

When selecting urine derivation methods, we have to take into consideration

- Extent of existence
- General condition of the patient
- Grade of tumor spread

Urinary derivation forms

- 3 bilateral ureterocutaneostomy
- 30 radical cystectomy with construction of Bricker bladder
- 6 radical cystectomy with construction of orthotopic bladder substitution and modum Studer.

Results: Anterior exenteration was performed for the majority of patients (urinary bladder, uterine and cervix 2/3)

Cystectomy with construction of Bricker bladder is prevalent amongst urinary diversion methods. In 6 cases, we performed Radical cystectomies combined with the construction of an orthotopic bladder substitution with preservation of uterus, or exenterations with preservation cervix (2/3). In 5 cases continence was good and in 1 case, due to incomplete emptying, the patient required an orthotopic reservoir with self-catheterization.

- Postoperative complications
- Pyelonephritis in 5 patients,
- Orthotopic reservoir stones – 2,
- Renal insufficiency – 2 (required dialysis)
- Urethral anastomosis structure – 1,
- Paralytic transient intestinal occlusion – 1,
- Reoperation with bleeding complications – 1,
- Incomplete emptying of orthotopic reservoir which required self-catheterization- 1.

In 3 cases, ureteroacutaneostomy patients survived for 12 months. In all other cases, patients survived from 18 to 48 months.

Conclusion: When choosing a urine derivation, the following should be taken into account: the scale of the exenteration, the general condition of the patient, the tumor stage and the possible quality of life.

GUA-44 Multiple tracts tubeless percutaneous nephrolithotomy

A. A. Abduvokhidov^{1,2}, S. H. Mousavi-Bahar¹, M. M. Aminov¹, Sh. Amirhasani¹, S. Mehrobi¹, F. S. Sadulloev²

¹Avicenna International Hospital Tajikistan, Dushanbe; ²Department of Urology, Avicenna Tajik State Medical University, Tajikistan, Dushanbe

Background: Currently, percutaneous nephrolithotomy (PCNL) is the first line treatment for large renal stones, upper ureteral stones (>20 mm), resistant stones to extracorporeal shock wave lithotripsy, multiple staghorn kidney stones. Previously it was thought that nephrostomy tubes provide hemostasis along the tract, avoid urinary extravasation, and maintain adequate drainage of the kidney. Our objective in this study was to evaluate the safety and efficacy of multiple tubeless PCNL in the patients with multiple kidney stones.

Materials and methods: Percutaneous nephrolithotomy was performed on 25 patients with nephrolithiasis. They done underwent multiple tracts tubeless PCNL in Avicenna international hospital in Dushanbe. The mean age was 35.5 year (21–72). The mean stone size was 36.5 ± 14.3 mm. Fluoroscopy was used for accesses. General, epidural and spinal were the methods of anesthesia. KUB and renal ultrasonography were requested 2–3 days after operation.

Results: Early complete stone free rate was 88%. The mean operation time was 95 ± 14.5 minutes. Mean length of hospital stay was 3.3 ± 0.5 days. Complications according to Clavien Dindo classification: Grade 1 – fever >38C 3 cases, bleeding 1 case; Grade 2 – UTI 2 cases, Grade 3 – one case with late hematuria. Usually done two percutaneous tracts but in 3 cases we needed 3 tracts. Mortality, sepsis and pneumothorax did not occur in our study. Two cases we needed successfully re-PCNL and one patient we done TUL about residual stones.

Conclusion: Several retrospective studies in our experience shows that multiple tract tubeless PCNL is safe procedure and offers numerous advantages over routine placement of a nephrostomy tube. Also, tubeless PCNL leads to shorter hospital stays and less postoperative pain. However, for all these extended indications, the available evidence is insufficient, and needs to be substantiated by prospective randomized trials.

GUA-45 15-Year experience with extraperitoneal radical cystectomy

George Managadze, George Sharashenidze, Ambrosi Pertia
National Center of Urology, Tbilisi, Georgia

Background: Radical cystectomy (RC) with transperitoneal approach and intraperitoneal formation of the different variant of urinary diversion is the standard method of treatment for patients with muscle-invasive bladder cancer. Since 2004 we adopted modified surgical technique of complete extraperitoneal “retrograde” radical cystectomy (EPRC). We retrospectively analyzed the surgical and oncological results of treatment of patients with open EPRC approach.

Materials and methods: Hospital records of the 188 patients undergoing EPRC from 2004 to 2019 were reviewed and the data were analyzed in terms of perioperative complications and outcome. Oncological results also were analyzed. Patient’s mean age at surgery was 67.8 Yr (Range: 41–89 Yr) 29.2% (55 patient) were >75 years old. Of these 188 patients, 148 were men and 40 women. For urinary diversion we used Conduit in 74 cases, orthotopic reservoir in 48 cases, sigma-rectal reservoir in 12 cases and ureterocutaneostomy in 54 cases. The proportion of orthotopic urinary diversion was – 25.3%, however the proportion of orthotopic urinary diversion was gradually increased by years. Most orthotopic urinary diversion was performed during last 5 years, which was associated with improvement of surgical skills. Substantial number of patients undergoing urterocutaneostomy (37 cases) were >75 years old.

Results: The hospital stay ranged from 7 to 44 days. The patients were followed 2–156 months. The mean operation duration (only cystectomy) was 110 min (60–170 min). Perioperative mortality was –2.1%. 30-day complications rate was 40.54%, however high grade (G3–G4) complications according to Clavien-Dindo classification system developed only in 16 cases (8.5%). Spontaneous micturition was restored in all except two patients undergoing EPRC with orthotopic urinary diversion. During Follow-up period we observed disease recurrence totally in 50 cases (26.5%) out these recurrences 8 was local (4.2%). 5-year cancer-specific survival was 72%.

Conclusions: According to our retrospective observation EPRC is feasible method of treatment of patients with muscle-invasive bladder cancer. The oncological principles are not compromised. The operation time is acceptable, and we consider that using this method we should improve functional results of orthotopic urinary diversion.