UNDERSTANDING SIMPLE CYSTECTOMY FOR BENIGN DISEASE: A UNIQUE PATIENT COHORT WITH SIGNIFICANT RISKS

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Cystectomy with Urinary Diversion

• Most commonly performed for invasive bladder cancer
  – Complex procedure with high morbidity (3%) and mortality (25-45%)

• Indicated for severe refractory voiding dysfunction
  – Rare procedure
  – Limited data
Materials and Methods

• Identified all cystectomy patients in NSQIP 2005 – 2014
• ICD codes to classify as benign or malignant
• Included: DM, obesity, COPD, ASA classification, smoking status, CV disease, HTN, CKD, neurologic impairment, wound infection, steroid use, bleeding disorder, preoperative transfusion
• Perioperative morbidity and mortality in simple cystectomy
• Factors associated with morbidity, differences in patient characteristics between benign and malignant cohort
### Patient Characteristics

- **Simple cystectomy cohort:**
  - Younger
  - Higher ASA class
  - Higher CKD stage
  - Less COPD
  - Less HTN
  - Fewer Smokers
  - More preoperative wound infections
Complications in Simple Cystectomy Cohort

• Simple cystectomy overall complication rate of 60.4%

• No significant difference in complication rate between benign and malignant cohort

• Diabetes mellitus and smoking are significant predictors of any complication in the simple cystectomy cohort
Conclusion

• Simple cystectomy for benign disease is not without risks and patients should undergo appropriate counseling

• Simple cystectomy cohorts appear younger with higher ASA classification and CKD stage

• It may be beneficial to address modifiable risk factors prior to proceeding with simple cystectomy

• Inter-institutional collaboration is especially important in this relatively rare procedure
Thank you!