



Clinical Aspects of Cystectomy and Urinary Diversion

av

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Akademisk avhandling

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Abstract

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The aim of this thesis was to explore different aspects of treatment of advanced urinary bladder cancer with radical cystectomy, pelvic lymph node dissection, and urinary diversion. Surgery that carry a high risk of complications as well as mortality. Aside from complications and risk of recurrence, patients have to cope with lifelong postoperative changes of body function, including sexual function, and body image, all affecting quality of life (QoL).

The thesis comprises four papers. In the first paper, we compared functional outcome and QoL following two types of ileal orthotopic neobladder substitution. The results suggest that the S-shaped substitute entails better functional results than the U-shaped substitute, with better continence, especially at night. There was no difference in QoL.

The second paper reports results from the first year of registration in the nation-wide Swedish Cystectomy Register. Analysis of risk factors for complications showed that high age and prolonged operation are associated with increased risk of short-term complications.

The third paper investigated whether preoperative chemotherapy in patients with muscle-invasive bladder cancer (MIBC) affects the risk of short-term complications after radical cystectomy, using data from the Cystectomy Register covering 1340 patients of whom 39 percent received preoperative chemotherapy. We found no such increase in risk.

In the fourth paper, we analysed the results of a validation study of the Cystectomy Register. The validation showed 17 percent more low grade complications, three percent more high grade complications, and five percent more readmissions, within 90 days of surgery. Hence, a third-party validation may improve the validity of the register.

Keywords: Bladder cancer, urinary diversion, orthotopic neobladder substitution, postoperative complications, neoadjuvant chemotherapy, induction chemotherapy.

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