

Late Intestinal Obstruction after Radical Cystectomy and Urinary Diversion: Urological Perspectives

Introduction and Objective: To evaluate different management modalities and outcome of patients presented with late intestinal obstruction (IO) after radical cystectomy/palliative cystectomy (RC/PC) and urinary diversion.

Materials and Methods: Data files of cases who presented with IO between January 1978 and March 2011 were retrospectively reviewed. Demographics and management protocols for patients, who developed IO following either RC or PC with more than 30 days elapsed after surgery, were evaluated. Predictors for failure of conservative management and unfavorable outcome after surgical explorations were evaluated. Symptom-free and overall survival of patients with malignant IO was recorded.

Results: Prevalence of IO after RC was 2.8% (118 out of 4199 patients), 10% after PC (9 out of 87). Colonic diversions have shown the highest prevalence 6.2%, followed by ileal loop conduit 2.9%, and the lowest was after kock pouch and ileal w/ neobladder (1.7 and 1.6% respectively). Post-operative urinary leakage was the only predictor for surgical intervention ($p=0.039$). Nine cases had been explored for malignant obstruction (8 after RC and 1 after PC). The mean \pm SD elapsed before mortality was 3.6 ± 2 months (range 0.5-17).

Conclusions: Postoperative urinary leakage after cystectomy and urinary diversion is a significant predictor for surgical exploration in cases with late IO. Surgical intervention of malignant IO should be evaluated against hazards of postoperative complications and short survival.