

BJU International (2002), 89(Suppl. 1), 57–61

Retrospective review and long-term follow-up of radical cystectomy in a developing country

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Objective To retrospectively review the clinical data from patients undergoing radical cystectomy for bladder cancer, and to analyse the complications and survival rates associated with this operation in a developing country.

Patients and methods The study comprised 105 patients who underwent radical cystectomy from 1986 to 1993. Data were collected from retrospective reviews of hospital and physician's office records, and by contact with the patients. Metastatic status was evaluated before surgery and tumours staged using the Tumour-Nodes-Metastasis classification. The indication for

survival was 68% and for nonorgan-confined disease (\geq pT3B) 25%. The 5-year survival rate in the presence of nodal metastases was 13% for N1 and none for N2 disease. Six patients developed urethral recurrence, detected on follow-up urethral-wash cytology. Five of these patients underwent urethrectomy, and four of the six survived for 5 years. Pelvic recurrence occurred in five patients (4.7%), none of whom survived for 5 years.

Conclusion Radical cystectomy and pelvic lymph node dissection remains the mainstay of treatment in muscle-invasive bladder cancer. This is a relatively