

745

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## ILEAL ORTHOTOPIC BLADDER SUBSTITUTION IS A VIABLE OPTION IN PATIENTS OLDER THAN 75YR: A COHORT STUDY.

### Hypothesis / aims of study

Deciding on the optimal urinary diversion in elderly patients can be challenging. Here we assessed functional results (daytime and night-time continence rate) in a consecutive series of patients >75 years of age undergoing radical cystectomy and orthotopic bladder substitution.

### Study design, materials and methods

Between January 2000 and December 2012, 35 consecutive patients, who underwent open radical cystectomy and orthotopic bladder substitution, were included in this retrospective single centre analysis. Primary endpoints were daytime and night-time continence 12 months postoperatively.

### Results

Median age was 76.4yr [range: 75.1-81.0], 5 patients (14%) were older than 80 yr. ASA physical status score was 2 in 25/36 (69%) and 3 in 11/36 (31%) patients. Median Portsmouth physiological and operative severity score for the enumeration of mortality and morbidity (P-POSSUM) score was 42 [range: 34-60]. Confined disease was present in 24/36 patients (67%). Daytime continence was good (i.e. dry) in 21/35 (66%) patients, satisfactory ( $\leq 1$  pad/day) in 7/35 patients (20%) and unsatisfactory ( $>1$  pad/day) in 5/35 patients (14%). Night-time continence was good in 16/35 patients (46%), satisfactory in 9/35 patients (26%) and unsatisfactory in 10/35 patients (29%).

### Interpretation of results

In patients older than 75 years acceptable daytime continence rates can be achieved. Nighttime continence is acceptable in about 2/3 of these patients. Orthotopic diversion seems to be a good option in selected patients.

### Concluding message

Satisfactory continence results in elderly patients undergoing open radical cystectomy and orthotopic bladder substitution can be achieved even in patients older than 75 yr, albeit inferior to younger. A proper patient selection in the elderly may be a deciding factor for good functional results.

### Disclosures

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