All patients mentioned urinary incontinence (UI) and urinary tract infection as the reason for consultation, 5 (31.25%) of them also had renal failure with aggregate uronephrosis and 4 (25%) used indwelling urinary catheter.

Surgical technique:Section of 45 cm of vascularized ileum, 15 cm from the ileocecal valve, detubularizing 30 cm of the proximal portion and respecting 15 cm of distal ileum that will form the ileal conduit.

The open intestinal portion is folded in a "U" shape, joining the adjacent edges. Refinement and intussusception of the ileal conduit, forming an anti-reflux valve. The bladder is opened in the sagittal plane, the intestinal patch and bladder edges are sutured together. Umbilical resection and umbilical duct externalization.

RESULTS: The mean follow-up was 30.18 months (13-48). Mean age was 37 years old (23-71). Intermittent catheterization was performed from postoperative day 21.

Immediate complications occurred, 1 (6.25%) urinary fistula, paralytic ileus in 2 (12.5%) patients, urosepsis in 2 (12.5%) patients. Late complications were urinary tract infection in 4 patients (25%), urinary incontinence in 4 (25%), bladder stones in 2 patients (12.5%), and 1 patient (6.25%) decided to continue with permanent bladder catheter in the ileal conduit.

The mean preoperative and post-operative bladder pressures was 87 cm of H2O and 17 cm of H2O respectively. The average preoperative and post-operative bladder capacity after one year was 112.5 cc (40-230 cc) and 426.25 cc (250-660 cc) respectively.

CONCLUSIONS: The surgical technique for augmentation enterocistoplasty with continent ileal conduit is a feasible and safe approach for the management of urinary incontinence and renal failure in patients with neurogenic bladder and/or microbladder refractory to other treatments.

**Source of Funding:** none

## PD11-11

### PSYCHOLOGICAL AND SEXUOLOGICAL ASPECTS IN YOUNG ADULTS WITH EXSTROPHY-EPISPADIAS COMPLEX: SIMILARITIES AND DIFFERENCES BETWEEN MALE AND FEMALE

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INTRODUCTION AND OBJECTIVES: The exstrophy-epispadias complex (EEC) is a rare congenital malformation of the genitourinary system, abdominal wall muscles, and pelvic structures. The psychological and sexuological aspects of patients with EEC are extremely complex and still not well known. Male and female undergo complex surgery and psychological treatments with the goal of achieving urinary continence, a satisfactory cosmetic result, awareness and acceptance of their condition and a high quality of life. In the past, thanks to the better results achieved by surgery on women, this condition was thought to be more disabling in men; in particular for what concerns the psychological and sexuological health. Knowledge of the psychological and sexuological states in people with EEC is the key to improve the support given to the health of this patients.

The aim of the study is to analyze the psychological and sexuological states of the young male and women with EEC pointing out the similarities and differences that are present between male and female.

METHODS: We analyzed a cohort of 40 Italian patients with EEC (20 Male and 20 Female) aged 18-51. All of them have achieved good results from the surgery, especially for what concern urinary continence, bowel continence and genital reconstruction.

The SESAMO (Sexrelation Evaluation Schedule Assessment Monitoring) was used to evaluate the specific psychological and sexuological assessment of the examined cohort of patients. SESAMO is a questionnaire validated for the Italian population. Statistical Package for Social Science SPSS was used to analyzed the data collected.

RESULTS: The data obtained by SESAMO shows that despite what was thought in the past, both men and women suffers aversive emotional states and live in a condition of psychological and sexuological discomfort in a similar way.

CONCLUSIONS: In the past it was believed that females with EEC had less psychological and sexuological impact than males. Our data shows that, as occurs for the male, women experience aversive emotional states and live in a condition of psychological and sexuological discomfort. This states seriously compromise the quality of life of female patients, therefore, we believe that the treatment of this disease in woman should include a significant psychological support.

**Source of Funding:** None

## PD11-12

### URINARY TRACT INFECTION AFTER URINARY DIVERSION – DIFFERENT PATTERNS OF OCCURRENCE IN PATIENTS WITH ILEAL CONDUIT AND ORTHOTOPIC NEOBLADDER

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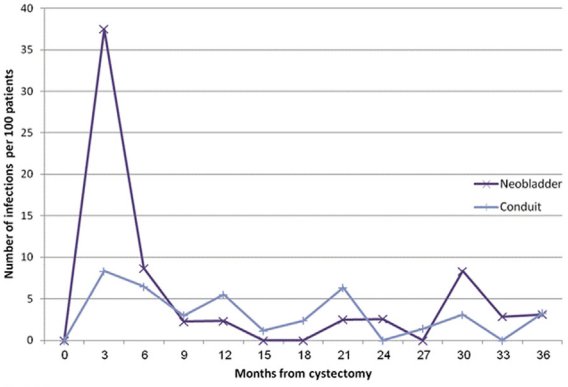
INTRODUCTION AND OBJECTIVES: Ileal conduit (IC) urinary diversion has been associated with a lower rate of postoperative urinary tract infections (UTI) compared to orthotopic neobladder (ONB) diversion; however, the pattern of UTI episodes after surgery has not been well defined. We aimed to compare the pattern of UTI episodes and associated pathogens in patients with IC and ONB.

METHODS: Our institutional radical cystectomy database was queried to retrieve the medical records of 179 patients treated between 2006 - 2011. Data pertaining to febrile UTI after surgery were collected. Estimated probability of UTI was calculated using the Kaplan Meier method. The number of UTI episodes at 3 months intervals was reported as the percentage of patients available for followup during the specific interval. Rates of UTI were compared between the IC and ONB groups using the Fisher exact test.

RESULTS: The study cohort consisted of 130 IC and 49 ONB patients. Patients with ONB were younger than IC patients (median age 60 years vs. 72 years, $p<0.001$). Median followup was 38 months (IQR 11-63). The rate of UTI events stratified by diversion type during the first 3 years after surgery is illustrated in the figure. Median time from surgery to first infection was 1.5 months (IQR, 1 – 12.5) for ONB patients and 11 months (IQR, 2.5 – 27) for IC patients ($p=0.04$, log-rank test). During the first 3 months after surgery 14/48 ONB patients (29%) had at least one UTI episode compared to 10/120 IC patients (8%), $p=0.001$. Rates of UTI did not differ significantly between the groups during subsequent follow-up. Associated comorbidities, presence of diabetes and a positive preoperative urine culture had no impact on rates of UTI. Most infections in IC patients (31/52, 60%) were caused by *E. Coli*. Common pathogen in ONB patients were *Klebsiella* (12/41, 29%), *E. Coli* (10/41, 24%), and *P. Aeruginosa* (9/41, 22%).

CONCLUSIONS: The risk of febrile UTI during the initial 3 months after surgery is significantly higher in patients with ONB compared to IC urinary diversion, however, appears to be comparable during subsequent followup. Common causative pathogens and antibiotic susceptibilities differ between the two groups. These findings may facilitate preoperative counseling regarding the expected risk and pattern of UTI episodes after urinary diversion.

**Figure 1** – Rate of urinary tract infection during the first 3 years after surgery stratified by diversion type.




| No. patients at risk | | | | | | |
|---|---|---|---|---|---|---|
| Ileal Conuit | 120 | 100 | 86 | 79 | 71 | 63 |
| Neobladder | 48 | 44 | 42 | 40 | 38 | 35 |

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