



MP49-02

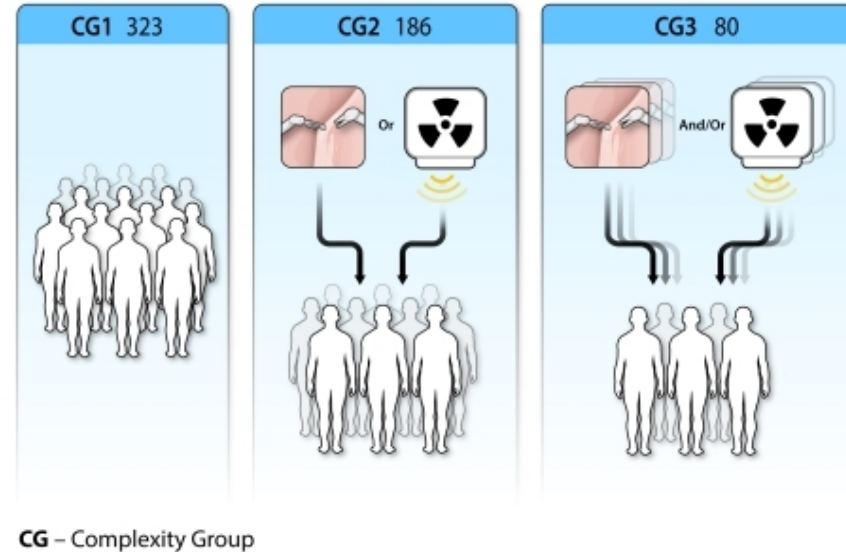
# The Effect Of Surgical Complexity On Perioperative Outcomes Of Robot-assisted Radical Cystectomy

Ahmed Elsayed, Naif Aldhaam, Zhe Jing, Jennifer Osei,  
Mohammad Durrani, Zachary Kurbiel, Michael Mostowy, Alat  
Siam, Tarik Babar, Ahmed Hussein, Khurshid Guru

Roswell Park Comprehensive Cancer Center, Buffalo, NY

# Methods

- 589 RARCs.
- Three groups based on surgical complexity
  - **Grade 1 Complexity:** No previous pelvic surgery (including those who had prior upper abdominal surgery only e.g. cholecystectomy) (**n=323**).
  - **Grade 2 Complexity:** Single pelvic surgery or prior XRT e.g. hysterectomy, prostatectomy (**n=186**).
  - **Grade 3 Complexity:**  $\geq 2$  pelvic surgeries and/or XRT (**n=80**).
- Multivariate models; association with perioperative outcomes.



# Results

	Complexity Grade 1	Complexity Grade 2	Complexity Grade 3	p-value
<b>Preoperative Variables</b>				
ASA ≥3, (%)	49	59	72	<0.01
Prior neoadjuvant chemotherapy, (%)	33	20	26	<0.01
<b>Operative Outcomes</b>				
EBL ≥500 ml (%)	25	30	14	0.02
<b>Postoperative Outcomes</b>				
90-d Complications, n (%)	59	68	74	0.02
90-d High grade Complications, n (%)	13	18	24	0.03

MV Model	Odds Ratio	Lower CI	Upper CI	p-value
<b>90 day Complications</b>				
Complexity Grade 2 vs Complexity Grade 1	1.47	0.98	2.20	0.06
Complexity Grade 3 vs Complexity Grade 1	2.18	1.21	3.94	<0.01
Operative time	1.13	1.02	1.26	0.03
Hospital stay	1.13	1.08	1.19	<0.01

## Conclusion

Higher complexity grade was significantly associated only with 90-day overall complications but NOT with blood loss, operative time, high grade complications or readmissions after RARC.