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Early urinary diversion with ileal conduit and vesicovaginostomy in the treatment of radiation cystitis due to carcinoma cervix

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Introduction and Objectives: Radiation cystitis following radiation therapy for carcinoma cervix causes significant morbidity including recurrent haematuria often requiring multiple admissions and transfusions, in addition to poor quality of life, due to severe frequency as a result of reduced bladder capacities. An algorithm to decide on early diversion, with or without vesicovaginostomy is proposed.

Methods: This was a retrospective study spanning from Jan 1998 to December 2011 with the approval of the institutional review board. Electronic data review of patients who received radiotherapy for carcinoma cervix was performed. All patients who had symptoms suggestive of radiation cystitis according to the common toxicity criteria viz. burning micturition, increased frequency, haematuria, incontinence, renal failure were initially evaluated. They were then categorized according to the RTOG (Radiation therapy oncology group) grading for radiation cystitis, into the mild (Gr 1 and 2) cystitis, and the severe cystitis (Gr. 3 and 4). The study groups were the ones with severe radiation cystitis (Gr.3 and 4). The parameters studied were time interval from radiation to the development of cystitis, dosage of radiation received, requirement of transfusions, number of admissions, cost for each admission and cost of diversion procedure. Statistical analysis was done using SPSS version 16.

Results: During the 13 year period 902 women received radiation for carcinoma cervix. Grade 3/4 cystitis developed in 62 (6.87%). 28 underwent urinary diversion by ileal conduit of whom 18 underwent concomitant vesicovaginostomy. When compared to the patients who did not require diversion, the transfusion requirements (5.6 vs. 2, $p=0.0001$ C.I. 2.8702 to 4.329) number of hospital admissions 5.2 vs. 1.2, $p=0.0001$, CI 3.2109 to 4.7891 and quality of life had a statistically significant difference. Cost analysis of early diversion too showed a marginal benefit with early diversion.

Conclusions: In radiation induced cystitis, multiple admissions necessitating transfusions are the norm. Early diversion in a select group of patients is a good, cost effective option, with good quality of life, and should be offered in the setting of severe radiation cystitis.

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