

EARLY CONTINENCE AND VOIDING FUNCTION AFTER SUPRAPROSTATIC CYSTECTOMY WITH ORTHOTOPIC NEOBLADDER.

Aims of Study

The quality of life (QOL) outcome of greatest consequence to patients choosing orthotopic neobladder reconstruction following cystectomy is usually functional voiding. We report our experience with a supraprostatic cystectomy technique with a close look at postoperative voiding function and continence.

Methods

From April 1996 to January 2002, 7 male patients (mean age 62; range 53 – 72) underwent supraprostatic cystectomy with Hautmann neobladder reconstruction for transitional cell carcinoma (TCCa) of the bladder. Retrospective analysis was done via review of surgical and pathological reports, clinical charts and detailed telephone interview. Precise surgical technique, postoperative voiding function, and cancer-free status were assessed. Main outcome measure was postoperative continence.

Results

Five patients underwent supraprostatic cystectomy with sparing of the seminal vesicles and direct anastomosis of the neobladder to the prostatic urethra. Two patients required concomitant retropubic prostatic adenoma enucleation secondary to intraoperative identification of a large median lobe, and therefore underwent anastomosis of the neobladder to the prostatic capsule. Immediate daytime urinary control was achieved by all patients following catheter removal, thereby eliminating the need for protective pads. Immediate nighttime control was achieved by all except 1 who experienced initial mild nocturnal leakage, which resolved within the following 2 months. Two patients developed transient nocturnal frequency in which excessive neobladder mucus production inhibited complete reservoir emptying. One of these two patients subsequently underwent transurethral resection of the prostate (TURP) for symptomatic obstruction with improvement in emptying and maintenance of control. The other patient continues to perform once daily intermittent straight catheterization (ISC) with appropriate interval urethral voiding and is continent. Two patients experienced prolonged suprapubic tube site leakage before eventual healing, without consequence to urethral voiding or continence. With a mean follow-up of 38.4 months (range 2-71), continence was maintained, and no urothelial tumor recurrence nor evidence for the development of subsequent prostate cancer was noted.

Conclusions

In our series, supraprostatic cystectomy with orthotopic Hautmann neobladder reconstruction provided excellent immediate and long-term functional voiding and continence. By eliminating the prostatic dissection, this modified technique provides improvement in intraoperative and postoperative morbidity without subsequent compromise of oncological success.