Voiding Dysfunction after Radical Hysterectomy for Cervical Carcinoma
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• Objectives: Radical hysterectomy is a recognized effective treatment for cervical carcinoma. Various studies have shown long term clinically significant bladder dysfunctions can occur in about 8-80% of patients. Many groups have described different techniques in performing nerve-sparing radical hysterectomy in order to decrease the vesical dysfunctions following radical hysterectomy. However, these surgical steps are not just technically demanding, sometimes nerves may need to be sacrificed in order to achieve complete removal of the tumour with clear margins. Poor bladder management and over-distention of bladder in the initial post-operative phase may on the other hand result in hypotonic bladder and further aggravate the voiding symptoms. Therefore, the aim of this study is to review the short term voiding outcomes after non nerve-sparing radical hysterectomy for cervical carcinoma.

• Method: This was a retrospective study conducted in a single centre from July 2012 to June 2015. Urethral catheter was usually left in-situ for two weeks after radical hysterectomy according to the department protocol. Urethral catheter was re-inserted if there was significant post-void residual urine. The primary outcomes are the incidence of requiring re-insertion of urethral catheter and the number of days that the patient needed to be on catheter.

• Results: 56 cases were included in this study. 16 patients (28.6%) required re-insertion of urethral catheter due to significant post-void residual urine. 6 patients (10.7%) were taught the technique for clean intermittent self catheterization (CISC) as they failed to wean off catheter after multiple attempts. Among these 6 patients, one patient was able to stop CISC after 4 days and the other patient was able to empty her bladder completely without CISC 3 months after operation. The median duration of post-operative catheterization was 14 days with range from 13 to 69 days. 53.6% of patients (n=30) developed urinary tract infection within 6 weeks after radical hysterectomy. Among these 30 cases, 19 urine samples (63.3%) yielded E coli which was the commonest uro-pathogen identified. The second most common uro-pathogen identified in these UTI cases was Enterococcus which was present in 5 cases.

• Conclusion: While radical hysterectomy is an effective treatment for cervical carcinoma, voiding dysfunction is common especially in immediate post-operative period. When nerve-sparing radical hysterectomy is not feasible, appropriate bladder management in initial post-operative phase avoiding over-distension of bladder is important. Early removal of urethral catheter with intermittent self catheterization if necessary may be better approach when compared to prolonged indwelling catheterization. However, if intermittent self catheterization is not acceptable to patients and prolonged indwelling catheterization is anticipated, then prophylactic antibiotic covering E coli should be considered.

• Disclosures statement: nil for disclosure