

The New Normal after Bladder Removal and Urinary Diversion



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Tonight's Discussion

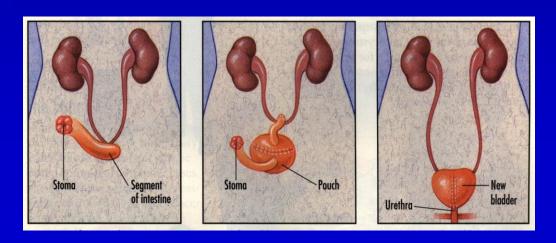
- Diversion Options
- Decision Making
- Complications after Urinary Diversion
- Other Considerations
- Resources

Diversion Options

- Assess your personal situation
 - Medical history, lifestyle, desires, limitations, family support
- Other Considerations
 - Prior bowel surgery
 - Tumor factors
 - Patient factors
- Continent vs Incontinent
 - Orthotopic neobladder
 - Continent cutaneous diversion (Indiana Pouch)
 - Conduit (stoma)
 - Small intestine vs colon

Urinary Diversion Patient Concerns: Treatment Effects

- Body Image
- Sexuality
- Urinary Function
- Impact of Treatment on Family Members
- Practicality of Undergoing Radical Therapy



Consequences of Urinary Diversion

Complications Prevalence		
Sepsis	3%	
Kidney infection	11-18%	
Intestinal obstruction	2-10%	
Parastomal hernia	2-16%	
Stomal stenosis	2-7%	
Stone formation	7-11%	
Metabolic acidosis	13-27%	
Conduit stenosis	3%	
Conduit-enteric fistula	<1%	
Ureteral obstruction	6-17%	



Stomal Complications

- Stomal Necrosis (poor blood supply to the stoma)
- Retraction (stoma shrinks back)
- Obstruction (stoma blocks off)
- Parastomal Hernias
- Stenosis (stoma scars down)
- Prolapse (conduit falls out from the stoma)

Skin Changes



Trauma / Skin Ulceration



Fungal Infection



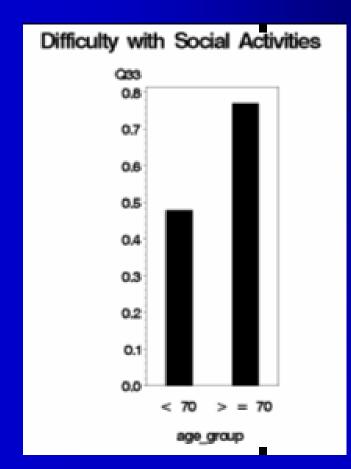
Allergic Dermatitis

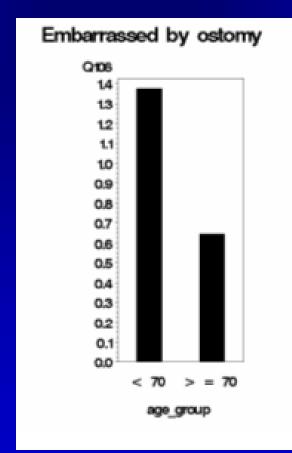


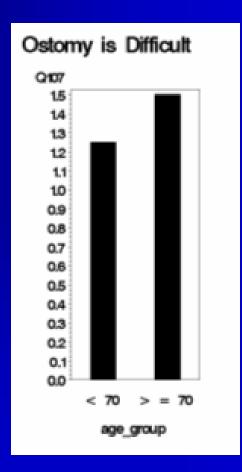
Ischemia / Necrosis

Davis CB, Breyer BN, and Konety BR. AUA Update Series 29: 349, 2010.

Impact of Diversion on Social Interaction Scale 0-4







90-Day Complication Rates after Orthotopic Neobladder (n=1,013)

- 587 (58%) had a complication
- Infectious 24%
- Urinary system 17%
- Gastrointestinal 15%
- Wound related 9%
- Deaths 23 (2%)

Orthotopic Neobladder: Overall Functional Outcomes

- Overall rates described (majority men)¹⁻³
 - Daytime continence 87-96%
 - Nighttime continence 72-95%
- Rates among women less studied, but show worse continence rates overall⁴
 - Daytime continence 43-90%
 - Nighttime continence 55-76%
 - Hypercontinence (retention) 24-58%

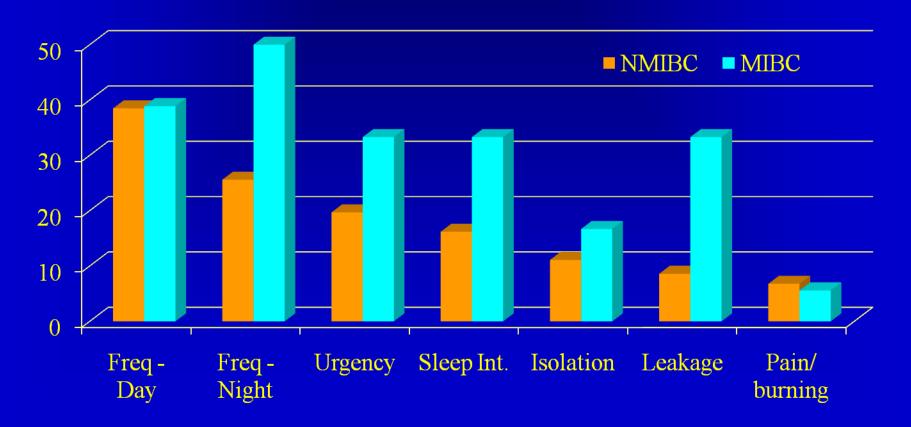
Continent Cutaneous Diversion

- Early complication rate <20%
 - ureteral leakage
 - pouch necrosis / perforation
 - ureteral stricture
 - pyelonephritis
- Late complication rate 28%
 - stomal stenosis 4-36%
 - stone development 5-10%
 - ureteral stricture 2.4 5%
 - higher in radiated pts (11-42%)

- Early reoperation rate ~2.5%
- Late reoperation rate 15%
- Incontinence
 - 1 year day / nighttime
 - **■** 85 98%

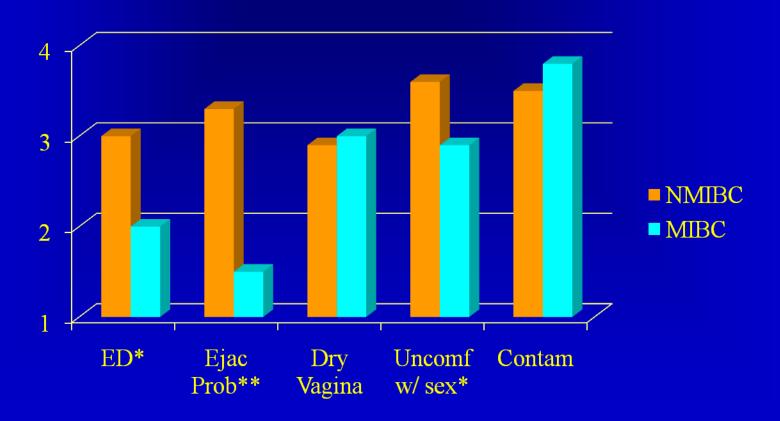
Urinary Symptoms

Percent of respondents reporting "Quite a bit/Very much"



Sexual Symptoms

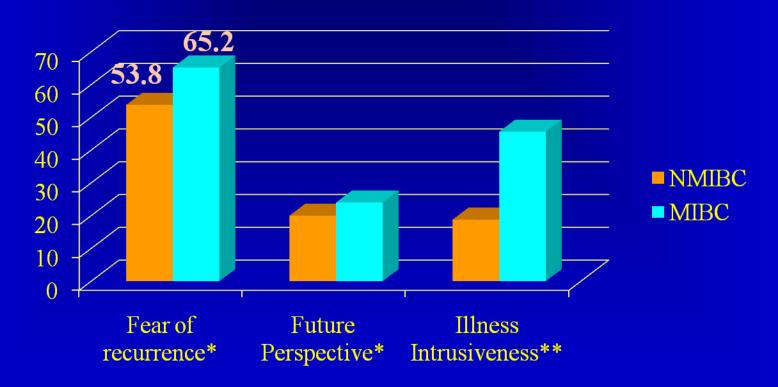
Better Fx



van der Aa et al, 2009 – 23% concerned about contaminating partner

Psychological Distress

More distress/life disruption

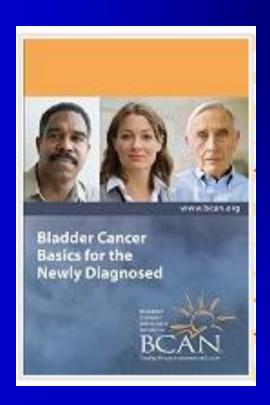


Patient Selection

Considerations	Conduit	Continent Cutaneous	Orthotopic Diversion
Cognition	Good	High / Motivated	High / Motivated
Continence before surgery	n/a	n/a	Excellent
Native bowel function	n/a	≥ Very Good	≥ Very Good
Tumor at bladder neck or urethra	n/a	n/a	Suboptimal Candidate
Renal function		Creatinine > 2.0 mg/dl	Creatinine > 2.0 mg/dl
Manual dexterity	Good	Excellent	Good
Able to catheterize	n/a	Yes	Yes
Limited ability to care for oneself	Yes	No	No

Special considerations: elderly, locally advanced / node + / prior radiation

BCAN: Resources



The Bladder Cancer Advocacy Network presents...

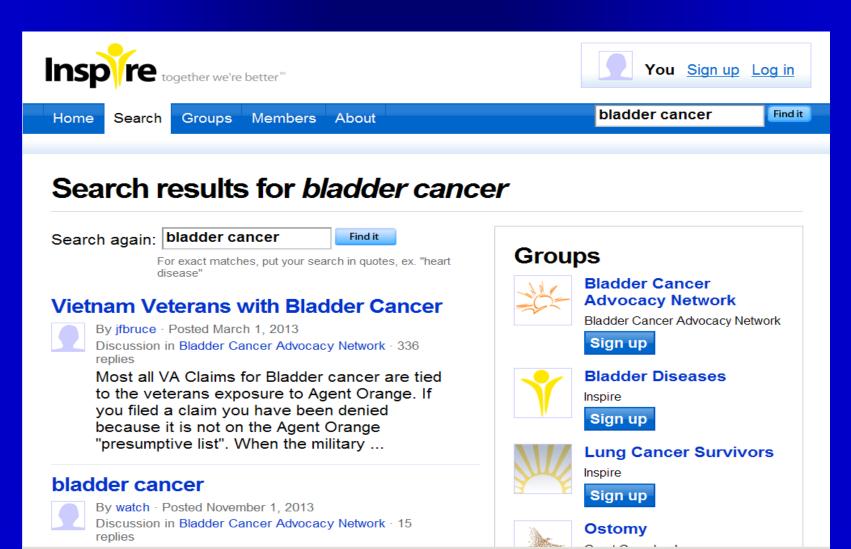
Tips From Patients, For Patients: Ileal Conduit

After radical cystectomy to remove the bladder, the surgeon creates a new way for urine to leave the body. This new system is called a urinary diversion. An ileal conduit is the easiest and most common urinary diversion performed by urologists. The surgeon creates a small opening in the abdomen called a stoma, or mouth. The surgeon then takes a short segment of the small intestine (that has been removed from the rest of the intestine) and connects one end to the stoma. The ureters, which normally carry urine from the kidneys to the bladder, are attached to the other end of the segment of intestine.

Bladder Cancer Handbook for Newly Diagnosed

Cystoscopy TURBT BCG Patient Tips:
Radical Cystectomy
Ileal Conduit
Neobladder

Decision Making: Online Community www.Inspire.com



Support / Resources

