

#416 Functional outcomes and postoperative complications with continent urinary diversion versus ileal conduit in neuro-urological patients

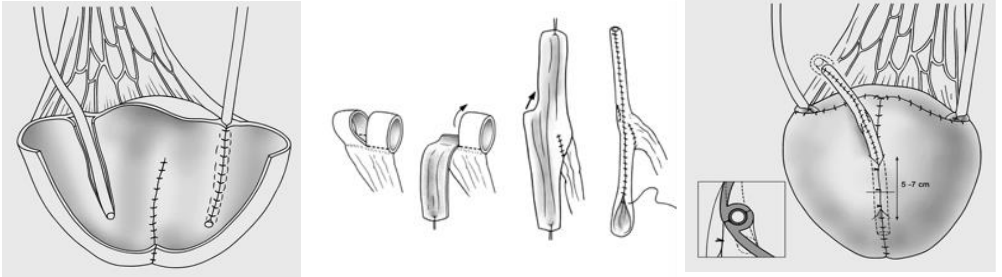
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Background

Continent urinary diversion is a body image preserving alternative to the traditional ileal conduit for patients requiring a cystectomy. However, in neuro-urological patients a catheterizable stoma is not suitable in every case. The objective of this study was to compare the functional outcome and complication rates in neuro-urological patients with a continent Yang-Monti (YM) urinary diversion and in those with an ileal conduit (IC).



Study design, patients and methods

- Single center retrospective study
- Inclusion of all neuro-urological patients who had undergone a cystectomy between 02/2008 and 10/2016 due to neurogenic or idiopathic detrusor overactivity
- Postoperative complications (Clavien-Dindo classification), stoma-related complications and functional outcomes were evaluated after 1, 3 and 12 months

Results

- Total of 49 patients: 32 IC and 17 YM
- No significant difference in patient characteristics
- First month:
 - Not significantly but more Clavien IIb & IVa complications in the group of IC vs. YM (37.5% vs. 23.5%, $p=0.52$)
 - Significantly more urinary tract infections in the group of YM (41.2% vs. 12.5%, $p=0.029$)
- Between 1 and 3 months: significantly higher rate of Clavien IIIa complications in the YM vs. IC group (23.5% vs. 3.1%, $p=0.043$)

Conclusions

In our experience the continent urinary diversion with Yang-Monti channel offers satisfactory continence conditions and can improve quality of life. However, the pouch is associated with a high rate of re-operations to achieve a good outcome. Furthermore, the decision to proceed with a Yang-Monti urinary diversion instead of the traditional ileal conduit depends on patient's ability to perform intermittent self-catheterization and on general health condition. Therefore, the decision to proceed with the creation of a catheterizable channel should be carefully discussed with patients.

