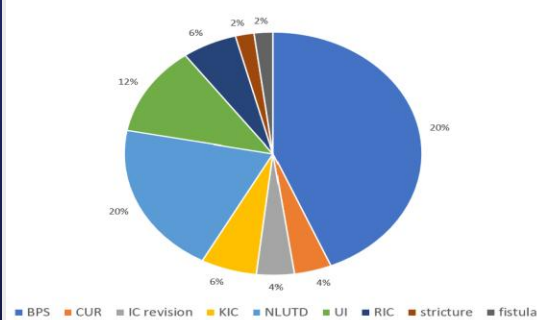
Results

58 patients, 59% Females

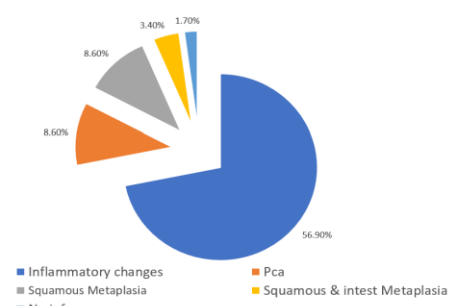
mean age: 58.7 years (range 22-74 years)

Cystectomy was done in 45 patients (78%)

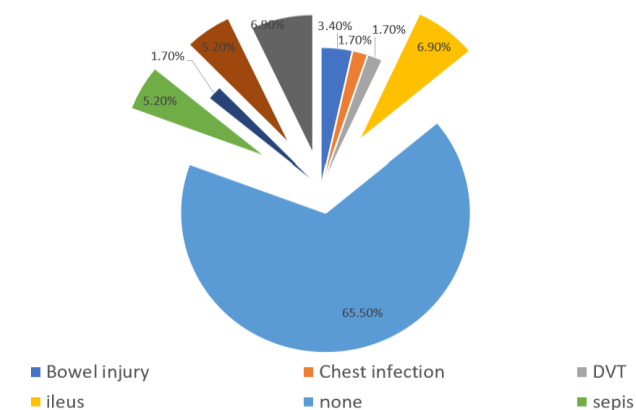
Indications



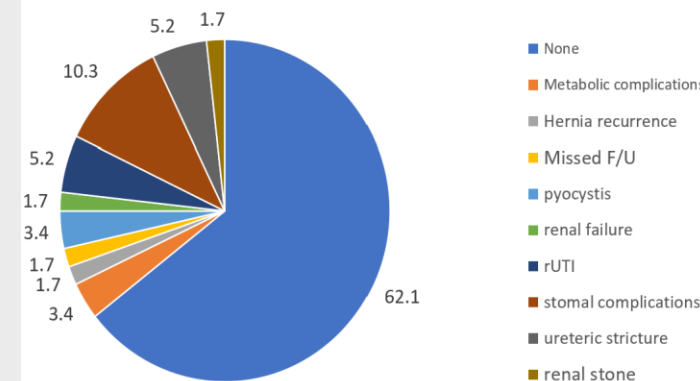
Histology



Short term complications



Long term complications



Recommendations

- Careful preoperative counselling is paramount as it is a permanent solution.
- Outcome data for robotic assisted ileal conduit formation should be compared to current data.