

IMMEDIATE INTRA AND POSTOPERATIVE COMPLICATIONS OF RADICAL CYSTECTOMY IN MUSCLE INVASIVE BLADDER TUMOR

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ABSTRACT

Bladder cancer is the tenth most common type of cancer in the world, considering both sexes, and, in Brazil, it affects people over 60 years old, mainly males. Of urothelial tumors, about 25% are diagnosed with invasion of the detrusor musculature, and radical cystectomy is considered the most effective treatment for possibly aggressive tumors. This quantitative retrospective study analyzed what the main immediate intra and postoperative complications of radical cystectomy, according to the different tumors, were. Methodologically, 91 surgeries performed by the Urology team at a philanthropic hospital, located in the East Zone of São Paulo, between January 2015 and December 2020, were analyzed, and age, sex, time of surgery, estimated bleeding, need for blood transfusion and derivation urine performed during the intraoperative period were considered. As for the postoperative period, medical records were reviewed to assess the anatomopathological, and, up to 30 days after surgery, complications were described according to the Clavin-Dindo Classification. For data analysis, descriptive statistical analysis was used, with results generated from Microsoft Office Excel®. As far as the results are concerned, Bladder tumor with destructive invasion affected patients over 60 years old, with a proportion of 3 men for each affected woman and represented 41% of the lesions found, almost twice as much as described in the literature. The mean time of surgery was 266 min, while the estimated bleeding

was 612 ml. There was no correlation between time of surgery and need for blood transfusion, with the Bricker urinary diversion being the most performed in the service. Of the postoperative findings, Tumors T2 had a better postoperative course, presenting events responsive to simple drug therapy; T3 tumors, on the other hand, had a greater need for intensive care and possible target organ damage. Despite the complications found, the average hospital stay was 13 days, and the number of deaths found was less than those found in tumors without detrusor invasion. In short, radical cystectomy is an extensive procedure, and its main postoperative complications are not responsible for simple treatments. It is important to guarantee a place in the intensive care sector after approach and greater attention to organ failure.

KEYWORDS: bladder cancer; muscle invasion; radical cystectomy; surgery complications; Clavien-Dindo classification.