

Individualized Seminal Vesicle(s)-Sparing Cystoprostatectomy Combined with Ileal Orthotopic Bladder Substitution Achieves Good Functional Results

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A select group of 31 patients (median 61 years, range 30-77 years) underwent seminal vesicle(s)-sparing cystoprostatectomy for TCC

Preoperatively, all 31 patients were continent, 23 (74%) were potent and sexually active.

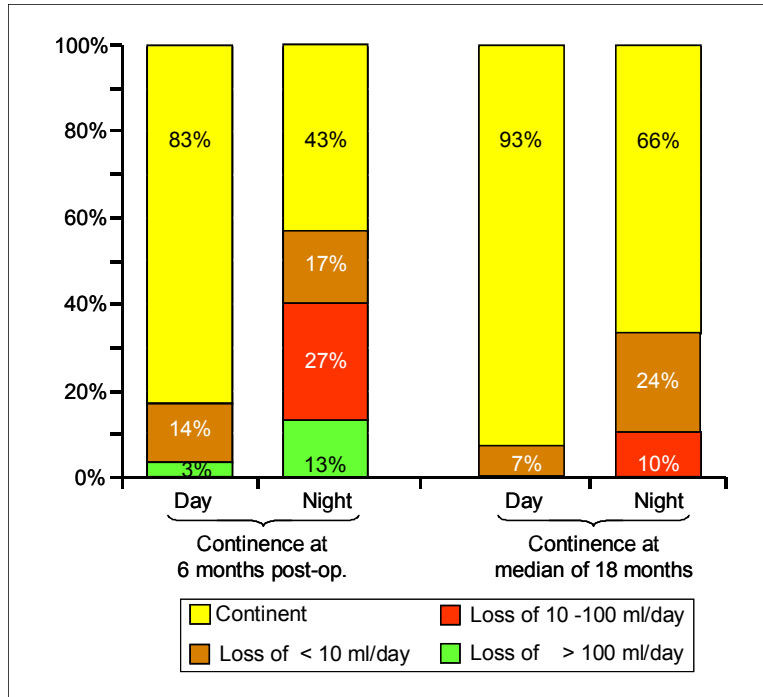
Seventeen patients (55%) underwent unilateral, and 14 patients (45%) underwent bilateral seminal vesicle(s)-sparing cystoprostatectomy.

The pathological stage was: pTa/pT1 disease in 15 (48%), pT2 disease in 9 (29%), pT3 disease in 2 (7%) and pT2-4 pN1 disease in 5 (16%) patients.

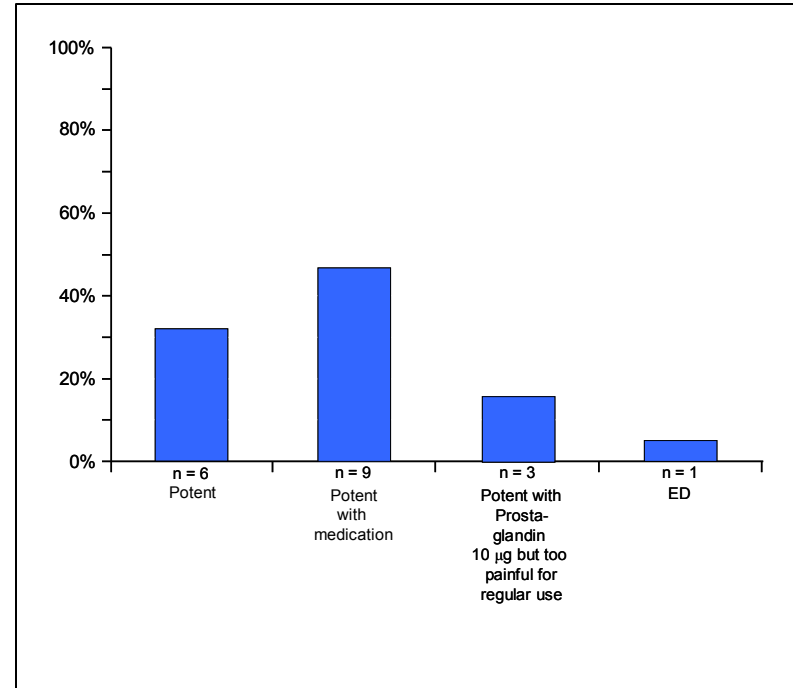
Urinary continence and potency outcomes were assessed with validated questionnaires.

Median follow-up 18 months (3-63 months)

Results :



Continence Results



Potency Results

At last follow-up (median 18 months), 27 of 29 evaluable patients (93%) were continent during day-time and 19 of 29 patients (66%) were continent during night-time.

For postoperative potency, 15 of 19 evaluable patients (79%) remained potent, 9 with oral medications.

Pelvic recurrence occurred in one patient (3%), distant metastases in 4 patients (13%) and one patient (3%) died of metastatic TCC.