

**MP49-19: Late hospital readmission after radical cystectomy and ileal conduit urinary diversion: a time-dependent analysis in 1400 patients**

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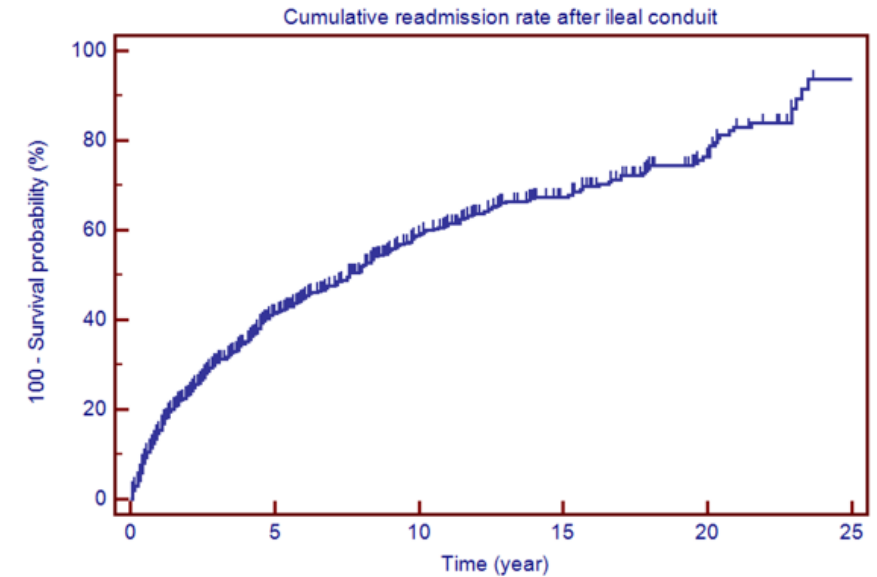
## Patients and methods

- We utilized a prospectively maintained database for patients underwent radical cystectomy and IC to determine patients readmitted later than one month after hospital discharge date in a single center.
- Complications requiring LHR were categorized based on the modified Clavien system (Grades I, II: Medical management; IIIa and IIIb: intervention under local and general anesthesia, respectively; IVa and IVb: ICU admission for single and multiorgan failure, respectively).
- Time-dependent analysis was performed using Kaplan-Meier curve and log-rank test. Independent predictors were identified using Cox regression model

# Results

- 1400 patients underwent surgery between 1990 and 2016 were analyzed.
- A total of 818 events required LHR in 535 (38.2%) patients including 188 patients admitted for more than one reason.
- The LHR-free probabilities were 84.6%, 58.5%, 41% and 23.6% at 1, 5, 10 and 20 years, respectively (**Fig. 1**).
- Pyelonephritis, urinary obstruction and parastomal hernia were the main causes of LHR occurring in 13.4%, 11.1% and 10.8%, respectively (Table 1).

- **On multivariate analysis,**
  - older age at cystectomy (>60 years) (Hazards ratio [HR]: 1.3; 95% Confidence interval [CI]: 1.1-1.7; p=0.01) and
  - preoperative hydronephrosis (HR: 1.4; 95%CI: 1.1-1.8; p=0.007),
  - high-grade postoperative complications (HR: 3.3; 95%CI: 2.4-4.4; p<0.001) and
  - lympho-vascular invasion (HR: 1.7; 95%CI: 1.2- 2.3; p<0.001) were independent predictors of LHR.



No (%)	I	II	IIIa	IIIb	IVa	IVb	Total
Pyelonephritis	58 (4.1)	118 (8.4)			11(0.8)	1(0.1)	188 (13.4)
Urinary obstruction	48 (3.4)	59 (4.2)	43 (3.1)	6 (0.4)			156 (11.1)
Parastomal hernia	26 (1.9)	83 (5.9)		41 (2.9)		1 (0.1)	151 (10.8)
Intestinal obstruction		53 (3.8)		29 (2.1)	3 (0.2)	3 (0.2)	88 (6.3)
Metabolic acidosis		31 (2.2)			21 (1.5)	7 (0.5)	59 (4.2)
Stomal prolapse	8 (0.6)	17 (1.2)		24 (1.7)			49 (3.5)
Lymphocele	31 (2.2)						31 (2.2)
UTUC				30 (2.1)			30 (2.1)
Stomal bleeding	1 (0.1)	25 (1.8)	1 (0.1)		1 (0.1)	2 (0.1)	30 (2.1)
Nephrolithiasis	17 (1.2)	1 (0.1)	6 (0.4)	4 (0.3)			28 (2)
Incisional hernia	3 (0.2)	2 (0.1)		3 (0.2)			8 (0.5)
							818 (58.2)

UTUC: Upper tract urothelial carcinoma  
Grades according to modified Clavien system.



## Conclusions

LHR is a significant problem after IC and has cumulative incidence that increases overtime. Vigilance at follow-up for the prevention and treatment of pyelonephritis, urinary obstruction and parastomal hernia might mitigate LHR. Life-long follow-up is mandatory for adequate management of these events.