Postoperatively, Qmax flow rate increased in all patients from 18 to 25 ml/s. We do not observe complications higher than grade II by Clavien-Dindo system.
Conclusion: En bloc technique can be performed safely with reduced operative time, lower complication rates and decreased learning curve of surgeons.

GUA-58 Implementation of optimized ERAS protocols after radical cystectomy

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Background: ERAS (Enhanced Recovery after Surgery) protocol includes preoperative preparation of patient, use of minimally invasive approach during surgical intervention, and patient management in early postoperative period aimed at early recovery and return to normal life. The ERAS protocols were first introduced into clinical practice in late 20th century. They were subsequently standardized for each type of surgical intervention. Today, their implementation requires coordinated efforts of whole patient care team including specialists preparing patient for surgery (endocrinologists, cardiologists, gastroenterologists, psychologists), surgeons, anesthesiologists, intensivists and nurses.
In 2014, the optimized ERAS protocols were introduced into clinical practice in the National Center of Oncology of Ministry of Health of Azerbaijan Republic.
Objective: Evaluate the effectiveness of implementation of optimized ERAS protocols in the perioperative period in patients undergoing radical cystectomy (RCE) with various methods for urinary diversion.
Materials and methods: Study included 257 patients with BC who underwent RCE with different methods for urinary diversion in the NCO during 2008–2017. Average age was 58.5 ± 6.95 (37–81) years. 241 (93.8%) were men and 16 (6.2%) women. Hautmann's urinary diversion was performed in 121 (47.1%), Briker's urinary diversion – in 58 (22.6%), and 78 (30.4%) patients underwent ureterocutaneostomy. Optimized ERAS protocol included 5 points of preoperative preparation, 2 points of intra- and 8 points of early postoperative management. To assess its effectiveness, patients were divided into 2 groups: group I – 108 (42%) (prior to implementation of protocol), group II – 149 (58%) patients (since 2014). Mean length of stay, rate of complications per Clavien classification, and 30- and 90-day mortality indicators were assessed in both groups.
Results: Average length of stay in groups I and II was 21 ± 10.1 and 17.8 ± 7.3 days, respectively ($p = 0.004$). Incidence rate of early postoperative complications (30 days) in group I was 53.7% (n = 58), in group II – 37.5% (n = 56). Comparative analysis of results showed statistically significant difference in these groups based on this criterion ($\chi^2 = 4.103$; $p = 0.043$).
Analysis of severity of complications in group I showed that 47.1% were grade I–II and 29.2% – grade III–V. However, grade I-II complications were observed in 31.3%, and grade III–V – in 17.8% of cases in group II after implementation of optimized ERAS protocol. Although impact of ERAS protocols on nature of complications was statistically significant ($p = 0.038$), its significance was inferior to indicators such as BMI ($p = 0.001$), Charlson's comorbidity index ($p = 0.021$) and surgeon's experience ($p = 0.027$). 30-day mortality rate in group I was 6.5%, in group II – 2.0% ($\chi^2 = 4.31$; $p = 0.366$). Despite the convincing results related to 30-day mortality rate, it was not statistically significant. 90-day postoperative mortality rate was 9.2% and 6.4% in groups I, and II, respectively.
Conclusion: Implementation of optimized ERAS protocols allowed to reduce the rate of early postoperative complications, improve 30- and 90-day mortality rates and reduce the length of stay to 17 days after RCE with different methods of urinary diversion.

GUA-59 Salvage cystectomy in patients with muscle-invasive bladder cancer

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Objective: To evaluate the results of salvage cystectomy after an organ-preserving multimodal treatment in patients with muscle-invasive bladder cancer.
Materials and methods: The study included 37 (100%) patients aged 31–81 years (mean age 54 ± 0.8) who received multimodal treatment for muscle-invasive bladder cancer between 2008 and 2014. The mean time to relapse after the three-modal treatment was 11.8 (3–21) months. Bricker urinary diversion was performed to 7 (18.9%) patients, Hautman – 3 (8.1%). The formation of the heterotopic continent reservoir was in 1 (2.7%) of the patient. In 26 (70.3%) cases was performed ureterocutaneostomy. Due to the severity of the patients' condition in 6 (16.2%) cases, pelvic lymph node dissection was not performed. The remaining 31 (84.8%) patients underwent standard lymphadenectomy.
Results: The incidence of complications in the early postoperative period was 43.2%. The 30-day mortality rate was 5.4%. Recurrence after salvage cystectomy was detected in 8 (21.6%) patients. The median recurrence-free survival was 8.0 months (95% CI 5.8–10.2). The recurrence-free survival rate was: a one-year-39%, a 2-year survival rate of 28%, and a 3-year survival rate of 19%. The overall survival was: a one-year – 52%, a 2-year – 34% and a 3-year survival rate of 23%. The median overall survival was 13.0 months (95% CI 7.7–18.3). The prognosis of survival after salvage cystectomy is associated with pT and pN.

GUA-60 Intraoperative complications of radical cystectomy with different types of urinary diversion

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Objective: To study the frequency, nature and risk factors of intraoperative complications in patients with bladder cancer underwent radical cystectomy with different types of urinary diversion.
Materials and Methods: The study included 257 (100%) patients in average age of 58.5 (37–81) years old underwent radical cystectomy; 241 (93.8%) – male, 16 (6.2%) – female. The intraoperative blood loss volume, the frequency of vascular, rectum and obturator nerve injuries, the duration of surgery, the average blood loss volume and blood transfusion, depending on the type of urinary diversion and bladder removal, the characteristics of operations, the stage of the tumor process – pT and pN, body mass index and the amount of radical cystectomy performed by the surgical team were estemated.
Results: Intraoperative mortality was 0.4%. Intraoperative complications were registered in 34 (13.2%) patients. The average blood loss volume was 597 ml (100–2500 ml). The average intra and perioperative blood transfusion volume – 950 and 310 ml respectively. The body mass index ($p = 0.001$), surgeon's experience ($p = 0.004$) and positive lymph nodes N + ($p = 0.033$) had been estimated as statistically significant predictors of intraoperative blood loss. A significant factor affecting the frequency of the rectum injury was the stage of the disease pT4 ($p = 0.028$). Analysis of the frequency of obturator nerve injury did not demonstate a statistically significant difference from the above mantioned factors ($p > 0.05$).
Conclusion: Patients with locally advanced bladder cancer and a high body mass index should be operated by highly qualified surgeons performing at least 50 radical cystectomies per year.