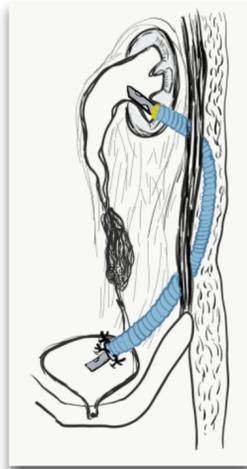


MP41-02 CAN EXTRA ANATOMICAL URINARY DIVERSION (EAUD) BE USED SAFELY IN ELDERLY CANCER PATIENTS?

I. Goumas - Milan, Italy; S. Jeppesen, T. Pedersen, M. Diatchikhine - Odense, Denmark; M. Popiolek - Orebro, Sweden; A. Wrona - Mielec, Poland; L. Lund - Odense, Denmark

Extra Anatomical Urinary Diversion (EAUD)



Ureteral bypass connects directly the renal cavities to the bladder with a specially designed subcutaneous tube (Fig1). The main indication is the palliative treatment of ureteral obstruction related to malignancy in patients with an indwelling nephrostomy tube or a JJ stent.

The EAUD is a nephro-vesical subcutaneous bypass with a 30 Fr tube made of 2 components: an outer reinforced PTFE sheath with porous structure and a silicone inner sheath (Fig. 3).

Detour™

cutaneous ureteral bypass

2 coaxial tubes
external polytetrafluoroethylene (PTFE)
internal silicone

Diameter
external 29 Fr
internal 17 Fr

Length 70 cm

Radiopaque marker: proximal end

TECHNIQUE: There are 3 main steps for the positioning of the bypass

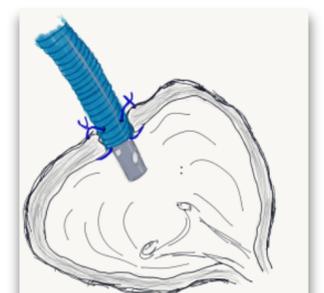
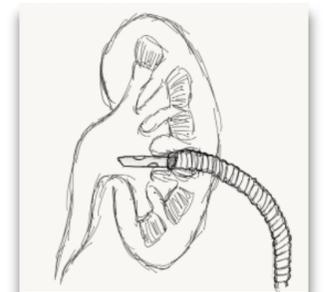
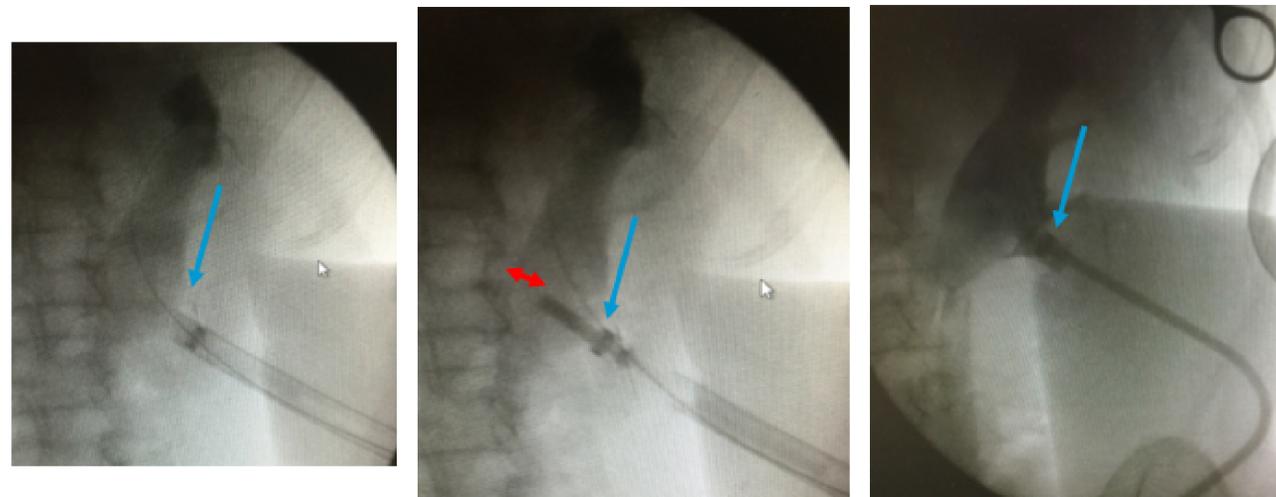
Technique for Ureteral Bypass with Detour™

Renal Percutaneous Access →

Subcutaneous tract creation →

Cystotomy →

Detour™ Proximal End Placement



MULTICENTER TRIAL Results

- Prospective cohort study performed at 4 Hospitals with 60 patients between 2016 and 2018.
- There was no mortality in the first 90 days.
- In 4 cases an explant was performed: 1 due to displacement of the bypass distal end, 1 due to a multidrug-resistant infection and in 2 cases due to an enteric fistula.

	OLDER PTS (>70 years old)	YOUNGER PTS (<70 years old)
Mean Age	76 years (SD 5.55)	53 years (SD 10.06)
N° of cases	11 (31%)	25 (69%)
Intraoperative complications	No significant difference (p>0.39)	
Explants (cases)	1	3

	MALIGNANT CASES	BENING CASES	
N° of Cases	36 (60%)	24 (40%)	
Median Operative Time (min)	94.36	30.37	p>0.17
Hospital Stay (days)	12.50 days \pm 7.11	21.00 days \pm 28.56	P = 0.07 (ns)

Conclusions

EAUD is a clinically safe and promising treatment for elderly patients with complex ureteral stenosis due to cancer. EAUD reduces the number of nephrostomies and changes of JJ stents and thereby improving the quality of life and reduces the costs. However, the procedure is complex due to high comorbidity patients with previous radiation or surgery and the high risk of infection. Patients must be appropriately informed about these risks.