Abstract:

Background To compare the results of urethral anastomosis to a button hole and to the lowest part of the anterior suture line during orthotopic neobladder substitution. Methods From January 2012 to December 2015, 87 consecutive male patients with invasive bladder cancer underwent radical cystectomy and Hautmann ileal neobladder. Patients were randomly divided into two groups; group I (44 patients), the outlet was created as a button-hole at the most dependent part of the pouch, group II (43 patients), the lowest 1 cm of the anterior suture line of the pouch was left open as an outlet. Patients were randomly assigned to either group using computer-generated random numbers (JMP, Version 12.0.1; SAS Institute, Cary, NC, USA) via a sealed envelope. The functional outcomes of both groups were compared especially at the urethro-enteric anastomosis. Results There were no intraoperative complications. Early postoperative complications occurred in 9 patients (5 in group I and 4 in group II, \( p = 0.484 \)). Prolonged urinary leakage persisted for 11 and 14 days in 2 patients in group I and 10 and 16 days in 2 patients in group II. Delayed postoperative complications occurred in 11 patients (5 [12.5\%] in group I and 6 [15.6\%] in group II) \( (p = 0.711) \). Three patients developed urethro-enteric strictures (2 in group I and 1 in group II) \( (p = 0.571) \). Conclusion The “non-hole” technique of urethral anastomosis was not associated with a significant increase in the complication rate when compared to the commonly performed “hole” technique.

Keywords:

Urethro-enteric anastomosis; Neobladder; Outlet; Button-hole; Cystectomy

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