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MP03-14 DURABLE TREATMENT OF REFRACTORY VESICourethRAL ANASTOMOTIC STENOSIS VIA ROBOTIC-ASSISTED RECONSTRUCTION: A TRAUMA AND UROLOGIC RECONSTRUCTIVE NETWORK OF SURGEONS STUDY

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Authors

Shakir, Nabeel

Alsikafi, Nejd

Buesser, Julia

et al.

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in 10 (9.3%). At a mean of 59.3±45.1 months follow-up (range 6-148), stenosis recurred in 10 patients (9.35%). Univariate analysis revealed diabetes, smoking, monopolar TURP, associated radiation, prior dilatation, prior DVIU, stricture length and postoperative complications within 90 days were included in the regression model for recurrence. Multivariate analysis confirmed postoperative complications (OR 12.5; $p=.009$), associated radiation (OR 8.3; $p=.016$) and ≥ 2 dilatations before urethroplasty (OR 8.3; $p=.032$) as independent predictors of recurrence. Only 1 patient (0.9%) developed de-novo SUI following DBMGU. Patients had improvement in Qmax (6.2 to 16.8cc/s; $p<.001$), PVR (128 to 60cc; $p<.001$), SHIM (11.5 to 11.7; $p=.028$), IPSS (20 to 7.7; $p<.001$) and QoL (4.4 to 1.7; $p<.001$). 87 cases (81.3%) reported GRA of +2 or better.

CONCLUSIONS: DBMGU is effective in treating post-TURP bulbomembranous stenosis. This non-transecting approach confers a very low risk of de-novo SUI, preserves erectile function and improves voiding function. Further work is needed to compare this technique with other approaches in this challenging setting.

Source of Funding: None

MP03-13

THE LONG-TERM INCIDENCE OF COMPLICATIONS ASSOCIATED WITH RADIOTHERAPY FOR PROSTATE CANCER

Peter E. Lonergan, Avi Baskin, Scott A. Greenberg, Osama Mohamad, Samuel L. Washington, Shoujun Zhao, Janet E. Cowan, Jeanette M. Broering, Matthew R. Cooperberg, Peter R. Carroll, Benjamin N. Breyer, San Francisco, CA*

INTRODUCTION AND OBJECTIVE: Radiotherapy (RT) for prostate cancer is associated with a distinct constellation of treatment-related complications and morbidities. However, few studies have reported the longer-term incidence of these treatment-related toxicities. Therefore, we sought to determine the incidence of complications associated with primary and salvage RT from the UCSF Cancer of the Prostate Strategic Urologic Research Endeavor (CaPSURE) registry.

METHODS: We identified men diagnosed with prostate cancer from 1994 to 2017 and treated with primary RT and radical prostatectomy (RP) followed by adjuvant/salvage RT from CaPSURE, a nationwide, longitudinal observational study which includes 43 primarily community-based US urology practices. The database was queried for patient-reported and International Classification of Diseases, 9th revision/Common Procedural Terminology codes classified by the diagnosis and management of radiation cystitis, fistula, ureteral injury and urethral stricture disease.

RESULTS: From a total of 15,335 men with a diagnosis of prostate cancer in CaPSURE, 2,170 (76.4%) had primary RT and 671 (23.6%) had adjuvant/salvage RT. The median follow-up for the cohort was 8.3 years (IQR 4.7-13.2). In total, 393 (18.1%) men treated with primary RT group had a complication, and 129 (19.2%) men treated with salvage RT experienced any complication after RT. After primary RT, the most frequent complication was radiation cystitis (108, 4.9%) after a median of 3.1 years (IQR 0.9-7.3), urethral stricture (66, 3.0%) after a median of 3.0 years (IQR 1.3-6.7) and fistula (7, 0.3%) after a median of 3.5 years (IQR 2.6-9.2). The most frequent complication after salvage RT was radiation cystitis (41, 6.1%) after a median of 3.1 years (IQR 1.5-6.9), urethral stricture (31, 4.6%) after a median of 4.6 years (IQR 2.0-10.3) and fistula (2, 0.3%) after a median of 1.6 years (IQR 0.3-3.0).

CONCLUSIONS: RT for prostate cancer is associated with distinct treatment-related complications which can occur many years after treatment. These results may help men understand the long-term implications of their treatment decisions.

Source of Funding: UCSF Goldberg-Benioff Program in Cancer Translational Biology

MP03-14

DURABLE TREATMENT OF REFRACTORY VESICourethRAL ANASTOMOTIC STENOSIS VIA ROBOTIC-ASSISTED RECONSTRUCTION: A TRAUMA AND UROLOGIC RECONSTRUCTIVE NETWORK OF SURGEONS STUDY

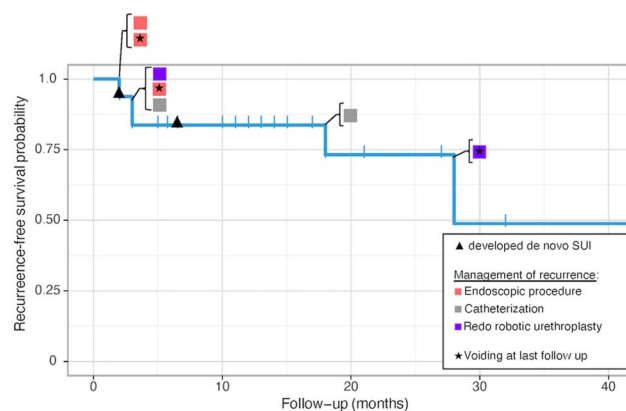
Nabeel Shakir, New York, NY; Nejd Alsikafi, Julia Buesser, Gurnee, IL; Gregory Amend, Benjamin Breyer, San Francisco, CA; Jill Buckley, San Diego, CA; Bradley Erickson, Iowa City, IA; Joshua Broghammer, William Parker, Kansas City, KS; Lee Zhao, New York, NY*

INTRODUCTION AND OBJECTIVE: Refractory vesicourethral anastomotic stenosis (VUAS) post radical prostatectomy poses challenges distinct from bladder neck contracture (BNC), due to its deep location in the pelvis, close to the sphincter mechanism. Open reconstruction is technically demanding, risking de novo stress urinary incontinence (SUI) or VUAS recurrence. Our multi-institutional group presents our experience with robotic-assisted VUAS reconstruction.

METHODS: Patients with VUAS who underwent robotic-assisted reconstruction from 2015-2020 were identified. Patency was defined as either the atraumatic passage of a 17 French flexible cystoscope or peak flow on uroflowmetry of >15 mL/s. De novo SUI was defined as either >1 pad per day or need for operative intervention.

RESULTS: A total of 32 patients from 6 institutions met study criteria, of whom 16 (50%) had history of pelvic radiation. The median number of prior endoscopic treatments was 3 (interquartile range 2-3), and 19 patients (59%) had preexisting SUI. Intraoperatively, 15 patients (47%) had obliterative VUAS, 11 (34%) spanned the membranous urethra, and 3 patients (9%) had synchronous urethral strictures. Operative management included redo anastomosis in 15 cases (47%), buccal mucosa graft augmentation in 6 (19%) and for 17 (53%) anterior bladder flap was used. Median operative time was 322 minutes (224-415) and length of hospital stay was 1 day (1-2). At a median follow up of 12 months (7-18), 25 patients (78%) had patent repairs and 26 (81%) were voiding per urethra (Figure 1). Recurrent stenoses were managed with redo robotic reconstruction (2/7), endoscopically (3/7), or catheterization (2/7). Of 13 patients without preexisting SUI, 11 (85%) were continent at last follow-up. No patients underwent urinary diversion.

CONCLUSIONS: Robotic assisted VUAS reconstruction is a viable and successful management option for refractory anastomotic stenosis following radical prostatectomy. The retropublic approach along with the robotic technique demonstrated high patency and continence rates.



Source of Funding: None