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Urinary bladder cancer is the fourth most common cancer among men and the ninth most common among women in Sweden. A majority of the patients have tumours that are non-muscle invasive with a good prognosis treated with transurethral resection of the bladder tumour and possibly adjuvant intravesical instillations. This thesis focus on the treatment of patients with high risk non-muscle invasive and muscle invasive cancer that are treated with the more invasive surgery of radical cystectomy, pelvic lymph node dissection and urinary diversion. Many of the patients have a poor prognosis and the surgery carries both high risk of complication and also risk of mortality. Post-operatively the patients have to live with changed body function and image, as well as risk of recurrence and late complications. The first study compares the functional results and quality of life in patients with two different kinds of orthotopic neobladder substitutions, where the S-shaped bladder entailed better functional results than the U-shaped bladder, but with no difference in quality of life. The other studies investigate different aspects of short term complication after radical cystectomy with data from the national population based cystectomy register. The second study found that high age and prolonged operation time were associated with an increased risk of complications. The third study found that preoperative adjuvant and induction chemotherapy was not associated with increased risk of complications. Finally, the fourth study found that an independent third-party assessment reveals more complications and readmissions and may improve the validity of register.

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