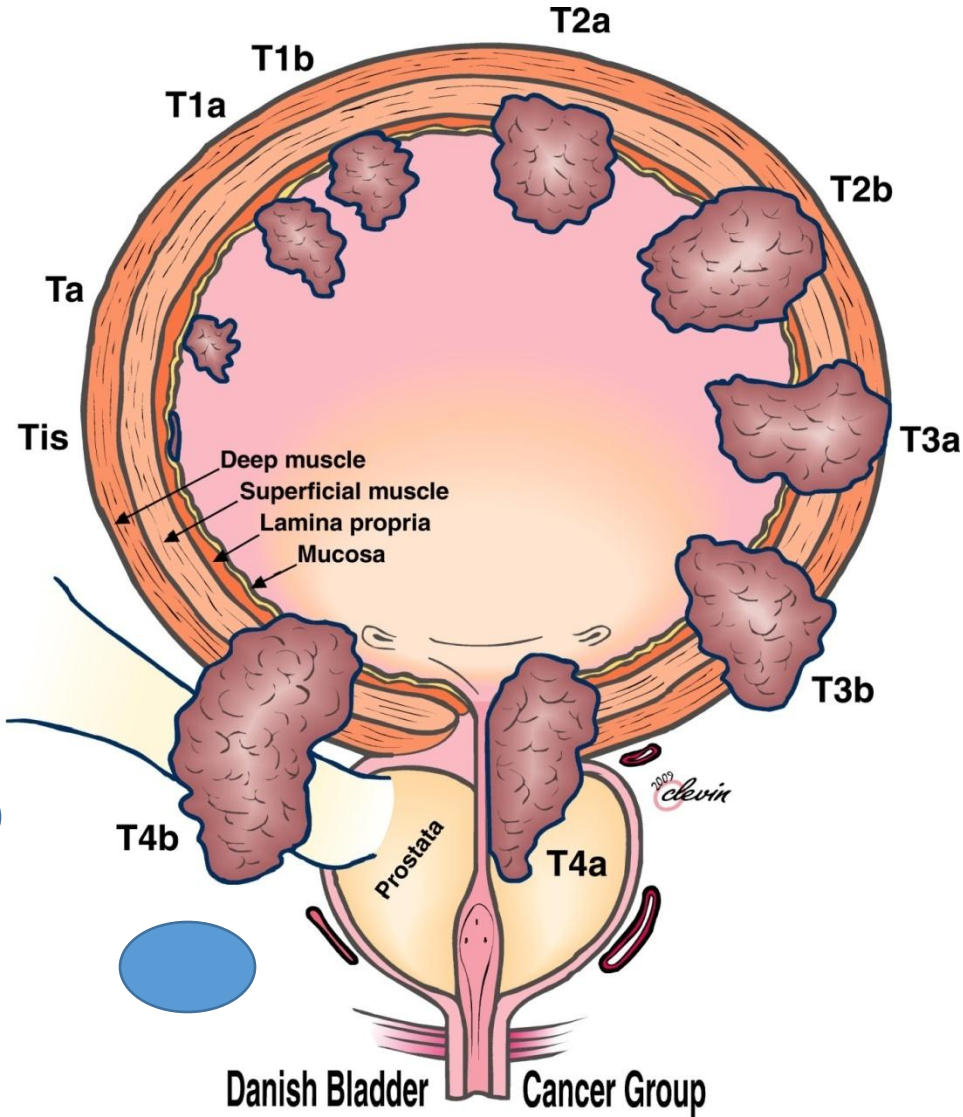


Den kirurgiske behandling af blærecancer

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Urinvejskirurgisk afd K, Aarhus Universitetshospital
Formand for DaBlaCa – Dansk BlæreCancer Gruppe

Blæretumorer



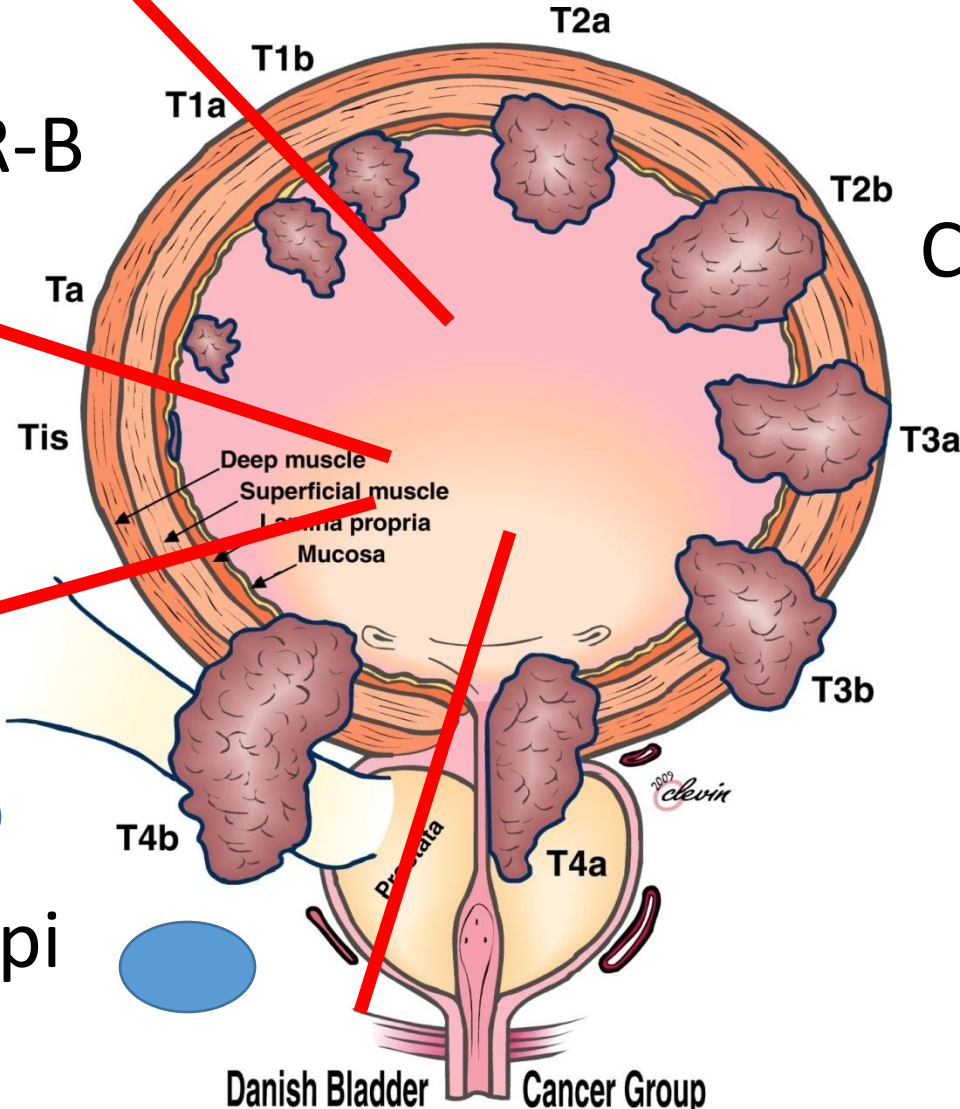
Behandling

TUR-B

Cystektomi

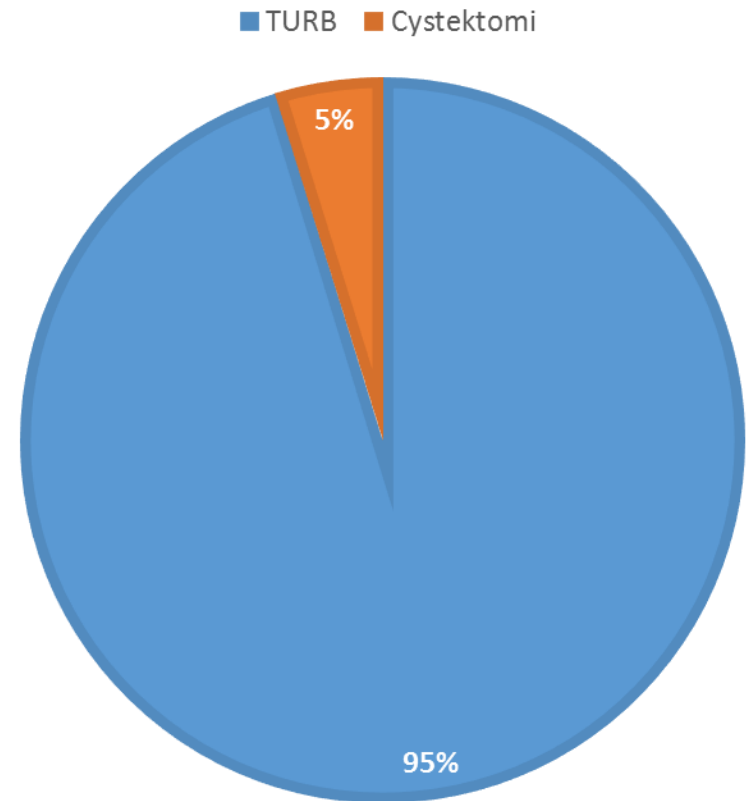
Skyllebeh

Kemoterapi



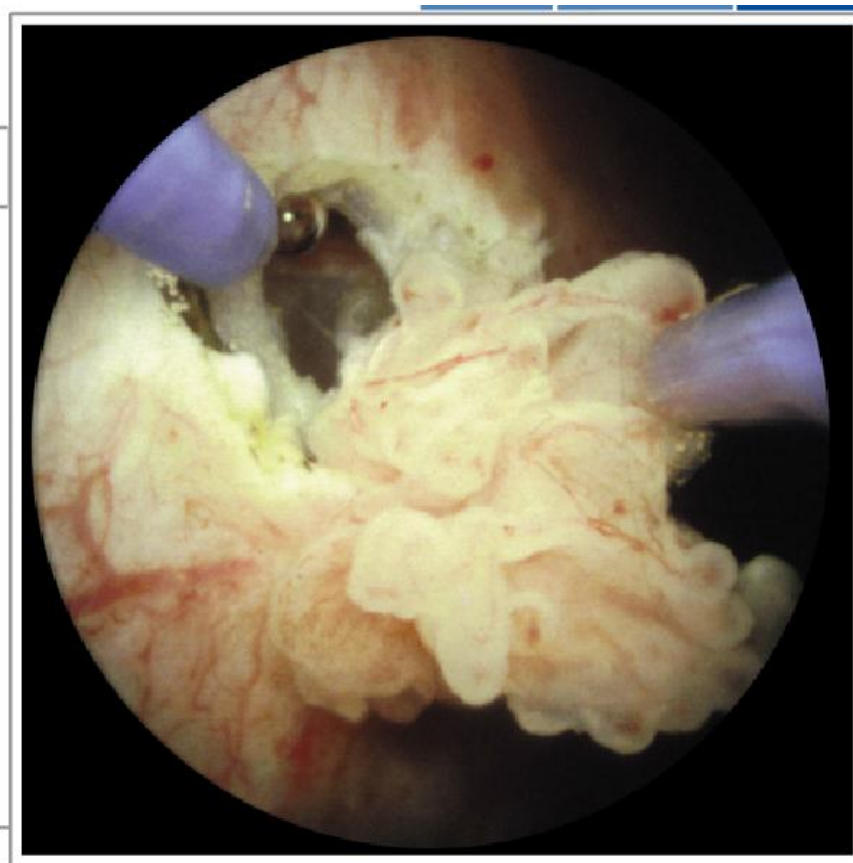
Fordeling af kirurgiske indgreb

- TURB
 - 5-6.000 per år i DK
- Cystektomi
 - ca. 300 per år i DK



Behandlingskvalitet - TURB

- Hovedfunktion på alle urologiske afdelinger



Kirurgiske behandlingsmodaliteter

- TURB



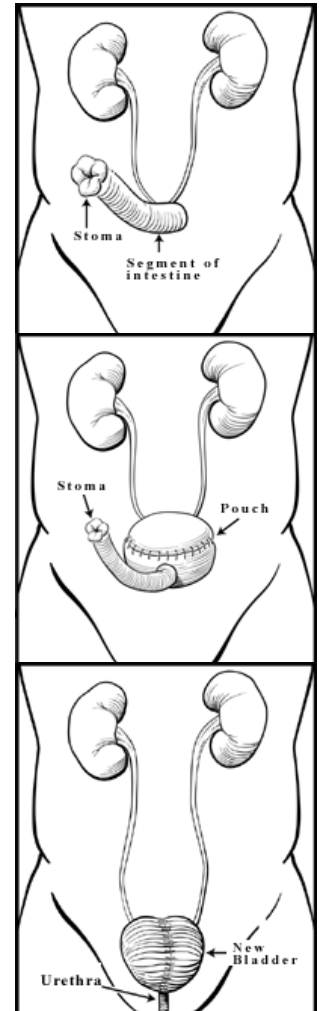
- Åben cystektomi

- Bricker-afledning
- Pouch
- Neoblære



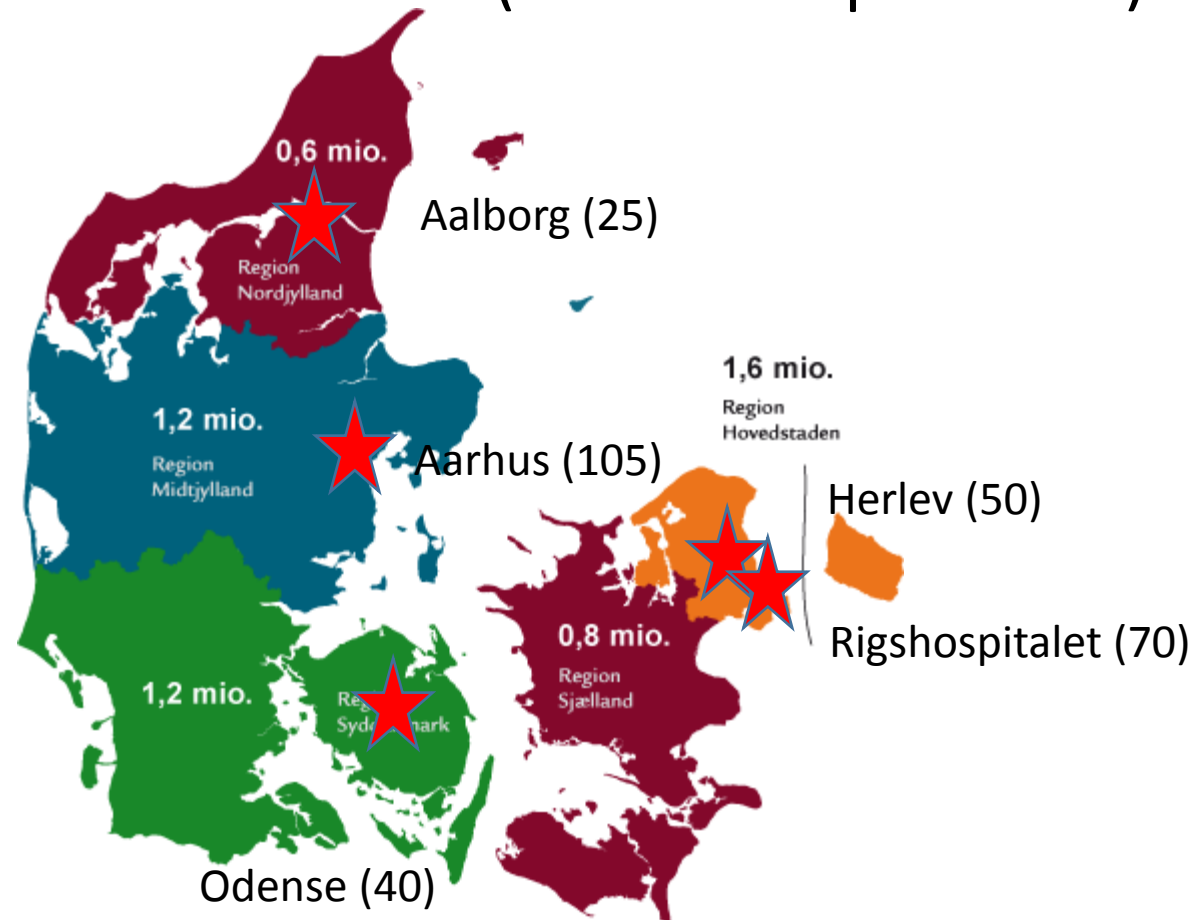
- Robot-assisteret cystektomi

- Bricker-afledning
- Pouch
- Neoblære



Behandlingssteder - cystektomi

- Højt specialiseret funktion (under 500 pr år i DK)

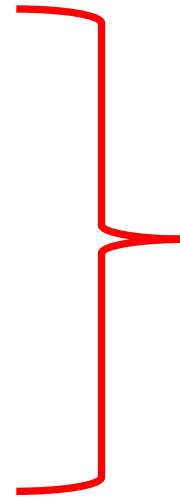


Forskellige muligheder ved cystektomi

- Åben
- Laparoskopisk/robotassisteret
- Bricker-afledning
- Pouch
- Neoblære

Forskellige muligheder ved cystektomi

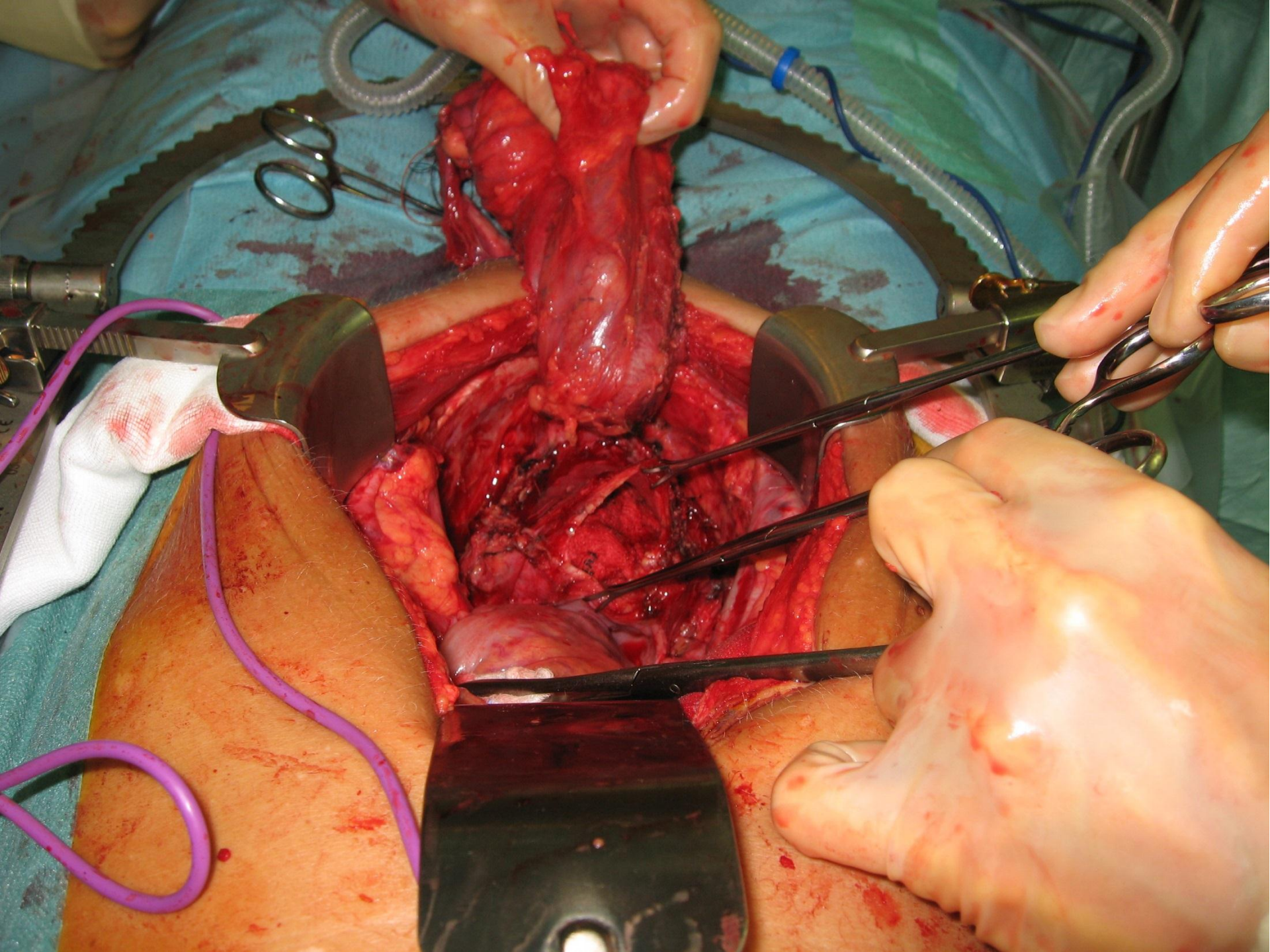
- Åben
- Laparoskopisk/robotassisteret
- Bricker-afledning
- Pouch
- Neoblære

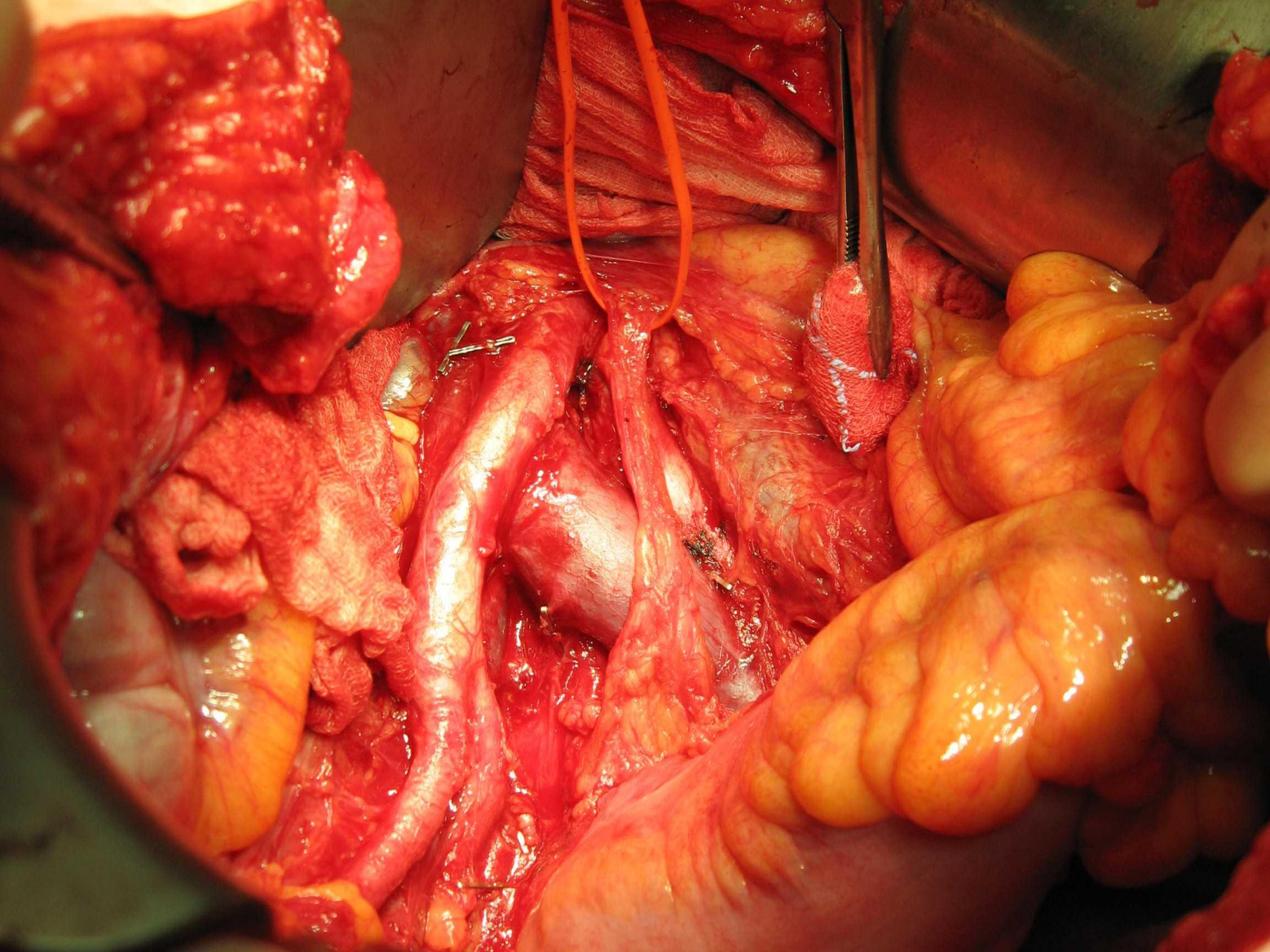


Min. 100/år?

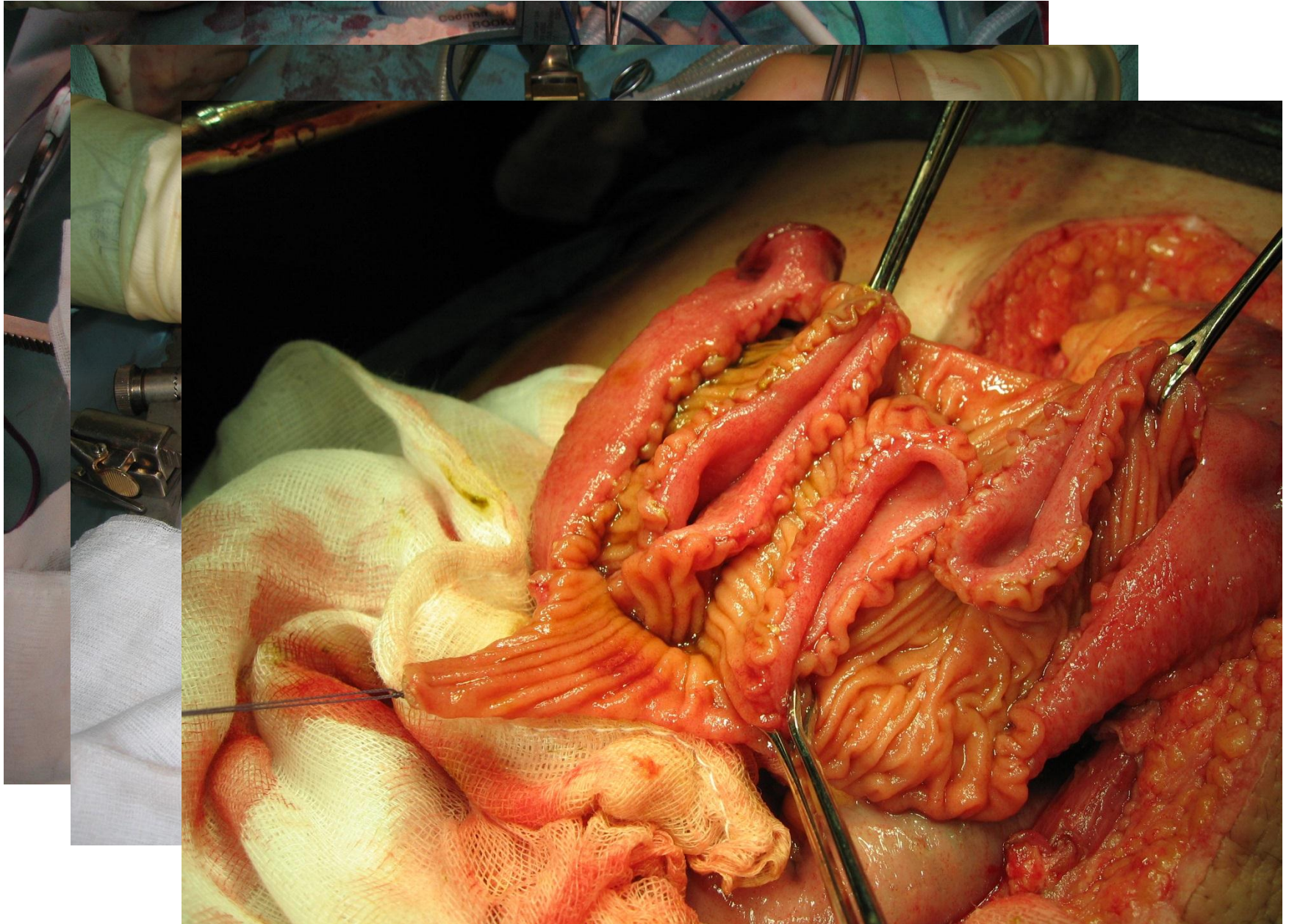
Hvad indebærer en cystektomi?

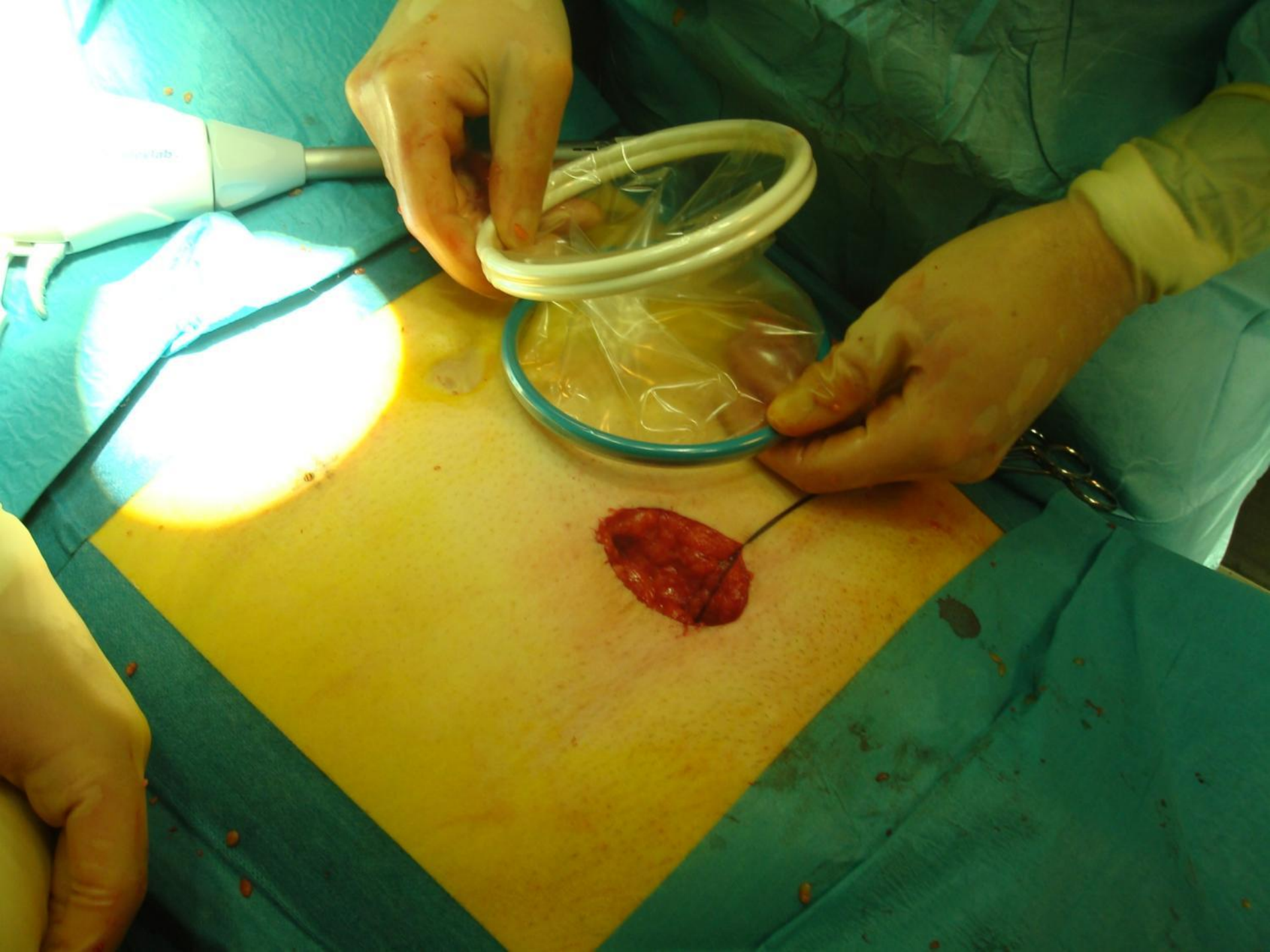
- Cystektomi inkl. fjernelse af prostata/indvendige kvindelige genitalier
- Lymfeknudeexcairese af pelvine lymfeknuder
- Urinafledning vha tarm

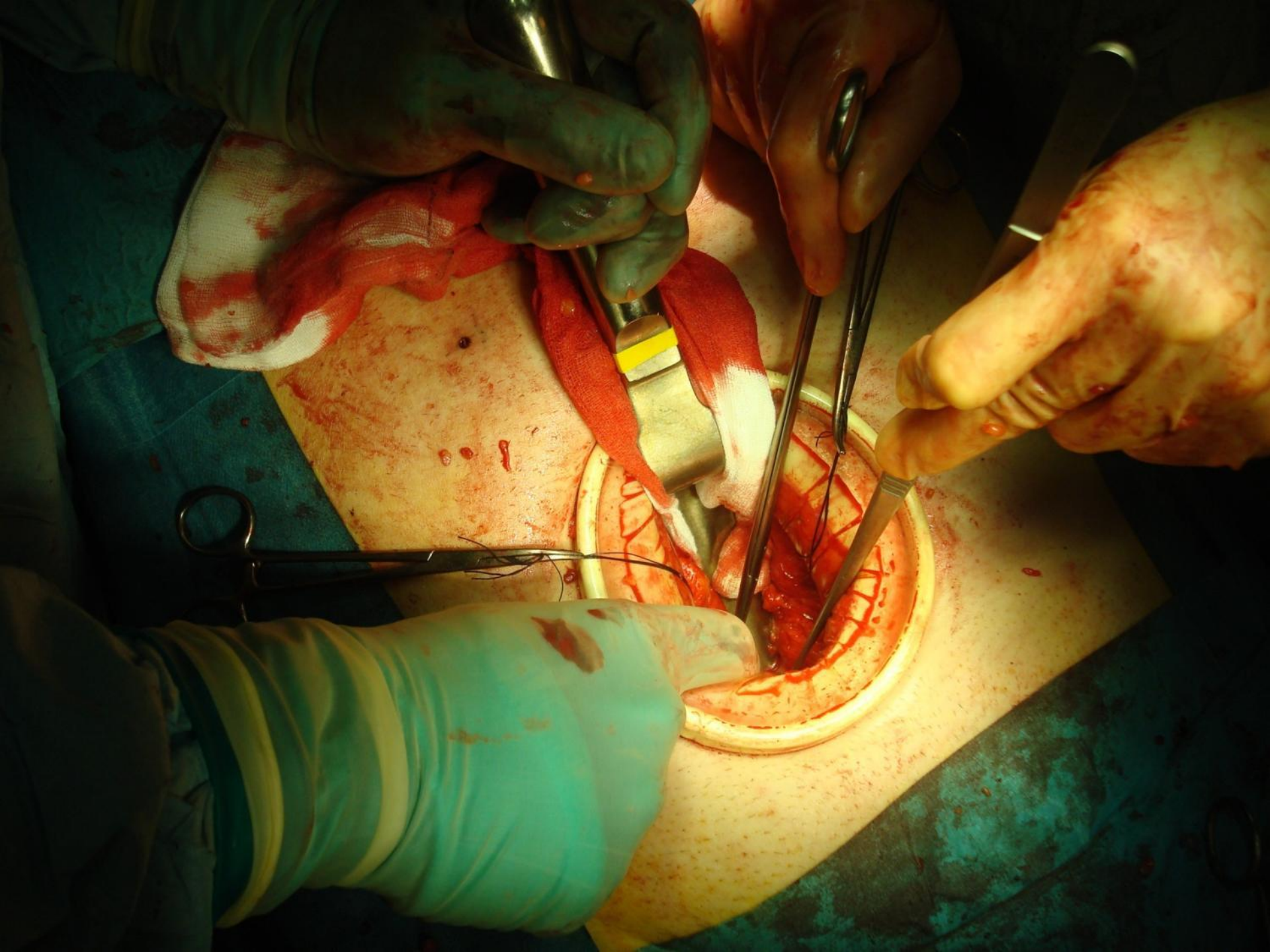


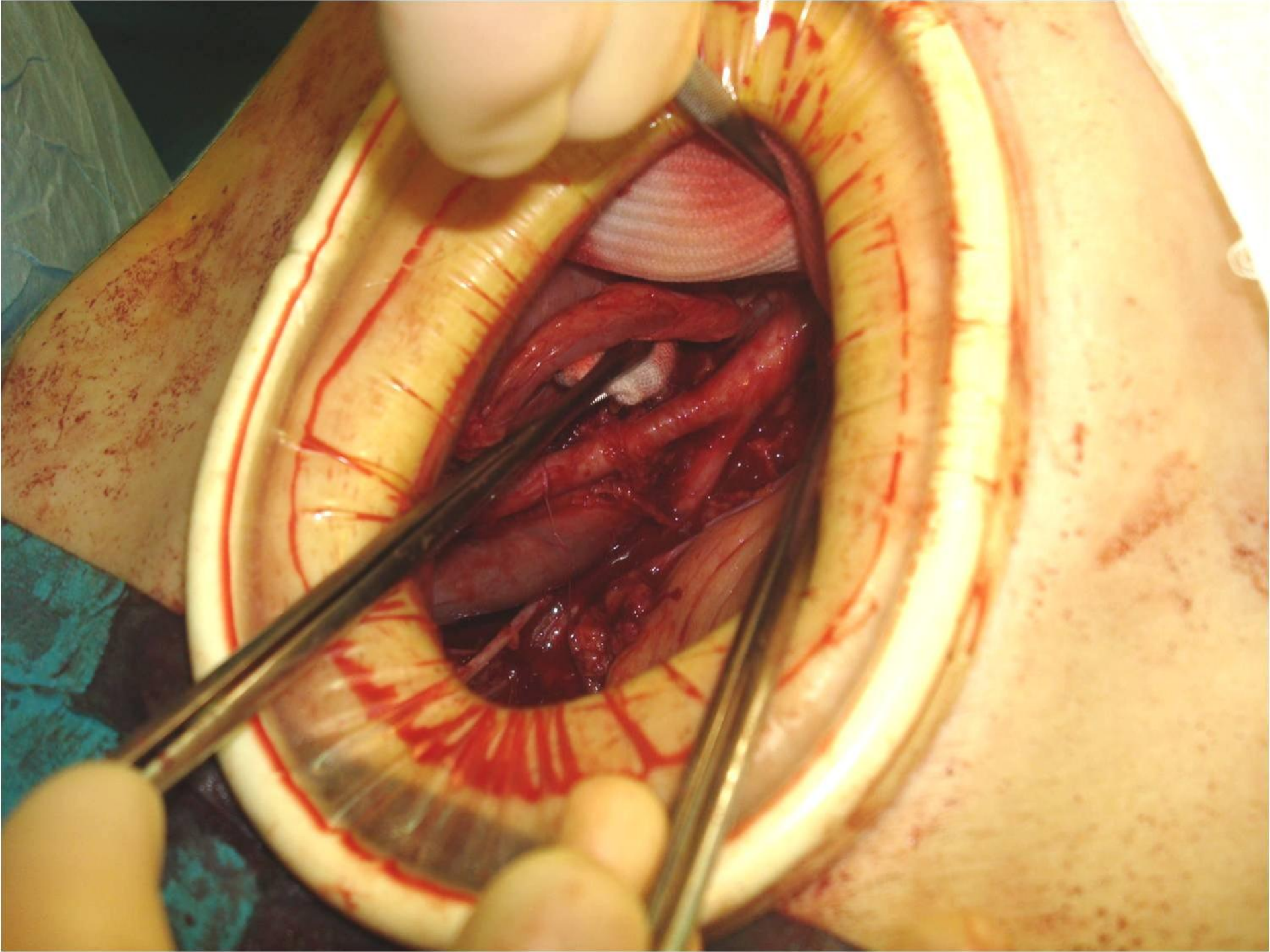


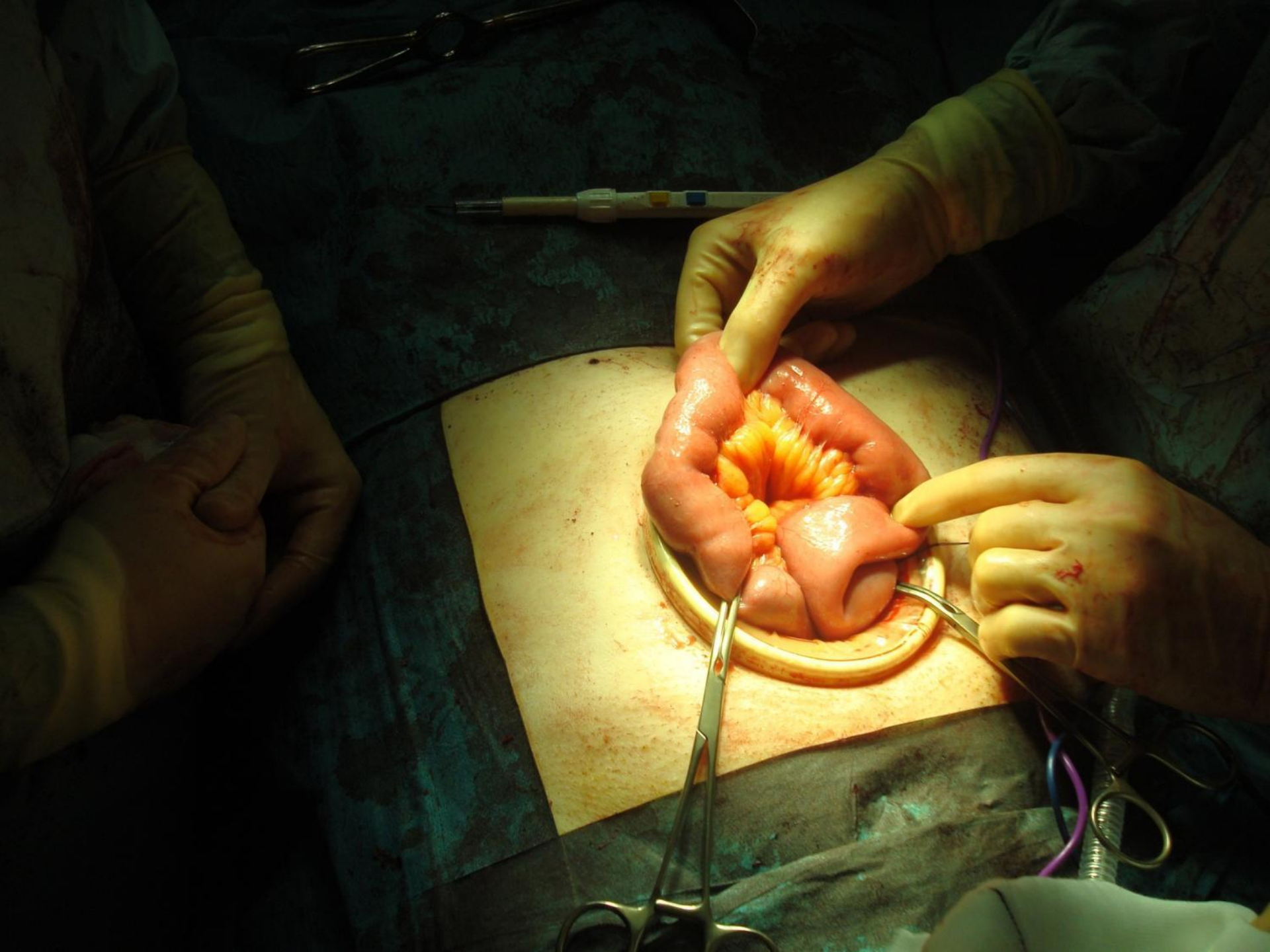
Urinafledning





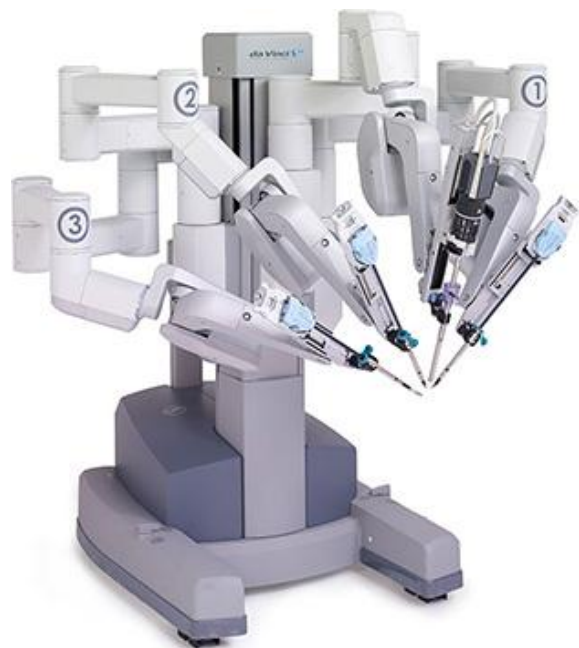






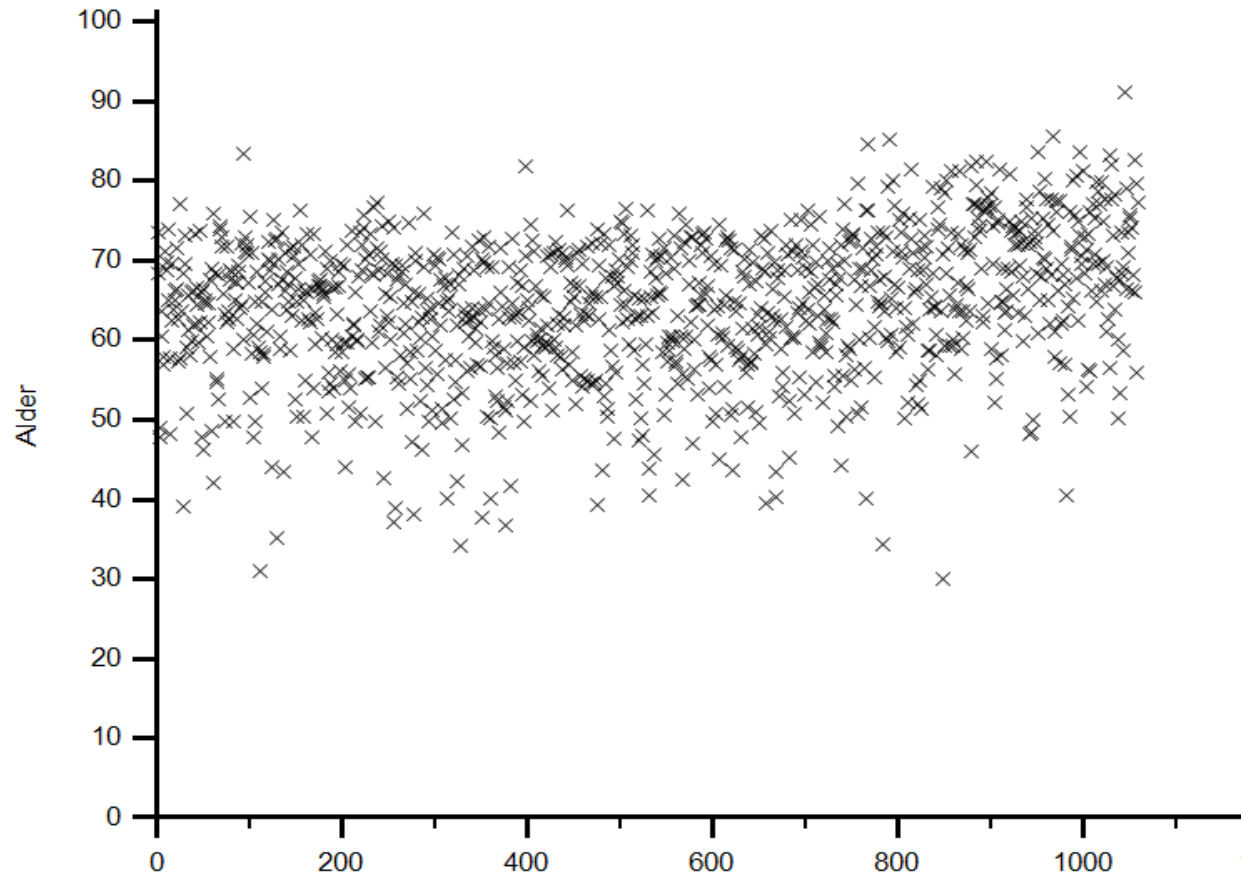






Hvem er den typiske cystektomi-patient?

- $\frac{3}{4}$ mand
- Ryger
- 70 år



Hvad indebærer en cystektomi også?

- Komplikationer ved ca. 60-65% af patienterne
- Perioperativ mortalitet 1-2% (90 dage)

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European Association of Urology



Bladder Cancer

Defining Early Morbidity of Radical Cystectomy for Patients with Bladder Cancer Using a Standardized Reporting Methodology

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Guido Dalbagni^a, Harry W. Herr^a, S. Machele Donat^{a,*}

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Table 4 – Summary of complications by the highest grade experienced by each patient

Highest grade of complication	Overall	0–30 d	30–60 d	60–90 d
0	407 (36%)	478 (42%)	1005 (88%)	1073 (94%)
1	124 (11%)	117 (10%)	40 (4%)	15 (1%)
2	458 (40%)	430 (38%)	69 (6%)	39 (3%)
3	132 (12%)	98 (9%)	26 (2%)	15 (1%)
4	2 (0.2%)	2 (0.2%)	0 (0%)	0 (0%)
5	19 (2%)	17 (2%)	2 (0.2%)	0 (0%)

Table 5 – Summary of the most common complication experienced: (a) all grade complications; (b) Grade 3–5 complications*

(a) Rank by frequency of complication	Overall (n = 199)		0–30 d (n = 149)		30–60 d (n = 33)		60–90 d (n = 17)	
	Category	% Patients	Category	% Patients	Category	% Patients	Category	% Patients
1	GU	(28%)	GU	(24%)	GU	(42%)	GU ^{†††}	(36%)
2	Infectious	(23%)	Infectious	(20%)	Infectious	(30%)	Infectious ^{†††}	(36%)
3	GI [†]	(9%)	Pulmonary	(11%)	GI	(12%)	GI	(18%)
4	Cardiac [†]	(9%)	Cardiac	(10%)	Cardiac	(6%)	Surgical ^{††††}	(6%)
5	Pulmonary [†]	(9%)	DVT/PE	(9%)	3% ^{††}	3% ^{††}	DVT/PE ^{††††}	(6%)
(b) Rank by frequency of complication	Overall (n = 1637)		0–30 d (n = 1316)		30–60 d (n = 221)		60–90 d (n = 100)	
	Category	% Patients	Category	% Patients	Category	% Patients	Category	% Patients
1	GI	(24%)	GI	(26%)	Infectious	(33%)	Infectious	(37%)
2	Infectious	(21%)	Infectious	(17%)	GI	(17%)	GI	(20%)
3	Wound	(12%)	Wound	(12%)	GU	(14%)	GU	(16%)
4	Cardiac	(9%)	Cardiac	(10%)	Wound	(9%)	Wound	(8%)
5	GU	(9%)	Pulmonary	(7%)	DVT/PE	(7%)	Bleeding	(5%)

n, number of complications; GU, genitourinary; GI, gastrointestinal; DVT, deep venous thrombosis; PE, pulmonary embolism.

* Patients who experienced multiple complications of the same category are counted more than once.

[†] GI, cardiac, and pulmonary each had 17 complications.

^{††} Wound, neurologic, and miscellaneous each had one complication.

^{†††} GU and infection each had six complications.

^{††††} Surgical and thromboembolic each had one complication.

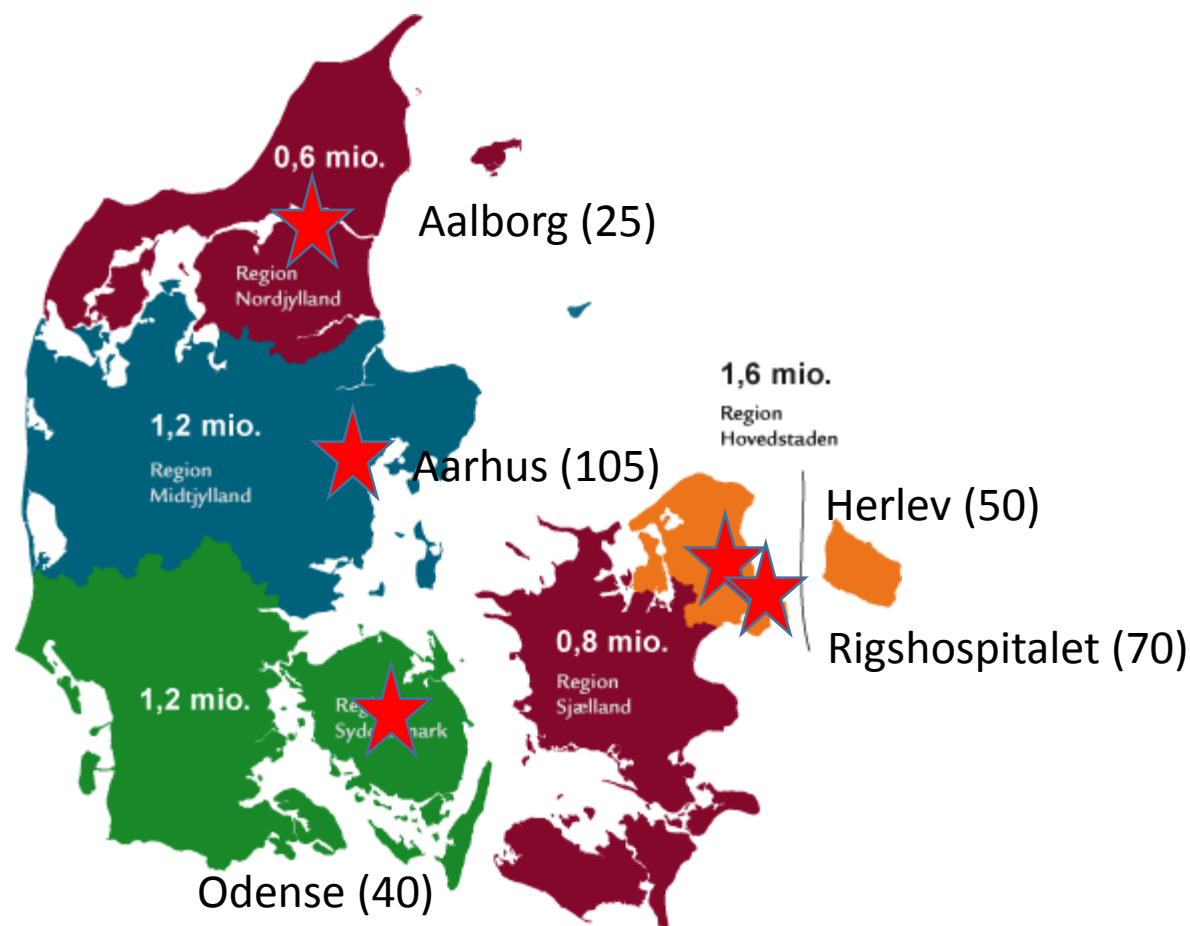
Category (% of Total) [†]	Complication	Frequency [‡]
Gastrointestinal (29%; n = 335)	Ileus ^{**}	183
	SBO	82
	Constipation ^{***}	30
	Clostridium difficile colitis	28
	Gastrointestinal bleeding	15
	Emesis	5
	Anastomotic bowel leak	10
	Diarrhea	10

Hvad kræves af et cystektomicenter for at levere god kvalitet?

Høj standard inden for:

- Præoperativ vurdering af patienterne
- Kirurgi
- Postoperativ observation
- Håndtering af komplikationer

Fremtidens kirurgiske behandling af blærecancer?



Fremtidens kirurgiske behandling af blærecancer?



Fremtidens kirurgiske behandling af blærecancer?

