Functional evaluation of a modified Studer ileal neobladder

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Abstract:

Objectives: To evaluate the results of using a shorter ileal segment (40 cm only) in reconstructing Studer ileal neobladder after radical cystectomy. Subjects and methods: Radical cystectomy and modified Studer ileal neobladder was performed in 60 patients for invasive bladder cancer. Only 40 cm of the ileum was used; 32 cm segment for constructing the body of the neobladder, while the remaining 8 cm as an isoperistaltic intact limb for ureteral reimplantation. After one year, evaluation included clinical, laboratory, radiographic and urodynamic studies to determine the functional and oncological outcomes. Results: Early complications occurred in 5 patients (8.6%). According to the modified Clavien system, two patients had grade I complications, IIIb occurred in one patient and two patients had grade V complications. Late complications (8.6%) included incisional hernia in 2 patients, deep venous thrombosis, bilateral ureterointestinal anastomotic stricture and intestinal obstruction each occurred in one patient. At one year, daytime and nighttime continence was 93.1% and 89.7%, respectively. Reflux was observed in 6 patients (10.3%) which was unilateral in 3 patients and bilateral in 3 without affecting the renal functions. Neobladder pressure was 7–18 cmH2O at half capacity and 13–38 cmH2O at full capacity with no uninhibited contractions. Conclusion: Minimizing the length of the ileum for Studer neobladder reconstruction is feasible and with acceptable results.

Keywords:

Neobladder; Reimplantation; Studer; Urinary diversion

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