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MP49-14 Functional outcomes of Robot-Assisted Radical Cystectomy with Intracorporeal Padua Ileal Neobladder

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Background

- Despite the increasing popularity gained by RARC, ECUD is still the most performed approach.
- Paucity of data about functional outcomes of RARC with intracorporeal ileal neobladder (iN).

Objective

To report mid-term functional outcomes of RARC-iN.

Methods

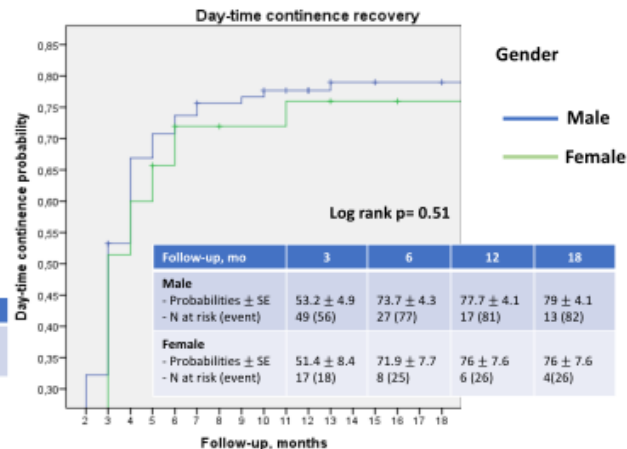
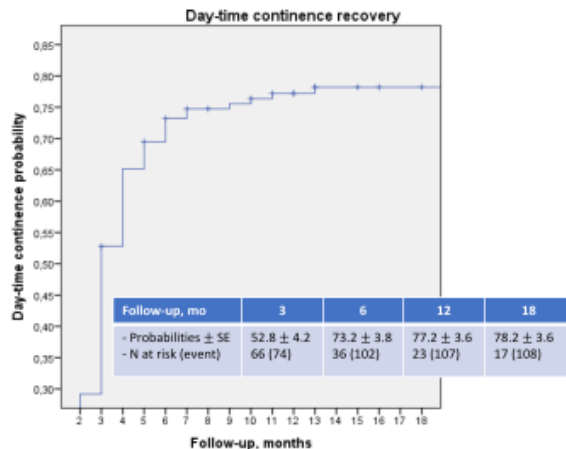
- IRB approved single center bladder cancer DB queried for “RARC” and “iN”
- Pts with a minimum f-up of 1 yr

Functional outcomes

- ✓ renal function modification over time
- ✓ stone formation rate
- ✓ uretero-ileal anastomosis strictures
- ✓ night- and day-time continence rates
- ✓ need for self-catheterization.



Patients, n	145
Male gender, n (%)	110 (75.8)
Age, yr, median (IQR)	62 (56-67)
BMI, median (IQR)	26 (24.1-28.2)
ASA score, median (IQR)	2 (2-2)
Preoperative eGFR, ml/min, median (IQR)	83 (65.2-96.5)
Hospital stay, days, median /IQR)	10 (8-13)
Operative time, min, median (IQR)	310 (260-360)
Neoadjuvant CHT, n (%)	54 (37.2)
pT stage, n (%)	
0, a, is	65 (44.9)
1	11 (7.6)
2	27 (18.6)
3	35 (24.1)
4	7 (4.8)
pN stage, n (%)	
0	116 (80)
1	14 (9.7)
2	15 (10.3)
Lymphnode count, Median (IQR)	33 (24-42)
Positive surgical margins, n (%)	9 (6.2)



Conclusions

At mid-term evaluation, diversion related complications and functional outcomes of RARC-iN are encouraging and largely comparable to those of open series and RARC with extracorporeal diversion.

Patients, n	145
Follow-up, months, median (IQR)	26 (13-45)
Last eGFR, ml/min, median (IQR)	64.2 (46-80)
New onset of CKD stage ≥ 3a, n (%)	50 (34.4)
New onset of CKD stage ≥ 3b, n (%)	19 (13.1)
Ureteroileal strictures, pts (%)	22 (15.1)
Ureteroileal reimplantation, pts (%)	11 (7.6)
Neobladder stones, n (%)	8 (5.5)
Time to Day-time continence, months, median (IQR)	3 (2-4)