Post-operative complications in radical cystectomy: can the kind of urinary diversion, the performance status presence of preoperative hydronephrosis or tumor extension predict the likelihood of post-operative complications ?

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Introduction

Radical cystectomy is recommended for T2–4 N0 M0 bladder cancer and high-risk nonmuscle invasive bladder cancer. Before planning the surgery it's extremely important to select te the patients to choose the urinary diversion. Despite improvements in the surgical technique and in the approach, the procedure remains associated with significant postoperative morbidity with high rates of complications.

Materials and methods

In our study we have enrolled 213 patients, 171 men and 42 women, and we have evaluted the anatomical features, the comorbidities, clinical extension of tumor to plane the surgery

Results

We have analyzed every kind of peri-postoperative complication, classified according Clavien- Dindo system. We have observed 59 patients that had complications, of which 39 anaemia, 11 enteral sub-ileus, 2 acute renal insufficiency (ARI) for ureteral obstruction, 4 surgical wound infections, 1 urosepsis for skin fistula, 2 retroperitoneal bleeding. For every kind of complication the therapeutic approach is been different.

Conclusions

In literature post-operative complications of cystectomy are well described. Immediate postoperative complications and 90-day mortality in radical cystectomy in high-risk patients remain

significant. Despite the improvement of surgical skills of urologists

the radical cystectomy remains an invasive treatment with a high rate of complications, which must be managed in the most appropriate way.

In our study, according to literature, it wasn't possible found a way

to predict the rate of post-operative complications.

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