

Functional outcomes of ileal orthotopic neobladder : evaluated by bladder diary

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NPI : nocturnal polyuria index

Purpose

The aim of this study was to evaluate changes of bladder capacity and urinary functional outcomes of patients undergoing ileal orthotopic neobladder(NB) reconstruction on the time using a bladder diary which is simple but very useful tool.

Materials and Methods

- Retrospectively reviewed medical records of 136 patients who underwent ileal orthotopic NB from January 2016 to December 2017 in our hospital.
- ✓ Excluded records of patients whose
 - increased residual urine volume(>50ml)
 - suffered from continuous incontinence caused by vaginal- neobladder fistula
- ✓ Therefore, we included uroflowmetries and a total of 254 bladder diaries of 110 patients in analysis.
- The time elapsed of the postoperative period was grouped at 3-month intervals to obtain the mean or percentage of the given variables.
- Results were analyzed with IBM SPSS 22.0

Results

- 24 hr and nocturnal urine volume and maximal flow rate didn't change with time elapsed of postoperative period statistically.
- ✓ 24 hr frequency (F=4.053, p=.001) including daytime frequency (F=3.409, p=.005) and nocturia (F=2.374, p=.04) showed a statistical difference and decreased with time after surgery.
- ✓ Maximum voided volume
 - reached about 350ml similar to the normal bladder volume within 3months from approximately 200ml at the initial stage
 - showed a significant negative correlation with 24 hr frequency (r=-.419, p<.01) including daytime frequency (r=-.373, p<.01) and nocturia (r=-.261, p<.01)
- ✓ Both daytime and nocturnal incontinence significantly decreased with time. The incidence of daytime incontinence was 30.8% and the incidence of nocturnal incontinence was 69.2% between 10 and 12 months after surgery. This showed that nocturnal incontinence still had high incidence until that time.

uroflowmetry							(n=254)	
	1~3mth (n=53)	4~6mth (n=58)	7~9mth (n=56)	10~12mth (n=52)	13~15mth (n=22)	16~18mth (n=13)		
			M±SD or n (%)				F	P-value
Age	62.98±10.91	64.17±10.17	64.0±8.90	63.81±9.44	63.05±7.93	66.15±6.78	.283	NS
24hr urine volume (ml)	2181.75±493.38	2017.09±663.86	2107.32±509.75	2113.62±496.86	1969.45±404.22	2078.85±632.65	.763	NS
Nocturnal urine volume (ml)	703.43±242.36	648.36±240.73	702.98±250.78	723.83±262.83	650.45±232.80	611.77±219.39	.949	NS
NPI(%)	32.22±9.37	32.56±10.14	33.81±9.41	33.79±9.70	32.32±9.19	29.67±8.50	.570	NS
Maximum voided volume (ml)	344.34±97.77	388.28±110.36	409.29±111.43	382.12±99.53	407.27±117.76	389.23±78.47	2.398	0.038
24hr frequency	9.92±2.50	8.21±2.43	8.36±2.93	8.33±2.93	7.55±2.02	7.85±2.27	4.053	0.001
Daytime frequency	7.96±2.27	6.69±1.91	6.66±2.39	6.60±2.30	6.27±1.64	6.62±2.14	3.409	0.005
Nocturia	1.96±0.92	1.52±0.90	1.70±1.17	1.85±1.33	1.27±0.94	1.23±0.73	2.374	0.04
Maximal flow	17.86±10.10	16.24±8.99	15.96±7.72	16.52±11.50	17.14±14.36	20.33±13.75	.474	NS

Table1. Changes in functional outcomes evaluated by bladder diary &

Table2. Correlations between postoperative periods and urinary functional variables (n=254)

1 2 3 4 5 6 1 24hr urine volume .601" 2 Nocturnal urine volume 1 3 24hr frequency .317 .137 4 Daytime frequency .936 5 Nocturia .597" .305 .233 .506 6 Maximum voided volume .394" .241" -.419" -.373 -.261" 1 7 Maximal flow rate .211[°] .228 .149° -.047 -.052 -.024 -.125[°] 8 post OP months -.212" -.190 *p<.05 **p<.01

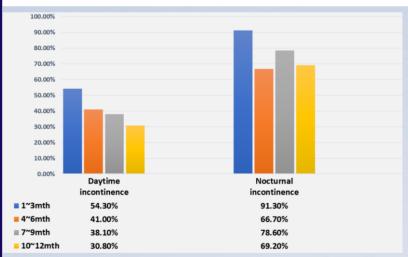


Figure 1. Incidence rate of daytime and nocturnal incontinence

Concluding Massage

- ✓ We found that the maximum voided volume was reached nearly normal bladder volume within 3 months after surgery. Therefore, healthcare providers should help patients with NB correctly acquire new voiding patterns and identify problems early through bladder diary at the earliest.
- ✓ Bladder diary is a very useful tool to evaluate functional outcomes after NB reconstruction without invasion or complexity.

NS: not significant

Reference

1) Ong K et al. Orthotopic Bladder Substitution (Neobladder) Part I: Indications, Patient Selection, Preoperative Education and Counseling. J Wound Ostomy Continence Nurs. 2013;40(1):73-82.

Disclosure

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