Functional and Oncological Outcomes of Robotic Intracorporeal Bordeaux Neobladder in Radical Cystectomy: Median Follow-up of 53 Months

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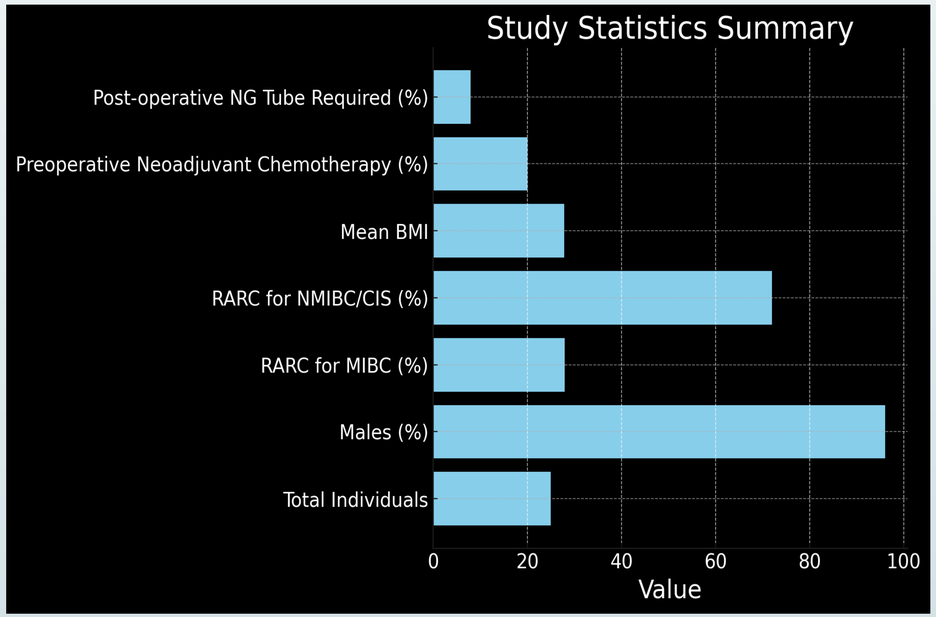
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Introduction

The advent of robotic platforms allows surgeons to re-construct intracorporeal neo-bladders after radical cystectomies (RARC). The modified Y or Bordeaux neobladder has been in practice in several centres. We aimed to analyse the long-term functional outcomes of this neobladder in our centre..

Methodology

Intracorporeal Neobladders done in our centre (2014-2022) were selected from a prospectively maintained robotic radical cystectomy database. We included 25 intracorporeal Bordeaux neobladders performed robotically in radical cystectomies. The intraoperative amd perioperative data, overall continence rates, self-catheterisation rates, cancer recurrence rates and overall survival were analysed in the study.



Results

The mean age was 62 years and 96% were males. 28% had RARC for MIBC and the rest for NMIBC/CIS. The mean BMI was 27.85, and 20% had preoperative neoadjuvant chemotherapy. The mean eGFR was 65.1. The mean console time was 487 minutes and all of them underwent Bricker anastomosis. The average blood loss was 373 mls and none of them required blood transfusion. 8% required post-operative NG tube. Mean LOS was 26 days (4-76 days). 1 neobladder perforation, 3 ileus, 1 bowel obstruction, 2 leaks requiring nephrostomy occurred within 90 days. Median follow-up was 53 months (4-113 months). Mean eGFR on one-year follow-up was 59.2 and three developed disease recurrences in that period. Mean ISC duration was 13 months (1-108 months)..



Mean eGFR: 65.1



Mean LOS 26 days



Mean Console time 487mins



Avg Blood loss 373ml

Conclusion

This study provides a snapshot of the functional and oncological outcomes of Robotic Intracorporeal Bordeaux Neobladder. Multi-institutional studies with larger numbers can throw more light on the outcomes of these complex reconstructive operations.