

**S9****Radical cystectomy – analyses of postoperative complications**

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**Introduction and Objectives:** Radical cystectomy is standard therapy for muscle invasive bladder cancer. This kind of surgery can lead to numerous postoperative complications and prolonged hospitalization. Analyses of postoperative complications as well as classification according to Zurich method.

**Material and Methods:** The research included 82 patients who had been operated at the Urology Clinic. Zurich (Clavien) method has been used for classification of surgical complication, which implicates: GRADE I: any kind of normal postoperative course deviation, without need for pharmacologic therapy, and surgical, endoscopic or radiology intervention (therapeutic measures include prescribing: antiemetics, antipyretics, analgetics, diuretics and electrolytes). GRADE II: pharmacologic therapy which has not been mentioned in grade I (includes blood transfusion and complete parenteral nutrition). GRADE III: surgical, endoscopic or radiology intervention, a) without general anesthesia, b) in general anesthesia. GRADE IV: life endangering complications, a) single-organ dysfunction (including dialysis) b) multi-organ dysfunction. GRADE V: exitus letalis. This classification is based on complication grading according to prescribed therapy.

**Results:** Postoperative complications were reported with 15 patient (which is 18.29%). In total 23.15% continent bladders have been performed. Five patients had dehiscence of the operative wound, wound infection happened to 3 patients, prolonged lymphoreia to 2 of them, dehiscence T-T anastomosis of ileum to one, sigmoid colon-vaginal fistula occurred to one female patient, fistula between ileum and an isolated part of the intestine for urine derivation occurred to one patient, and exitus letalis occurred to two patients. In the group of patients who suffered from complications (n=15), incidence according to Zurich classification is: grade I 33.33%; grade IIIb 53.33; grade V 13.33%. Since Grade II complication implicate prescribing blood, transfusion usage was observed in each patient, derivation type, and sex. Results were recorded as: 2.19 blood units (n=82) was used per patient; in total 62.13% male and 37.87% female patient. The average blood units number for continent derivations was 3.81 units and 3.5 units per patient with incontinent derivations.

**Conclusions:** Operative technique improvement has reduced frequency of postoperative complications, number of needed transfusions, as well as length of postoperative course. Blood usage is enhanced in the cases of continent urine derivations, which can be explained by more demanding and longer operative procedure.

**S10****Smaller vs. standard ileal orthotopic neobladder after cystectomy**

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**Introduction and Objectives:** The principles of continent urinary diversion are based on forming a reservoir of satisfying capacity, low pressure with as less as possible surface area, to reduce the risk of metabolic disorders and to obtain a favorable 24 hour voiding frequency, good capacity and small post-voiding urine residual (PVR). The standard techniques most often propose creating a pouch made of 40–60 cm of the

terminal ileum. In time, there is an enlargement of the pouch capacity and PVR which results in numerous complications.

**Material and Methods:** Prospective and partially retrospective clinical study was designed to compare the pouch volume, the post voided residual (PVR) volume, continence, voiding frequency, maximal flow rate, acidosis and vitamin B12 deficiency 15.8 months following the operation between two groups: group I – 47 pts with a standard dimensioned pouch made of 50–70 cm of terminal ileum, and group II – 44 pts with a small pouch made using 25–35 cm of the terminal ileum. Patients were given questionnaires about voiding frequency, subjective feeling and satisfaction with continence with scale: 1 – full incontinence, 2 – unsatisfactory continence with two or more changing of pads or underwear during 24h, 3 – satisfactory continence with one changing of pad or underwear because of continence and 4 – full continence. T-test, U test and Kolmogorov-Smirnov test were used for data analysis.

**Results:** The evaluation was performed after 15.8 (14–16) months following the operation. The average age of the patients was 66.2 years. 87.91% patients were male and 12.09% were female. We used 30.78±3.77 cm of terminal ileum for creating a smaller pouch average capacity of 467 (300–710) ml with PVR 36.5 (0–147) ml, compared with 58.17±6.87 cm of terminal ileum for creating a standard dimension pouch average 832 (480–2050) ml with PVR 72.0 (0–570) (P<0.001). 93.18% of patients with small pouch have achieved full day continence, while in the group with larger pouch 93.62% of the patients were continent during the day. Night continence was noticed at 84.09% of the patients with smaller pouch and 85.11% of the patients with larger pouch (P>0.05). 24 hr voiding frequency in the group with smaller pouch was 6.5 vs.6.0 in the group with standard dimensioned pouch (P>0.05). We found higher maximal flow rate in group with smaller pouch: 20.3 ml/s vs. 11.7 ml/s. We registered acidosis in 25.00% pts with smaller pouch vs. 44.68% pts with larger pouch (P>0.05). Neither one patient in both group had vitamin B12 deficiency.

**Conclusions:** We found that 15.8 months following the surgery, smaller pouch achieved excellent capacity, satisfying continence, smaller PVR, equal 24h voiding frequency and higher flow rate than larger pouch.

**S11****Urodynamic features of Hautmann orthotopic ileal neobladder using standard and ambulatory urodynamics. Preliminary results**

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**Results:** 5 patients were continent both day and night, while 5 patients who were continent at SUD proved to be incontinent with AUD. The average leak episodes were 6 during an ambulatory recording of 18 hours. Mean nighttime voidings was 2 for each patient. Neobladder compliance was normal in 11 patients (>39 ml/cmH<sub>2</sub>O) while in the remaining three it was <13 ml/cmH<sub>2</sub>O. These patients were found incontinent with both urodynamic methods. PVR ranged from 0 to 323 ml regardless of initial bladder filling. High flow rate patients emptied their bladder without residual volume. High post voiding residual volume was found in three patients with urethral strictures. Maximum flow in AUD recording were 1.5fold higher than those accomplished with the SUD (6 ml/sec and 9 ml/sec respectively). Mean cystometric capacity was 520 ml, average and maximal pouch pressure were 31 and 44.5 cmH<sub>2</sub>O respectively, maximal bladder capacity 1100 ml, minimal bladder capacity 111 ml