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## **Management of hydronephrosis after radical cystectomy and urinary diversion for bladder cancer**

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## ***Purpose***

- Benign and malignant etiologies of hydronephrosis after urinary diversion are often difficult to differentiate.
- Moreover, benign ureteral stricture is often refractory to minimally invasive treatment and needs open surgical revision.
- In this study, we aimed to verify our management for hydronephrosis after radical cystectomy and urinary diversion for bladder cancer.

## ***Materials, patients and methods***

Between 2001 and 2017, 35 patients developed hydronephrosis after UD with no findings suggestive of upper urinary tract recurrence on CT.

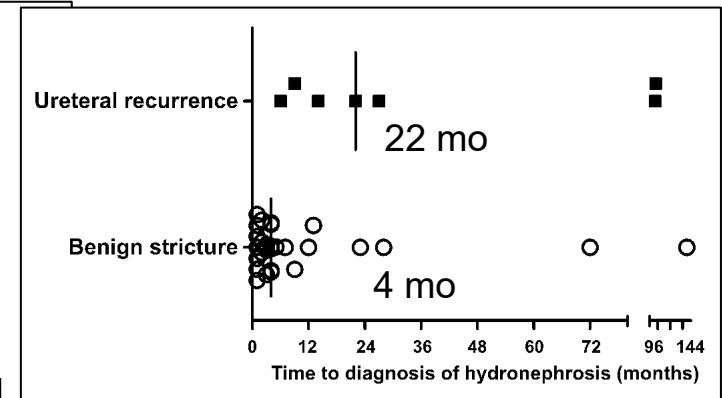
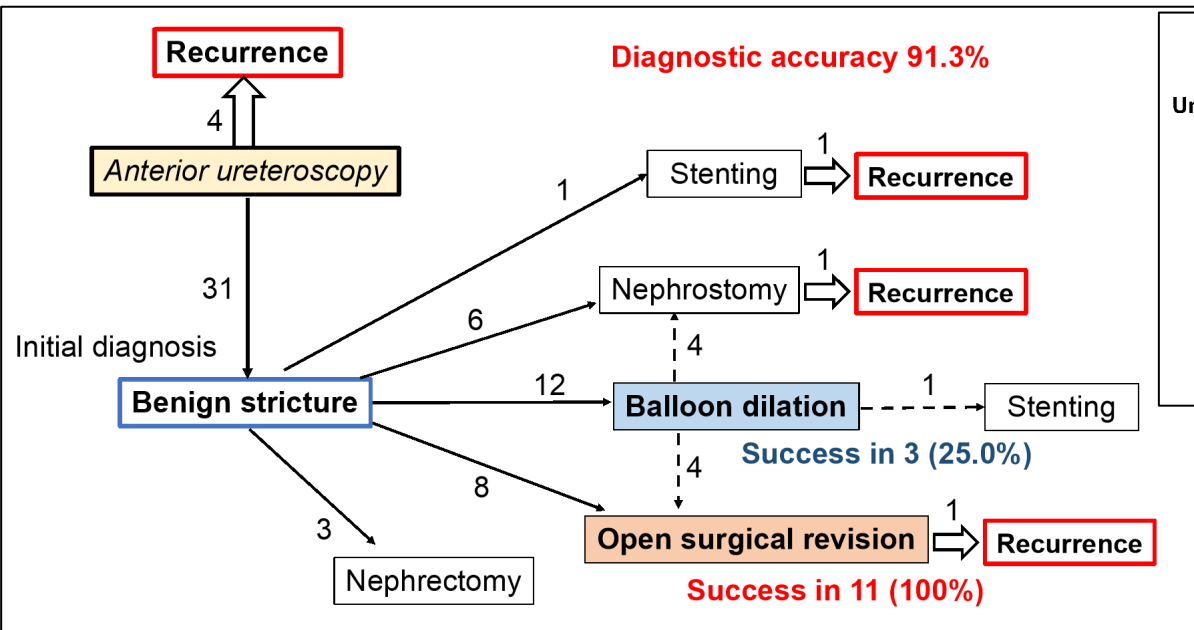
To differentiate malignancy from benign stricture, antegrade ureteroscopy was performed.

After ruling out malignancy-

Balloon dilation was performed in those with stricture  $<1\text{cm}$ .

Open surgical revision was considered for stricture  $\geq 1\text{cm}$

# Results



p=0.0036

## Conclusions

- Antegrade ureteroscopy offers relatively high diagnostic accuracy.
- Onset of hydronephrosis within 1 year suggests benign stricture.
- Balloon dilation has a low success rate, whereas open revision is highly effective to treat benign stricture.