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INTUSSUSCEPTION OF THE RECONSTRUCTED BLADDER NECK LEADS TO LESS EXTRAVASATION RATE AFTER RADICAL PROSTATECTOMY

Aims of Study

To evaluate the impact on extravasation, early catheter removal and urinary control by using buttressing sutures at the bladder neck as recently described.

Methods

Ninety men (mean age 66 years, range 52 to 78) with clinically localized prostate cancer underwent radical retropubic prostatectomy. The bladder neck was then intussuscepted using two 3-0 Vicryl sutures placed anterior and posterior to the reconstructed bladder neck. Cystogram was performed on day 4 and catheter was removed if no or minor extravasation was seen. Continence was defined as usage of no or one pad per 24 hours. The data were compared to the most recent series of 75 case matched RRP's without intussusception of the reconstructed bladder neck.

Results

On postoperative day 4, 91,1% of men who underwent intussusception of the bladder neck had no extravasation as compared to 59,5% of the control group ($P<0.001$). Urinary retention occurred in 4 patients after catheter removal on day 4 with no need for further intervention after catheterization. In 6 patients ultrasound showed a dilatation of the upper urinary tract necessitating urinary drainage with an ureteral stent in 4 patients and psoas hitch neoureterocystostomy in two patients. On postoperative day 8 to 10, 24.1 % of men who underwent intussusception of the bladder neck were continent as compared to 21.2% in the control group ($P=0.652$). Continence rates at three months were 69.7 % for patients with the intussuscepted bladder neck as compared to 58.2% in the control group ($P=0.23$).

Conclusions

Intussusception of the bladder neck leads to a significant reduction of extravasation on postop day 4 enabling early catheter removal. Early catheter removal on day 4 is feasible, however it is associated with a morbidity in 10%. In our study intussusception of the bladder neck had no positive impact on urinary control.