

UROLOGICAL ONCOLOGY

Perioperative Complications of Radical Cystectomy in a Contemporary Series

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Eur Urol. 2007; 51: 397-401

Objectives: Radical cystectomy is the preferred standard treatment for patients with muscle-invasive bladder cancer. With improvements in intra- and perioperative care lower complication rates have been reported. We retrospectively evaluated our series of patients who underwent radical cystectomy for advanced bladder cancer for perioperative complications as well as operative time, postoperative hospital stay and transfusion rates.

Patients and Methods: Between April 1993 and August 2005, 516 radical cystectomies were performed for muscle infiltrating transitional cell carcinoma and other types of neoplastic diseases of the bladder at our institution. The average age was 66.3 yr (31-89).

Results: The perioperative mortality rate was 0.8%. A total of 141 patients (27.3%) developed at least one perioperative complication. The most frequent medical complications were subileus in 20 (3.9%) patients, deep venous thrombosis in 24 (4.7%), and enterocolitis in 10 (1.9%). Surgical complications included pelvic lymphoceles in 42 (8.1%) patients, wound dehiscence in 46 (8.9%), pelvic hematoma in 4 (0.8%), peritonitis in 4 (0.8%) and small bowel obstruction in 4 (0.8%). The total early reoperation rate was 6.2%. Operative time, postoperative hospital stay and average number of blood units transfused decreased over the period 1993-2005.

Conclusions: Radical cystectomy today is a procedure with an acceptable rate of perioperative morbidity and mortality. Improvements in surgical technique and anaesthesia as well as increased quality of perioperative care in recent years have resulted in reduced morbidity and shorter hospital stay.

Editorial Comment

This article focuses on the complications of a large cystectomy series of a so-called high-volume center with around 40 cystectomies annually. The complication rate in this series, which is very identical to other large volume series, is roughly around 30%, mortality at 1%. Interestingly, median operative time for ileal conduits was 5.7 hours and for neobladders 6.5 hours.

Patients should be counseled about these realistic data before surgery.

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Natural History of Biochemical Recurrence after Radical Prostatectomy: Risk Assessment for Secondary Therapy

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Eur Urol. 2007; 51: 1175-84

Purpose: A persistently elevated or rising serum level of prostate-specific antigen (PSA) after radical prostatectomy is indicative of recurrent prostate cancer. The natural history of PSA-defined biochemical recurrence (BCR) is

highly variable. While a rising PSA level universally antedates metastatic progression and prostate cancer-specific mortality (PCSM), it is not a surrogate for these endpoints. Thus, the management of patients with BCR is controversial.

Methods: A literature review was conducted to determine the incidence and natural history of BCR, prognostic factors for clinical progression (CP), and the available evidence supporting local or systemic salvage therapy for these patients.

Results: BCR is best defined as two successive PSA levels $>$ or $=0.4$ ng/ml, as this correlates most accurately with CP. PSA doubling time (PSA-DT) and prostatectomy Gleason score are the variables that best predict the development of distant metastasis and PCSM. Prognostic models based on these and other variables are useful for assessing the need for salvage therapy and the anticipated outcome following local salvage therapy. A treatment algorithm for managing patients with post-prostatectomy BCR was devised.

Conclusions: Management of patients with BCR after prostatectomy continues to be a complex and challenging issue. Improved methods for risk stratification allow for identification of patients who require treatment. Furthermore, these methods aid in determination of the pattern of disease recurrence, thereby guiding treatment modality. Randomized trials are essential to determine the value of local or systemic salvage therapy strategies in this patient population.

Editorial Comment

The percentage of biochemical recurrence after radical prostatectomy (RP) in several large series varies between 15% and 33% with a median time to failure between 2 and 3.5 years. This article gives a straightforward summary of several published trials on this patient group. Several definitions of failure are discussed and an overview on the results of different series is given. Interestingly, only two of seven trials showed a benefit of early hormone therapy in recurrent prostate cancer. Based on these data, a meaningful treatment algorithm is provided.

Article focuses on the complications of a large cystectomy series of a so-called high-volume center with around 40 cystectomies annually. The complication rate in this series, which is very identical to other large volume series, is roughly around 30%, mortality at 1%. Interestingly, median operative time for ileal conduits was 5.7 hours and for neobladders 6.5 hours.

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NEUROUROLOGY & FEMALE UROLOGY

Correlation of Bladder Base Elevation with Pelvic Floor Hypertonicity in Women with Lower Urinary Tract Symptoms

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Neurourol Urodyn. 2007;26:502-6