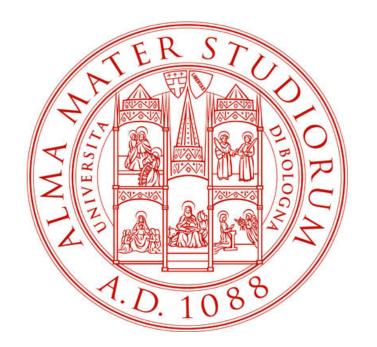
FAST TRACK PROTOCOL APPLIED TO PATIENTS TREATED WITH RADICAL CYSTECTOMY AND INTESTINAL URINARY DIVERSION: AN UPDATE OF A TWO YEAR PROSPECTIVE RANDOMIZED STUDY IN A HIGH-VOLUME CENTER



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2 Department of Specialistic, Diagnostic and Sperimental Medicine (DIMES), University of Bologna, Italy Introduction and objective

The aim of this study is to evaluate perioperative outcomes of patients who underwent our Fast Track protocol at a single, tertiary Centre.

Material and methods

- We prospectively collected data from 130 patients who underwent RC with intestinal urinary diversion for BCa at our institution between January 2016 and January 2018.
- Patients were randomized in two groups: Fast track (n=47) vs Standard protocol (n=83).
- Fast Track protocol consists of a series of pre-operative (ex. minimal starvation), intra-operative (ex. minimal tissue handling) and post-operative (ex. early mobilization and enteral nutrition) interventions, realized with the intention of shortening hospitalization and optimizing patients' perioperative outcomes.
- Primary outcomes were: post-operative vomiting, time from surgery to first flatus, time to defecation, post-operative pain (VAS Score), 30-days complication rates and hospitalization.
- Differences in categorical and continuous variables were analyzed using the chi squared test and the Mann-Whitney U-test, respectively.

Table 1. Preoperative characteristics of patients who underwent radical cystectomy, stratified according to the perioperative management (fast track vs. standard approach).

	Overall	Fast track group	Control group	P value
Number of patients	130	47	83	-
Age				
Median (IQR)	69 (60-75)	70 (64-76)	69 (60-74)	0.6
Gender, n (%)				
Male	97 (74.6)	35 (74.5)	62 (74.7)	1
Female	33 (25.4)	12 (25.5)	21 (25.3)	T
BMI				
Mean ± SD	26.3 ± 3.7	26.2 ± 3.3	26.3 ± 3.9	0.8
IVICALI ± 3D		20.2 ± 3.3	20.3 ± 3.9	0.8
CCI				
<2	7 (5.4)	2 (4.3)	5 (6)	
2-4	67 (51.5)	26 (55.3)	41 (49.4)	
4-6	43 (33.1)	12 (25.5)	31 (37.3)	0.3
6-8	13 (10)	7 (14.9)	6 (7.2)	
Clinical stage, n (%)				
cTis, cTa, cT1	52 (40)	18 (38.3)	34 (41)	
cT2	69 (53.1)	23 (48.9)	46 (55.4)	
сТЗ	7 (5.4)	5 (10.6)	2 (2.4)	0.2
cT4	2 (1.5)	1 (2.1)	1 (1.2)	
WHO clinical Grade,				
n(%)	A (2 1)	1 /2 1\	2 (2 6)	
Low Grade (G1-G2)	4 (3.1)	1 (2.1)	3 (3.6)	0.5
High Grade (G3-G4)	126 (96.9)	46 (97.9)	80 (96.4)	

Results

Table 2. Intraoperative and pathologic characteristics of patients who underwent radical cystectomy, stratified according to the perioperative management (fast track vs. standard approach).

	Overall	Fast track group	Control group	P value
Urinary diversion , (%)				
Ileal conduit	79 (60.8)	30 (63.8)	49 (59)	0.7
Neobladder	51 (39.2)	17 (36.2)	34 (41)	0.7
Operative time (min)				
Median (IQR)	285 (240-330)	275 (230-320)	300 (245-340)	0.02*
intraoperative blood				
transfusion (%)				
No	93 (71.5)	32 (68.1)	61 (73.5)	0.6
Yes	37 (28.5)	15 (31.9)	22 (26.5)	0.0
Pathologic stage, (%)				
pT0-pTis-pT1- pT2 a- pT2b	86 (66.2)	32 (68.1)	54 (65.1)	
pT3a-pT3b	34 (26.2)	12 (25.5)	22 (26.5)	0.9
pT4a-pT4b	10 (7.7)	3 (6.4)	7 (8.4)	0.9
Pathologic Grade, (%)				
pG0	13 (10)	4 (8.5)	9 (10.8)	
pG1-2	8 (6.2)	1 (4.3)	6 (7.2)	0.7
pG3	109 (83.8)	41 (87.2)	68 (81.9)	0.7
LN retrieved,				
Median (IQR)	16 (10-24)	15 (12-20)	16 (10-26)	0.4
Pathologic Nodal status (%)				
pN0	99 (76.2)	36 (86.6)	63 (75.9)	1
pN+	31 (23.8)	11 (23.4)	20 (24.1)	1

Table 3. Postoperative outcomes of patients who underwent radical cystectomy, stratified according to the perioperative management (fast track vs. standard approach).

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	Overall	Fast track group	Control group	P value
Postoperative vomiting, n (%)				
No	102 (78.5)	38 (80.9)	64 (77.1)	0.7
Yes	28 (21.5)	9 (19.1)	19 (22.9)	
Postoperative pain (VAS score)				
Mean ± SD	3.3 ± 1.2	3.3± 1.2	3.3± 1.2	0.9
Median (IQR)	3 (3-4)	3 (3-4)	3 (3-4)	0.6
rime to fiatus (days)				
Mean ± SD	3 ± 1	2± 1	3± 1	0.001
Median (IQR)	2 (2-3)	2 (1-3)	3 (2-4)	0.02
Time to defecation (days)				
Mean ± SD	6 ± 2	6± 2	6 ± 2	0.2
Median (IQR)	6 (4-7)	6 (4-7)	6 (4-7)	0.9
Hospitalization (days)				
Mean ± SD	16 ± 9	13 ± 5	17 ± 10	0.01
Median (IQR)	13 (11-16)	12 (9-15)	14 (12-17)	0.2
Complications within 30 nost operative days (%)				
No	00 /64 5)	22 (40 0)	57 (CO 7)	
Yes	80 (61.5)	23 (48.9)	57 (68.7)	0.04
Clavien Dindo grade complications within 30 post	50 (38.5)	24 (51.1)	26 (31.3)	
operative days (%)	22 (66)	10 (70.2)	14 (50 0)	
- -	33 (66)	19 (79.2)	14 (58.8)	0.08
III-IV-V Readmission within 90 days, n (%)	17 (34) 23 (17.7)	5 (20.8) 5 (10.6)	12 (46.2) 18 (21.7)	0.09
Neaumission within 90 days. It //i) [10.0]	10 1/ 1/ 1	0.03

Conclusions

Our Fast Track Protocol allowed to shorten the time to flatus and the hospitalization. However, no further postoperative advantages were found. Moreover, overall 30-days complication rate was higher in the FT group. Therefore, a more consistent caseload may be necessary to evaluate the real benefits of the FT protocol and probably identify some predictors of FT failure, in order to lead to a better selection process of patients.