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Introduction & Objectives: Late diagnosis and recurrences following organ-preserving bladder cancer treatment with radiotherapy lead to severe complications, disability and social maladaptation. Radical treatment is often not possible, but cystectomy can eliminate life-threatening complications and improve the quality of life of patients. To assess the quality of life of patients after cystectomy, depending on the type of urine output: modified unilateral ureterocutaneostomy and Bricker's operation.

Materials & Methods: 226 patients with bladder cancer who underwent radical 117 (51.7%), salvage 13 (5.9%) or palliative 96 (42.4%) cystectomy from 2015 to 2018 were subjects for clinical analysis. Modified unilateral ureterocutaneostomy (MUU) was performed in 120 (53,1%) cases and Bricker derivation in - 106 (46,9%) cases.

Results: In case of MUU there were radical cystectomy performed in 48 (40%) cases, salvage in 6 (5%) and palliative in 66 (55%) patients. In Bricker group radical cystectomy was performed in 69 (65%) cases, salvage in 7 (6%) patients and 30 (29%) palliative cystectomies were done. Male/female ratio was 200 (88,49%) / 26 (11,51%). Mean age was $62,5 \pm 8,85$ years for man and $58,3 \pm 7,35$ years in women. Quality of life was evaluated with SF-36 questionnaires (before and after 3 months) that includes 8 various components of health. Patients were evaluated for the ECOG general condition: 2.8 ± 0.18 in MUU group and 2.0 ± 0.92 for Bricker operation ($p < 0.05$). The degree of surgical and anesthetic risk by ASA was 2.6 ± 0.92 and 2.1 ± 0.7 for MUU and Bricker group respectively ($p < 0.05$). Ureterocutaneostomy was performed in patients with severe comorbidities due to absence of intestinal anastomosis during the procedure. allowed to be performed the cystectomy in patients with severe comorbidity with a minimal risk of postoperative complications. Quality of life analysis showed a statistical difference only in the RP score: for unilateral ureterocutaneostomy - 39.75 ± 0.87 and 53 ± 0.95 Bricker's operation - ($p = 0.04$).

Conclusions: There was no significant difference in the quality of life in patients after modified unilateral ureterocutaneostomy and Bricker operation in the postoperative period, except for the indicator of physical-role function, which was most likely related to the need for permanent restenting of the ureters due to high rate of cutaneous stenosis. Further investigations needed to evaluate our findings.