

MP4I-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

INTRODUCTION

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 (Fig 2). We investigated whether EAUD can be safe in elderly cancer patients and improve quality of life.

MATERIALS AND METHODS

The trial was a prospective cohort study performed at 4 sites with 60 patients between 2016 and 2018. 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).

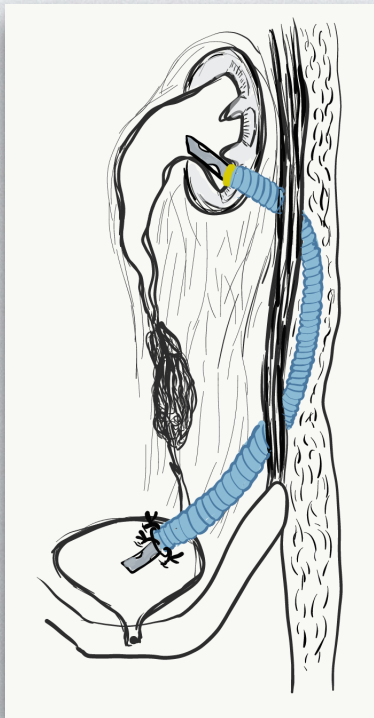


Fig. 1

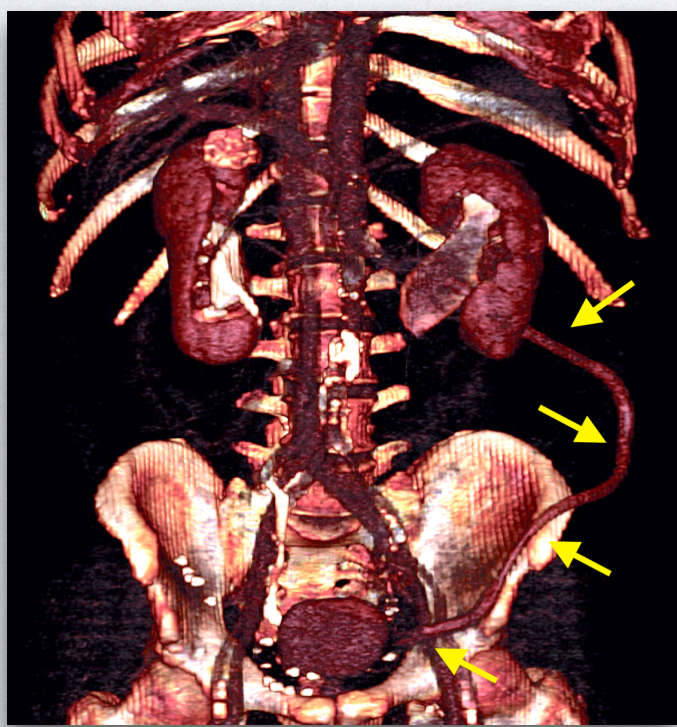


Fig. 2

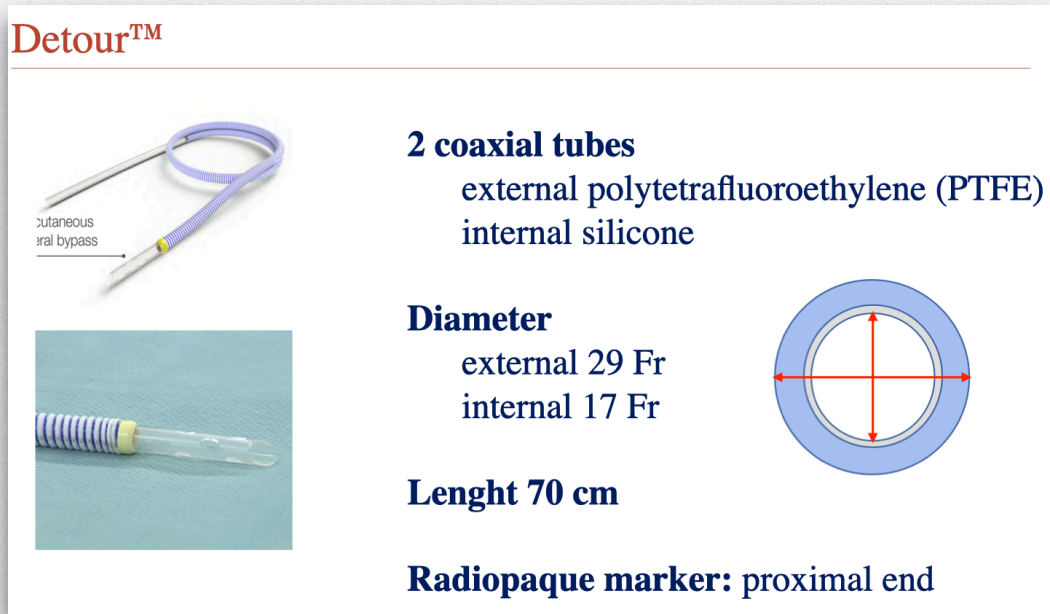


Fig. 3

The patient is in a supine position. Through a 30 Fr percutaneous approach the proximal end of the bypass is positioned into the renal cavities. The bladder is then isolated through a minilaparotomy. A subcutaneous tract between the bladder and the percutaneous access is created with a tunneler and the bypass is passed through the tract in order to reach the bladder. A 1 cm cystotomy is performed on the bladder dome. The bypass distal end is then tailored to the proper length and it is anastomosed to the bladder. A bladder catheter is left in place for 5 days (Fig.4,5,6,7)

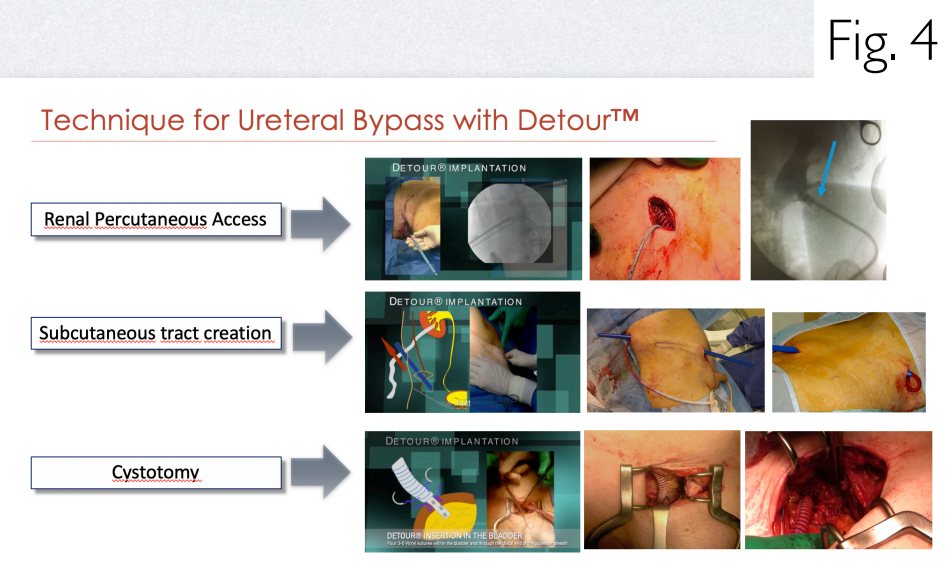


Fig. 4

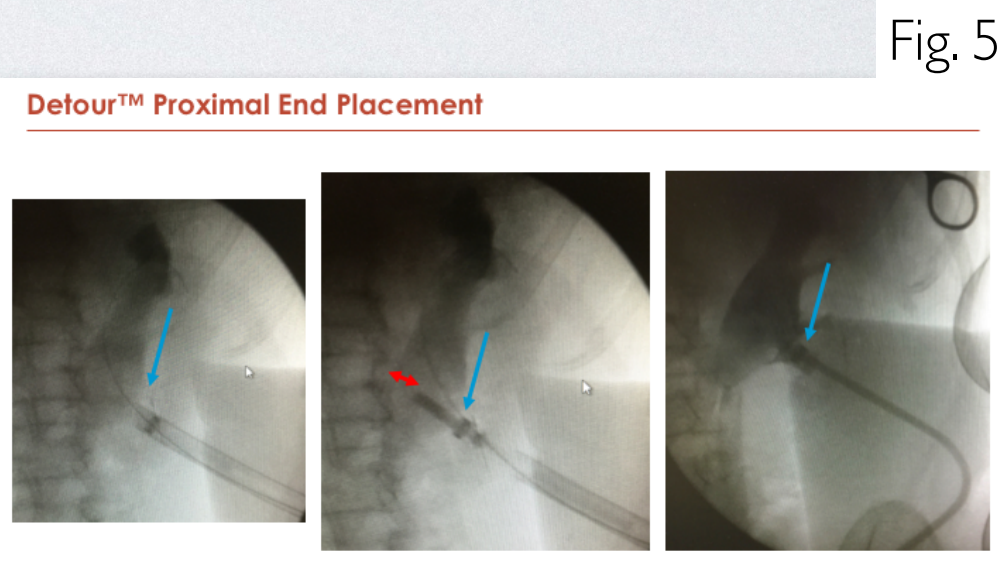


Fig. 5

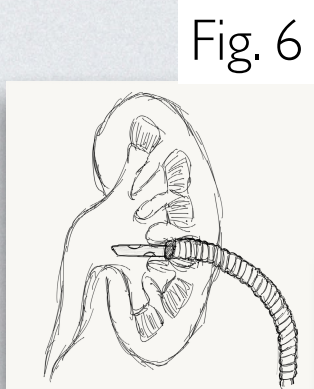


Fig. 6

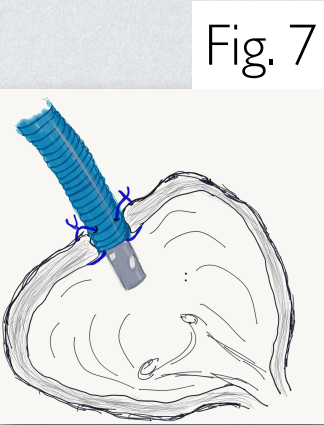


Fig. 7

RESULTS

	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.