

### Quality of Life in Irish Patients with Non Muscle Invasive Bladder Cancer

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**Introduction:** There are multiple papers evaluating quality of life (QOL) in patients with muscle invasive bladder cancer. However the majority of cases of bladder cancer in Ireland are non-muscle invasive (NMIBC). We aim to collect the first data regarding QOL in patients with NMIBC in Ireland.

**Methods:** Patients attending for surveillance flexible cystoscopy completed EORTC QLQ C30 and NMIBC24 questionnaires. This internationally validated questionnaire covers key domains including functional status, urinary and psychological symptoms. The results were converted to raw scores and scales as described in the EORTC guidance documents.

**Results:** To date 38 patients have responded (10 women, 28 men). Age ranges from 34 to 89 years (median = 69). The average time since diagnosis is 9 years (range 0–39 years), patients have undergone an average of 7.8 flexible cystoscopies (range 1–29). The majority of patients rated their QOL as good, average score 63 (range 1–100). Patients scored low levels of systemic symptoms, e.g. bloating (Average 15, range 1–100). Sexual function scores were low, with an average score of 13 (maximum 100). Few patients recorded bothersome urinary symptoms with the average score 20 (range 1–100). 58% (n = 22) said their diagnosis did not interfere with family life, or social life (55%, n = 21). 50% (n = 19) reported their diagnosis as causing financial difficulties.

**Conclusion:** We present the preliminary results of the first Irish study of patient reported outcomes and QOL in NMIBC. Patients report overall good quality of life and of health, with minimal systemic symptoms.

### The long-term durability, presence of complications and patient satisfaction of ileal conduit and ileal neobladder urinary diversion post cystectomy: A systematic review and meta-analysis

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**Purpose:** To perform a systematic review and meta-analysis on the long-term durability, incidence of complications and patient satisfaction outcomes in ileal conduit and orthotopic neobladder.

**Materials and Methods:** A systematic electronic literature search was performed in Medline, Embase, Cochrane Library and Scopus. Using MeSH and free text search terms "Urinary diversion" AND "Ileal conduit" AND "Neobladder" concluded 29th June 2018. Inclusion criteria were those patients who had a cystectomy and required urinary diversion by either ileal conduit or neobladder.

**Results:** In total, 32 publications met the inclusion criteria. Data were available on 46,787 patients (n = 36,719 for ileal conduit and n = 10,068 for orthotopic neobladders). Meta-analyses showed that ileal conduit urinary diversions performed less favourably than orthotopic neobladders in terms of re-operation rates, Clavien-Dindo complications and mortality rates; Odds Ratios (ORs) and 95% Confidence Intervals (CIs) were 1.76 (1.24, 2.50) p < 0.01, 1.16 (1.09, 1.22) p < 0.01 and 6.29 (5.30, 7.48) p < 0.01, respectively. Ileal conduit urinary diversion performed better than orthotopic neobladder in relation to urinary tract infection rates and ureteric stricture rates OR and 95% CI 0.67 (0.58, 0.77) p < 0.01 and 0.70 (0.55, 0.89) p < 0.01, respectively.

**Conclusions:** There is no significantly increased morbidity with orthotopic neobladder compared to ileal conduit. Selection of either urinary diversion technique should be based on patient factors such as tumour stage, comorbidities, surgical experience and patient acceptance of post-operative sequelae.

### Is radical cystectomy safe in Octogenarians?

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**Introduction:** Radical cystectomy is the gold standard for muscle invasive bladder cancer. There are concerns regarding performing major surgery in elderly patients. The aim of this study was to compare short term outcomes of patients undergoing radical cystectomy at age < or > 80 years.

**Methods:** A retrospective review was performed of a prospectively maintained bladder cancer database. All procedures were performed by a single fellowship trained Urologic Oncologist.

**Results:** During the study period 2005–2018, 83 patients underwent a radical cystectomy. The median age was 67 years (Range 42–84). 18 (21.7%) patients were < 60 years at time of surgery with 8 (9.6%) > 80 years. 64 (77.1%) were male. The median length of stay was 19 days with no difference between those < 80 years and > 80 years (18.7 vs 21.3 days, p = 0.57).

Complications occurred in 41 (49.4%) patients- Clavien Dindo  $\geq 3$  in 7 patients (8.4%) with no difference between those < 80 years or > 80 years, (p = 0.13). There were no perioperative or 30 day mortalities. There were two 90 day mortalities- a 74 year old due to a pulmonary embolus and a 64 year old due to ischaemic heart disease.

**Conclusion:** Radical cystectomy is a major urological procedure with prolonged length of stay with associated morbidity. Despite this, octogenarians do not have a worse short term post operative course to younger patients.

### Determining the impact of sarcopenia on parastomal hernia formation post radical cystectomy

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**Introduction:** Sarcopenia is associated with increased complications and poor prognosis in both malignant and non-malignant disease. A retrospective single-center study was conducted to investigate the impact of sarcopenia as a predictor for the development of parastomal hernia after radical cystectomy for bladder cancer.

**Methods:** In total, 40 patients with documented pre-operative height and weight and pre-operative digital computed tomography (CT) scans of the abdomen obtained within 90 days before radical cystectomy were identified. Lumbar skeletal muscle index (SMI, cm<sup>2</sup>/m<sup>2</sup>) and visceral adiposity (cm<sup>2</sup>) were measured using a representative CT image from the L3 level. Sarcopenia was defined as a lumbar SMI of < 55 cm<sup>2</sup>/m<sup>2</sup> for men and < 39 cm<sup>2</sup>/m<sup>2</sup> for women. Interval post-operative surveillance CT scans were evaluated for parastomal hernia development.

**Results:** Among the 40 included patients, 62.5% (n = 25) patients were sarcopenic on initial staging CT. The median age at surgery was 66 in those with sarcopenia versus 68 in the non-sarcopenic group. Sixty eight percent (n = 17) patients in the sarcopenic group were viscerally obese with a median BMI of 25.9 compared to the non-sarcopenic group where 66.7% (n = 10) were viscerally obese and median BMI was 29.9. Rates of parastomal hernia formation were higher in the