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Cystectomie Totale : Gestion des Urostomies et qualité de vie post-opératoire

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Introduction

- Radical Cystectomy is the treatment of choice for muscle-invading bladder tumors.
- This operation requires the realization of a urinary diversion.
- Data on patients with urinary ostomy are scarce.

➤ **Continent Urinary Diversion:**

- ✓ Orthotopic neobladder

➤ **Incontinent urinary diversion:**

- ✓ Ileal Conduit (Bricker)
- ✓ Cutaneous ureterostomies

- **This urostomy often leads to changes in postoperative quality of life with repercussions:**

- ✓ Psychological

- ✓ Physical

- ✓ Social

- ✓ Sexual

Aim

- Evaluate the practical methods of daily management of ostomies and possible cutaneous complications
- Evaluate the quality of life in a series of patients with Incontinent urinary Diversion

Method

- Observational study (Collection of data processed on Excel 2011)
- Carried out by the doctor, via 02 questionnaires submitted during telephone interviews and follow-up consultation.
- **Covering 49 patients who underwent Radical cystectomy with Incontinent urinary diversion between January and December 2021.**

Method

Based on 02 questionnaires:

- ✓ A validated questionnaire for intestinal ostomies : the STOMA-QOL, modified.
- ✓ A urostomy management questionnaire drawn up by us

Stoma-QOL (quality of life)

- Intended for ostomy carriers: Quick and easy to use Quality of Life assessment tool
- Developed internationally based on the Hunt and McKenna quality of life model (basic needs of a human being)
- It has 20 questions covering 4 areas:
 - ✓ The sleep
 - ✓ intimate relationships
 - ✓ Relationships with family and close friends
 - ✓ Relationships with people other than family and close friends.

Modified stoma QOL

- We have selected 10 questions
- By eliminating items that are too specific to digestive stomas (I'm afraid that my stoma will make gurgling noises..)
- Each question is scored from 1 to 4
- All the time (1 point) - Sometimes (2 points) - Rarely (3 points) - Never (4 points)
- The points obtained for each question are added together
- Overall score out of 40
- **The higher the Stoma-QOL score, the better the Quality of Life**

Modified stoma QOL

- 1- It makes me worried when the pocket is full
- 2- I'm afraid that the pocket will come off
- 3- I'm afraid the pocket will smell
- 4- I sleep badly at night
- 5- Because of my stoma I do not like my body
- 6- It is difficult for me to spend a night away from home
- 7- It's hard to hide that I have a pocket
- 8- Because of my stoma, it is difficult for me to stay with others
- 9- Because of my state of health, I am afraid of being a burden on my family
- 10- I need to know where the nearest toilets are

- ✓ NB: Scored as follows:
- All the time => 1 pt
 - Sometimes => 2 pts
 - Rarely => 3 pts
 - Never => 4 points

Ostomy Management Questionnaire(OMQ)

Gender *Last name* *First name* *Age*

Type of urinary diversion

Type of fitting: (With/Without) Support

Time between device changes

Who empties the pocket? Alone /Parent/Medical Staff

Who changes the pocket? Alone /Parent/Medical Staff

Leak present? Yes / No

Skin Care Yes/No

Use of additional equipment Yes/No

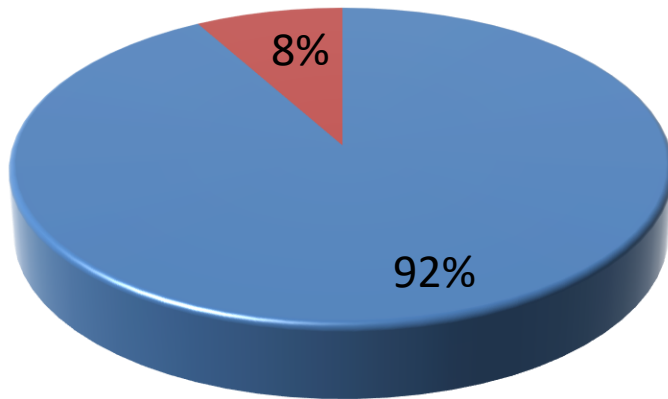
Peristomal skin events (redness/itching/maceration, etc.): Describe

Results

Population

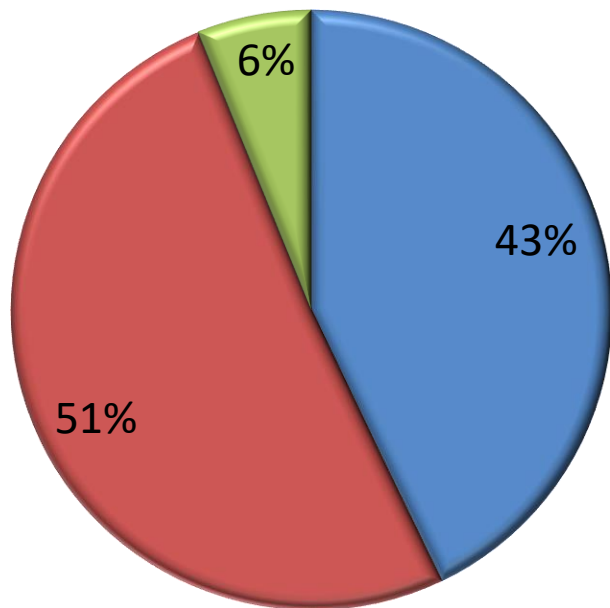
Sex

■ male (45) ■ Female (4)



Sex	Middle age
Male	69,1 y
Female	66,2 y
Population	68,6 y

According to the type of urinary diversion



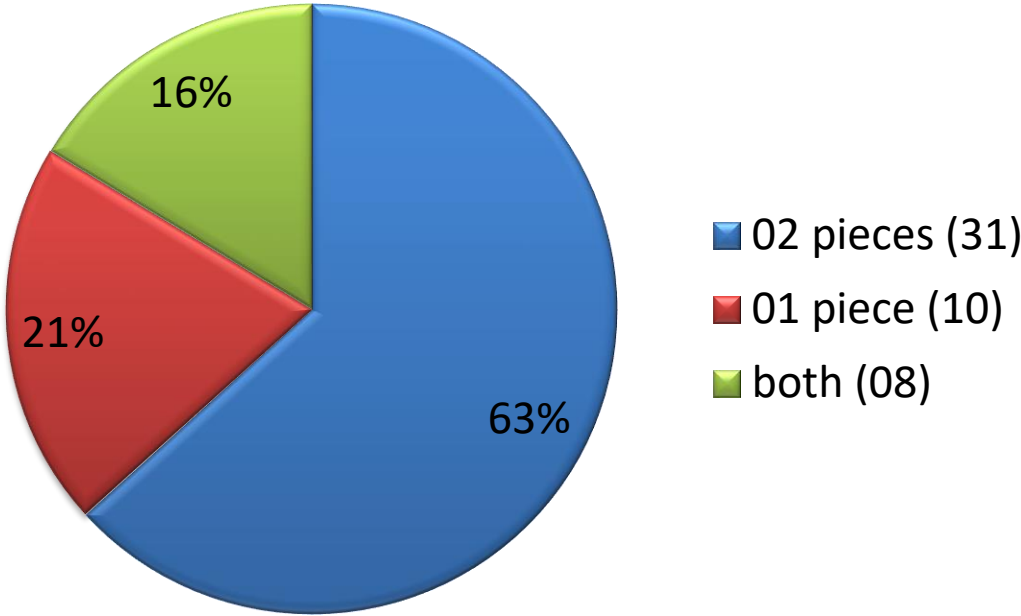
■ ileal Conduit
(21)

■ bilateral
cutaneous
urinary diversion
(25)

■ Unilateral
cutaneous
urinary diversion
for associated
UTC (03)

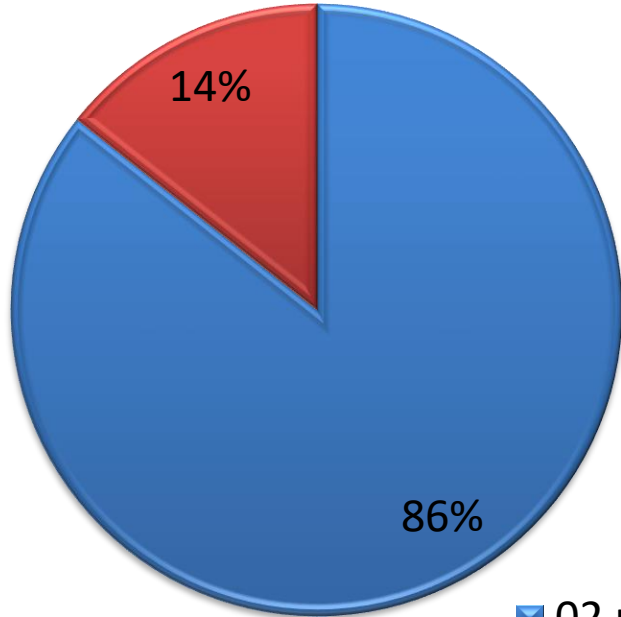
UD	middle age
Ileal Conduit	65,5 ans
bilateral cutaneous urinary diversion	68,6 ans
Unilateral cutaneous urinary diversion (for associated UTC)	64,6 ans

According to the type of device used



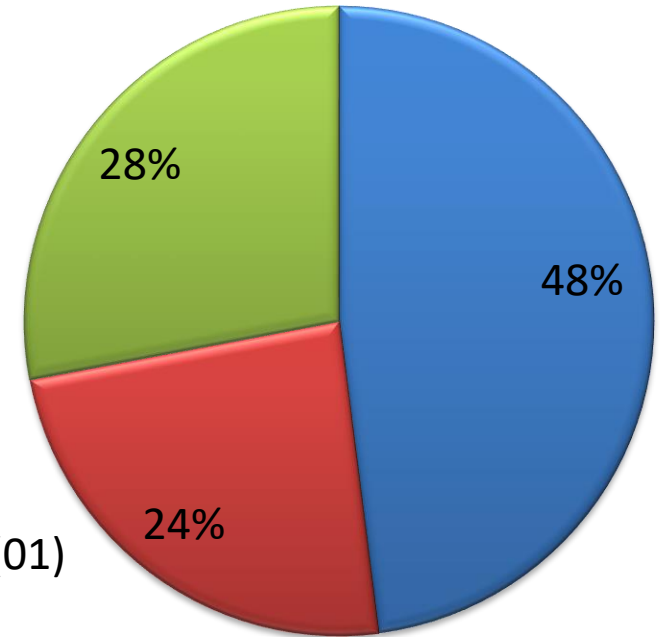
Ileal Conduit

02 pieces (18) 01 piece (03)



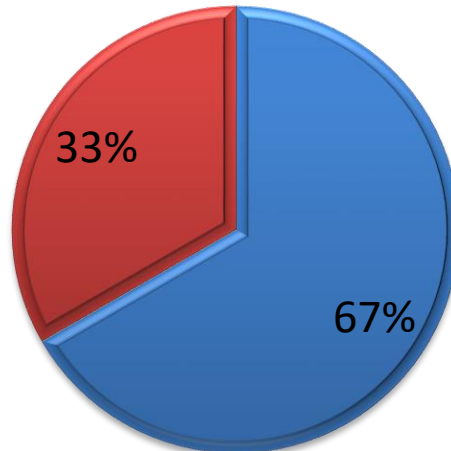
Bilat CUD

02 pieces (08) 01 piece (06)
Both (07)

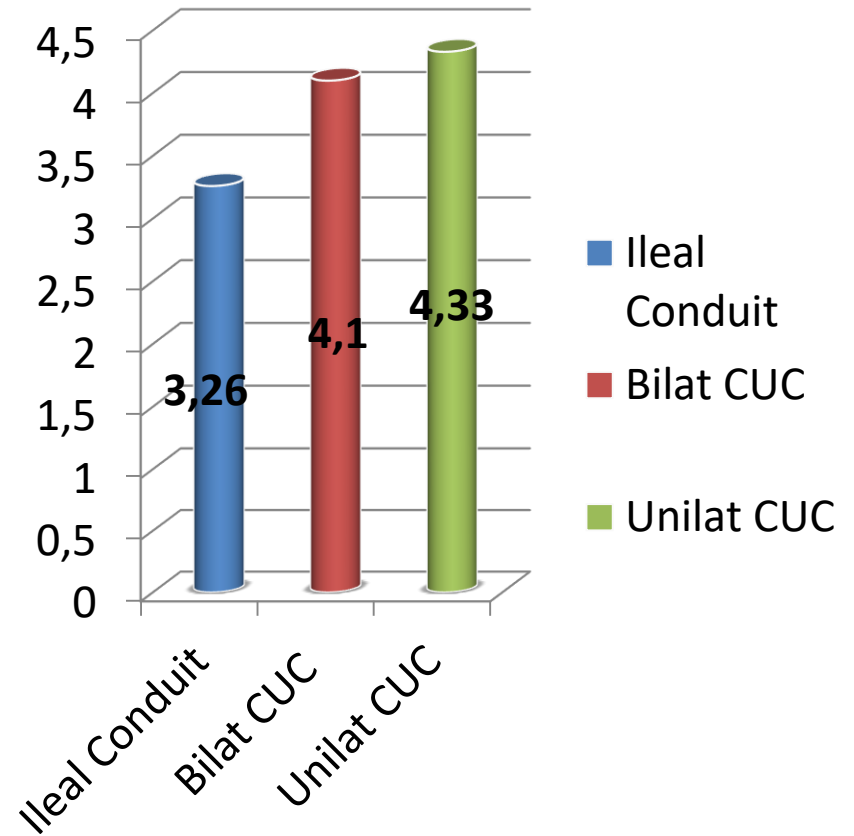
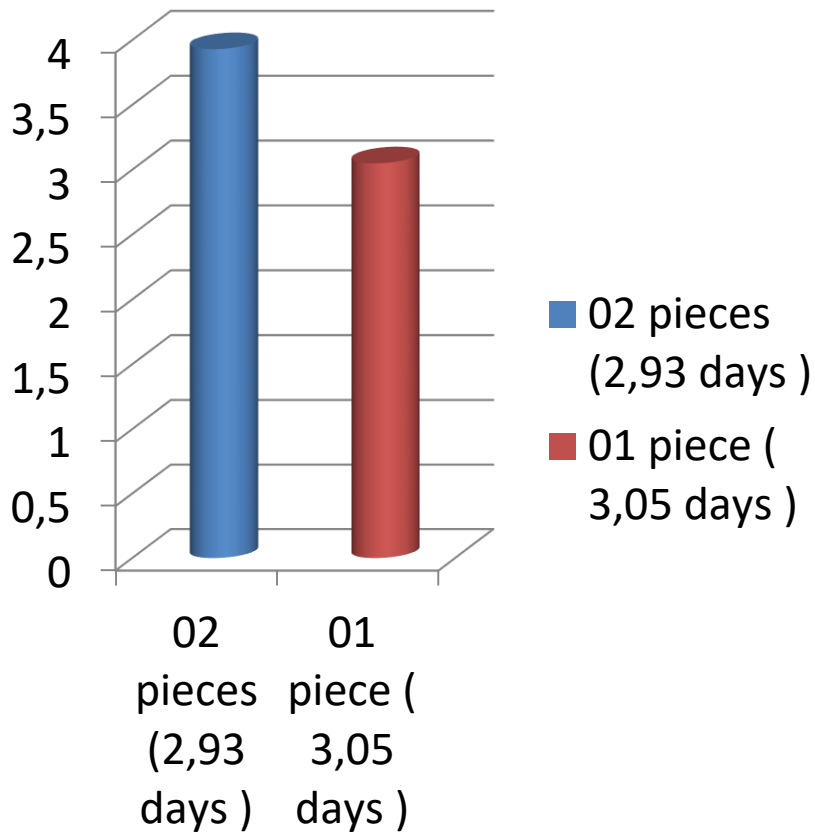


Unilat CUD

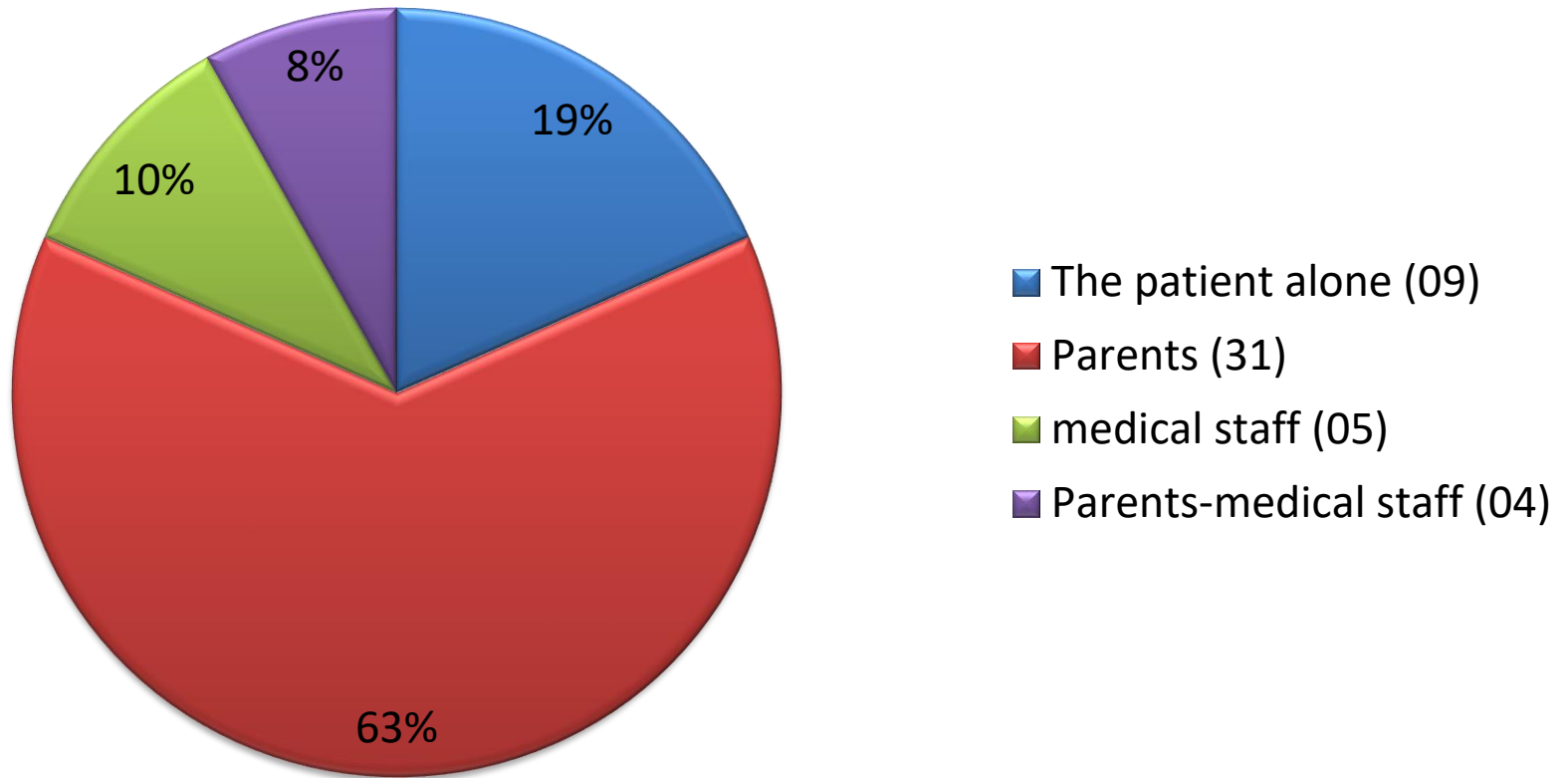
02 pieces (02) 01 piece (01)



Time between device changes

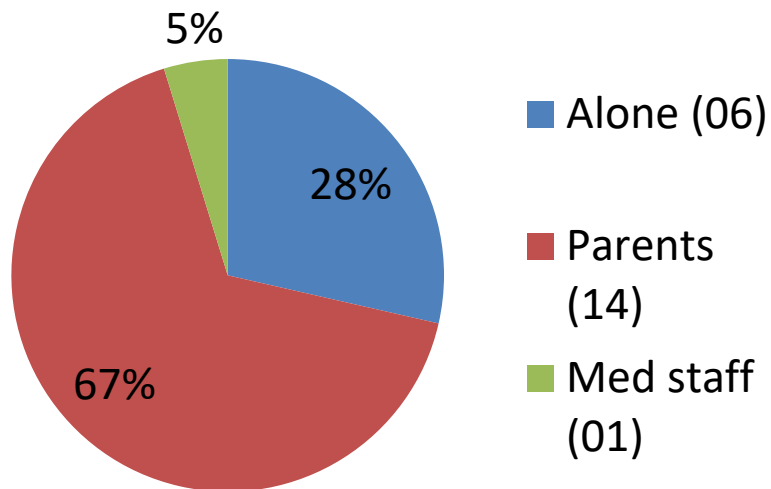


Patient autonomy: Changing the device

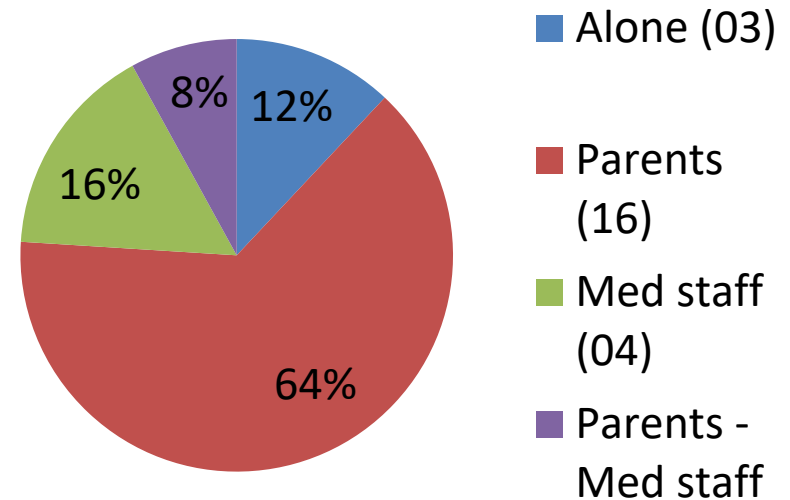


Patient autonomy: Changing the device

Ileal conduit

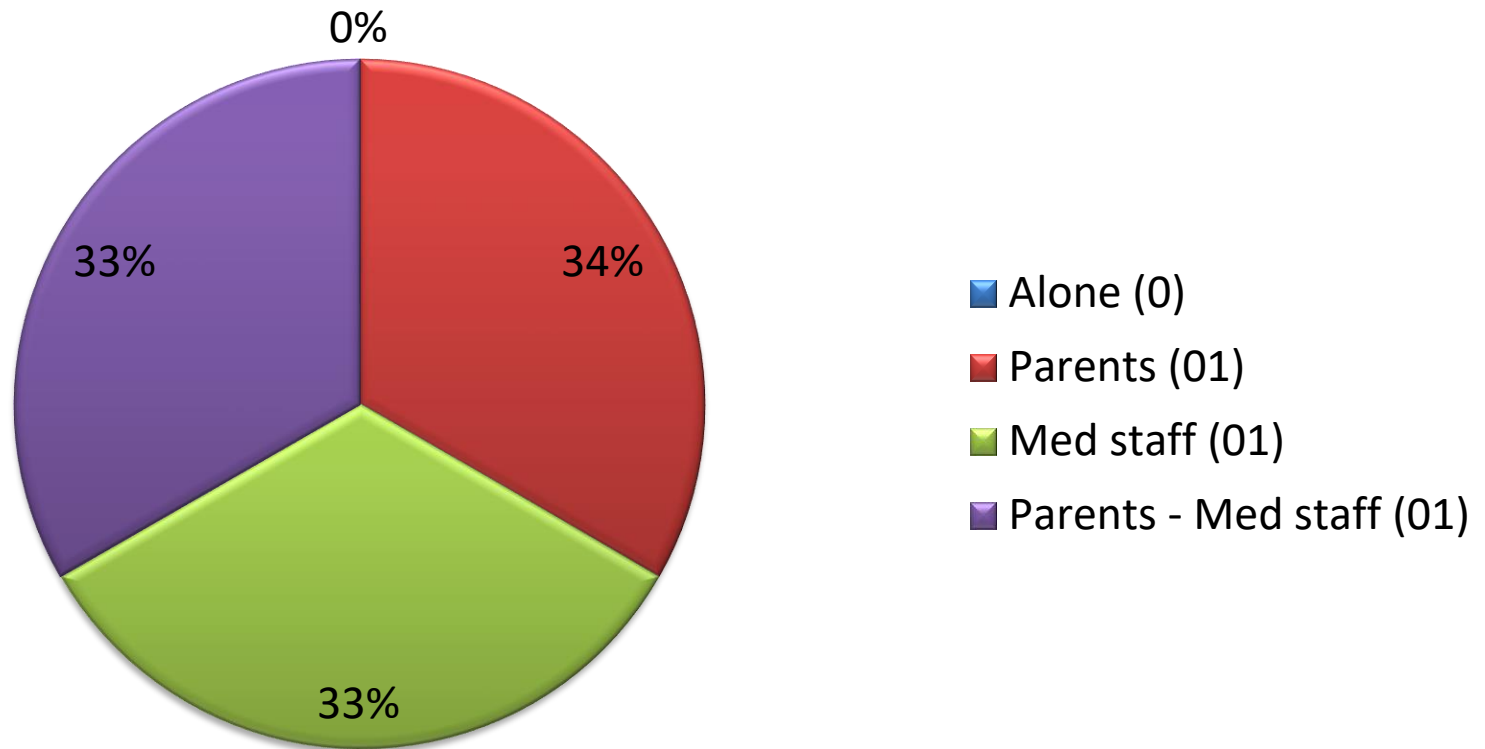


Bilat CUD



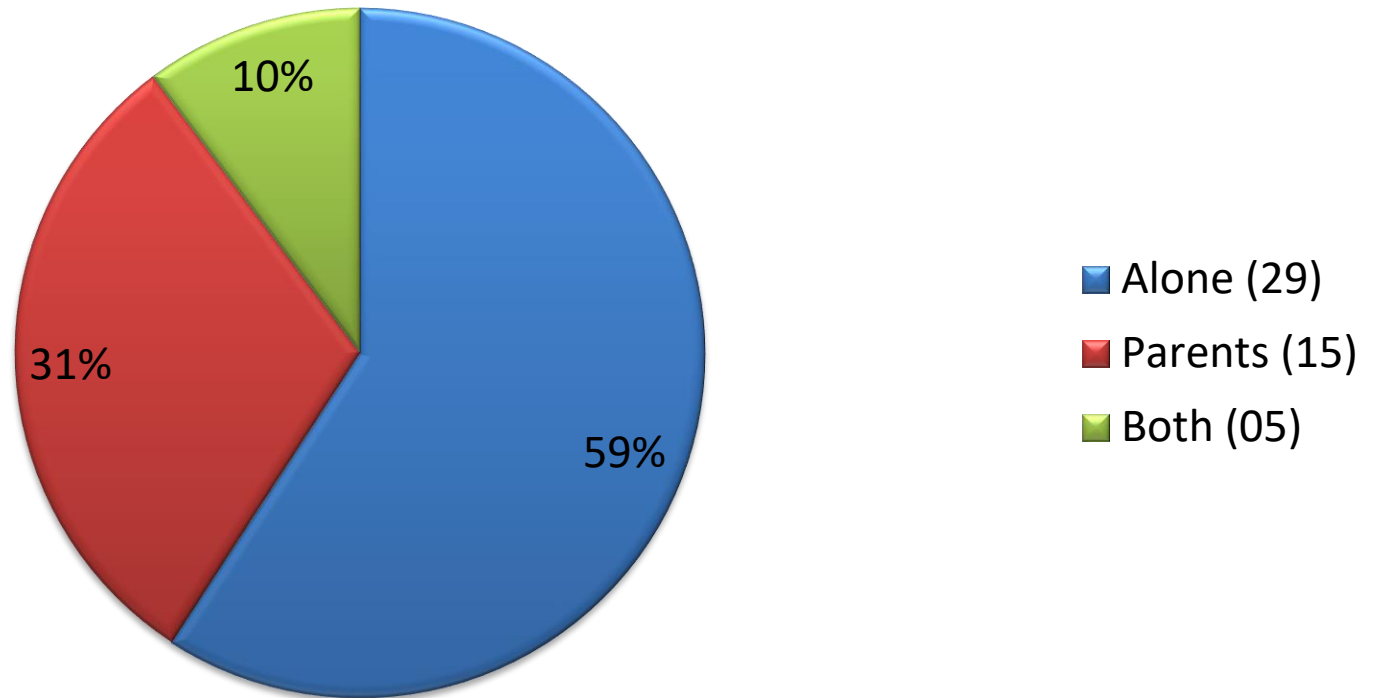
Patient autonomy: Changing the device

Unilat CUD



Patient Autonomy : Emptying

Who empties the pockets ?

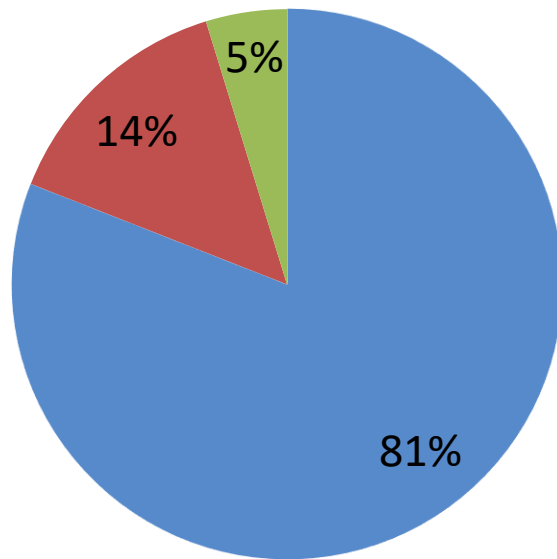


Patient Autonomy :

Emptying

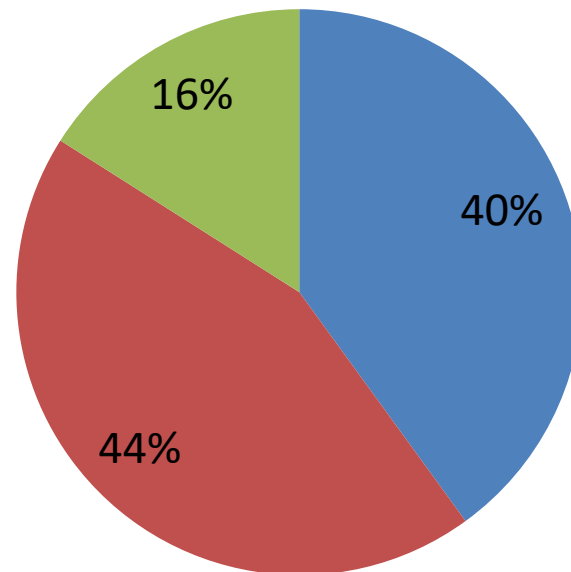
Ileal Conduct

■ Alone (17) ■ Parents (03)
■ Both (01)



Bilat CUD

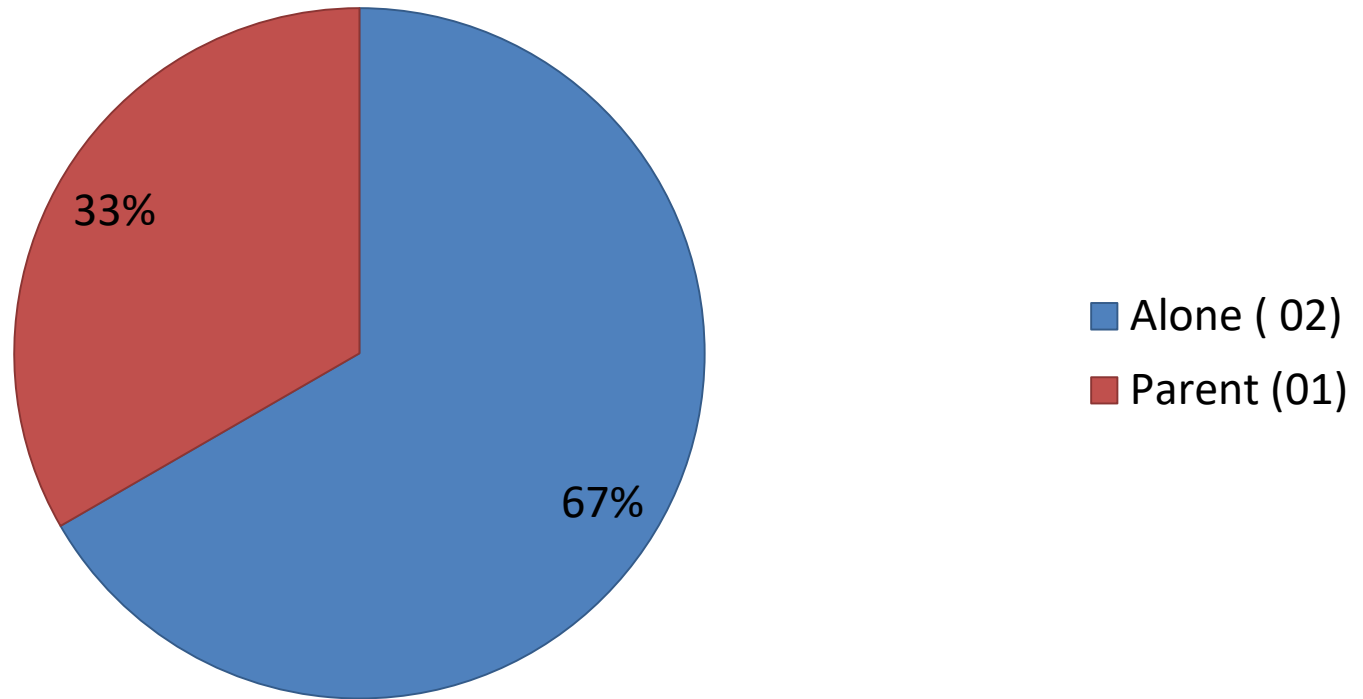
■ Alone (10)
■ Parents (11)
■ Both



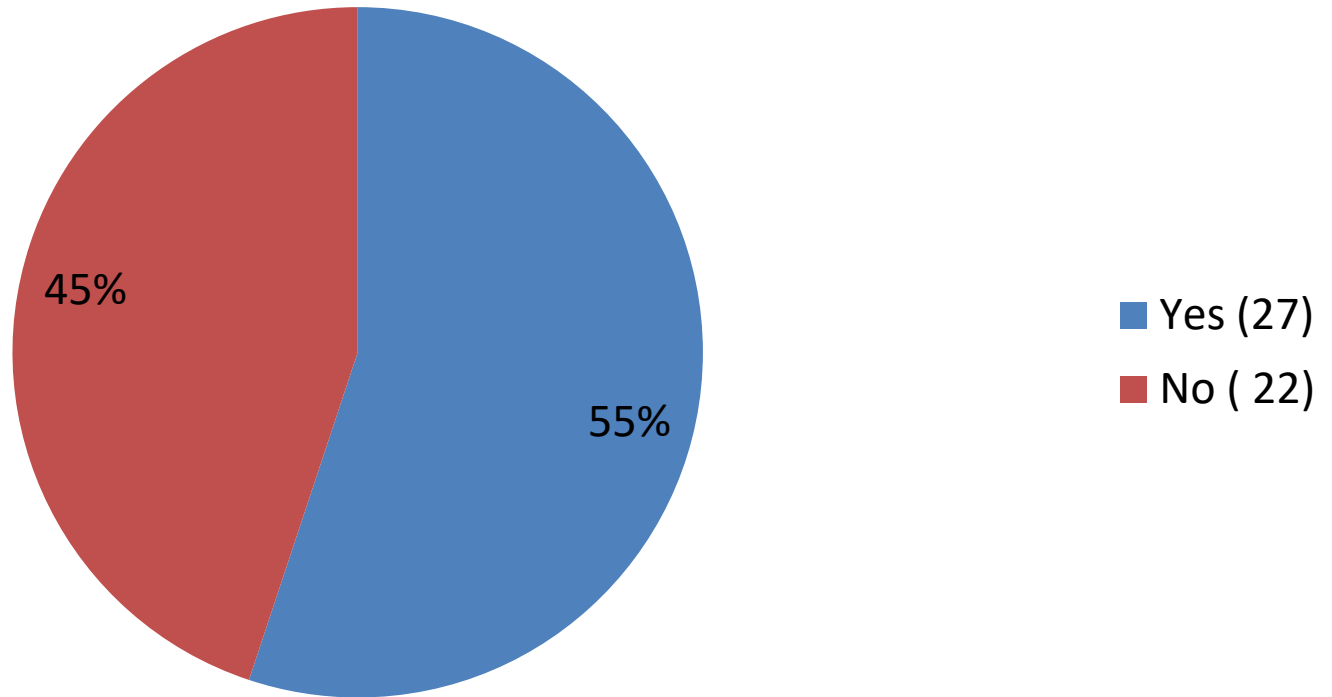
Patient Autonomy :

Emptying

Unilat CUD

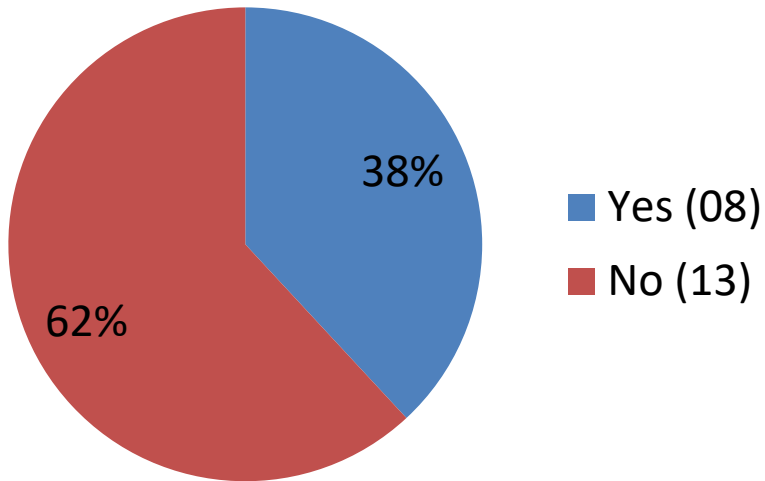


Urinary leakage

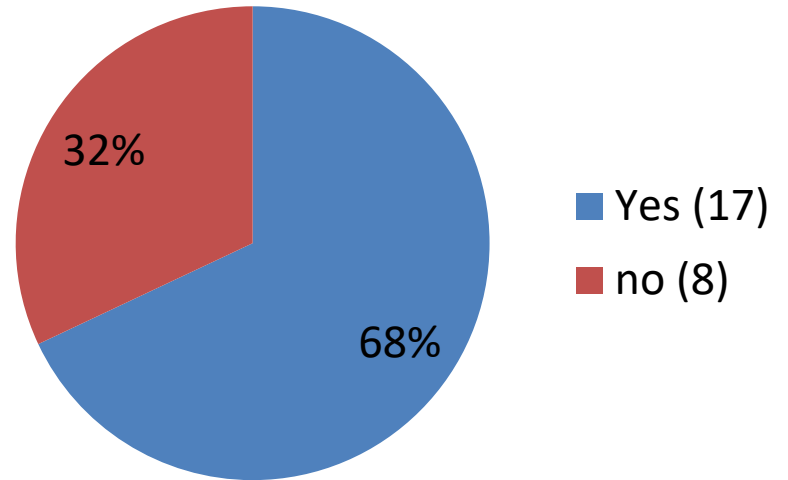


Urinary leakage

Ileal Conduit

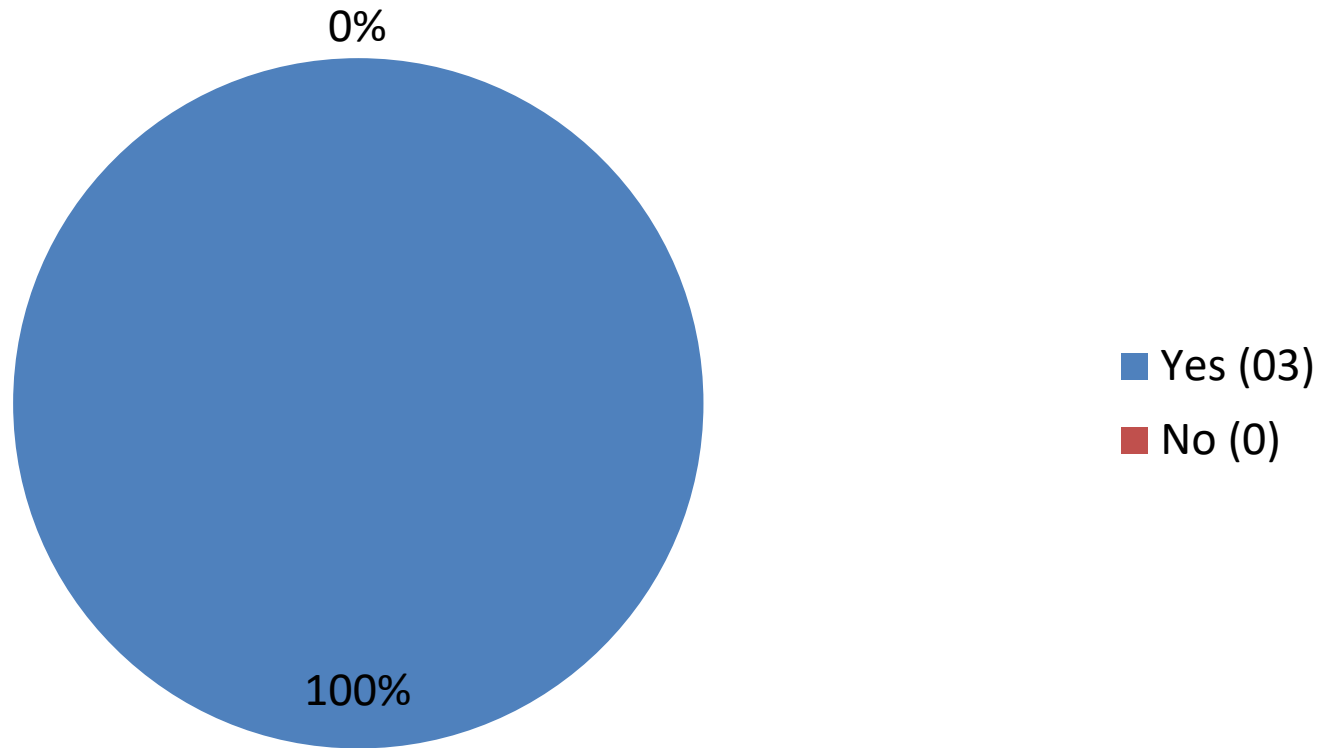


Bilat CUD

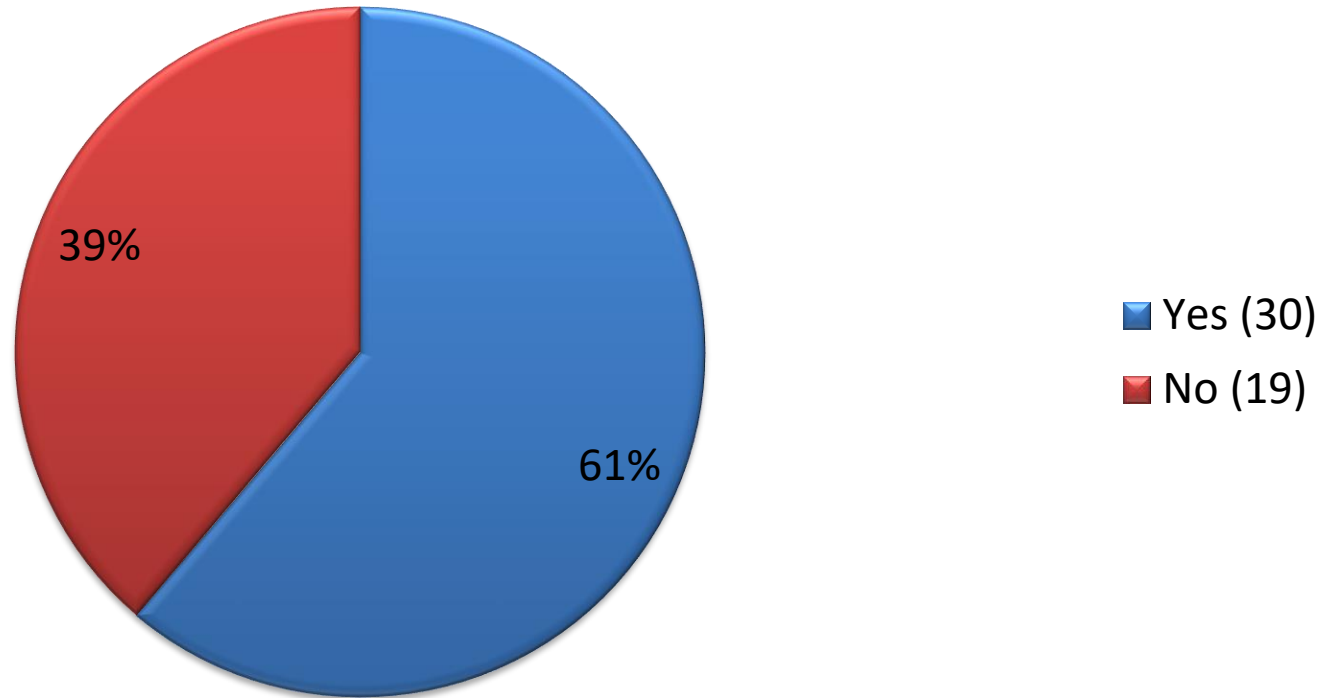


Urinary leakage

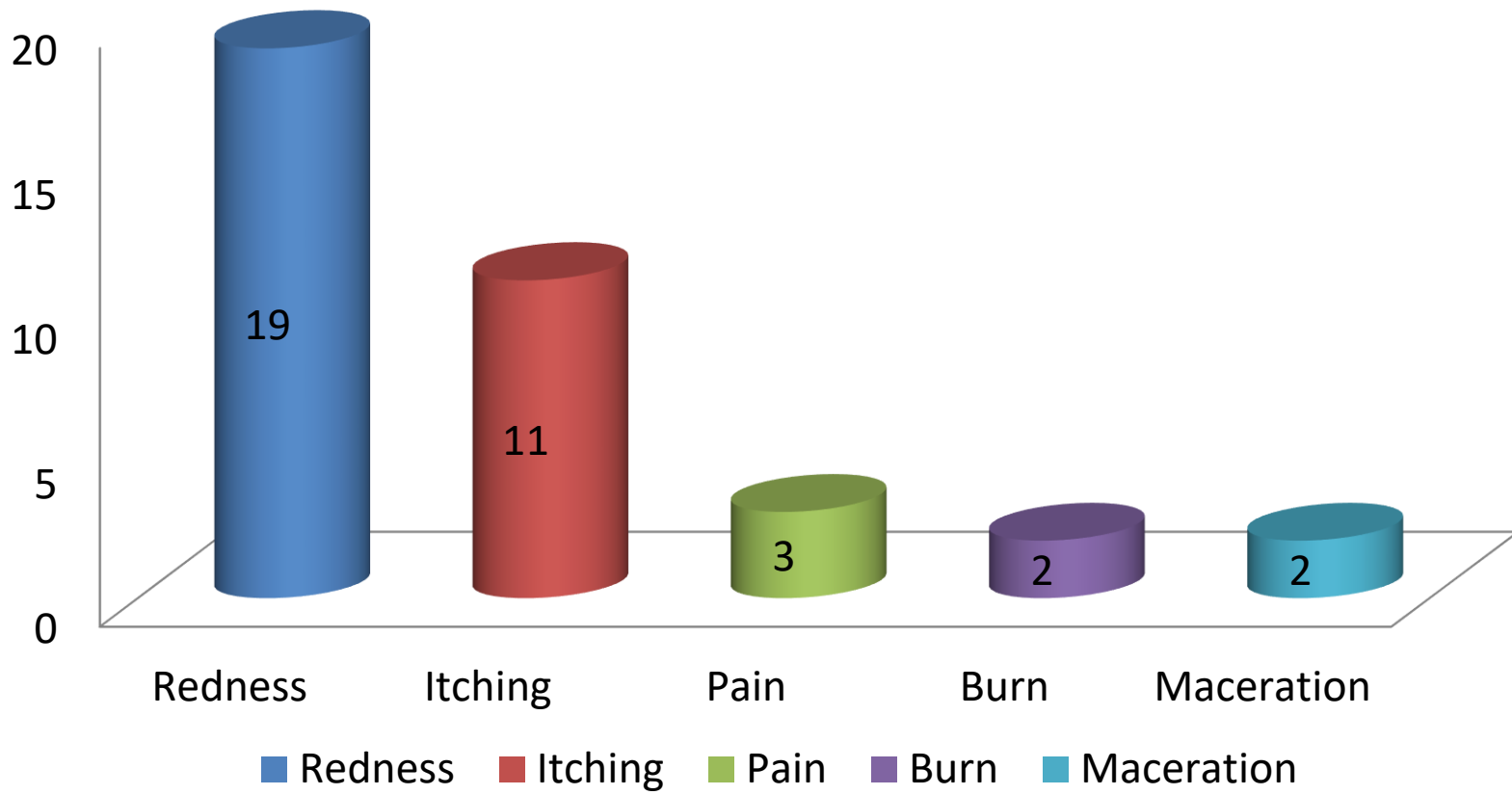
Unilat CUD



Skin Damages

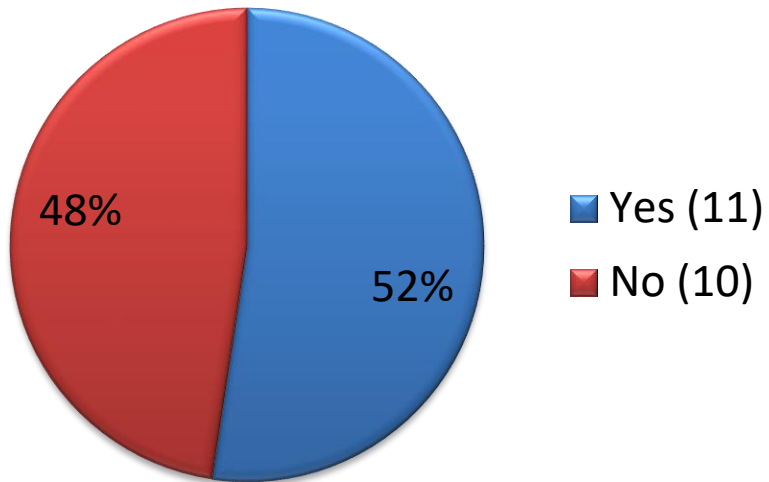


Skin Damages

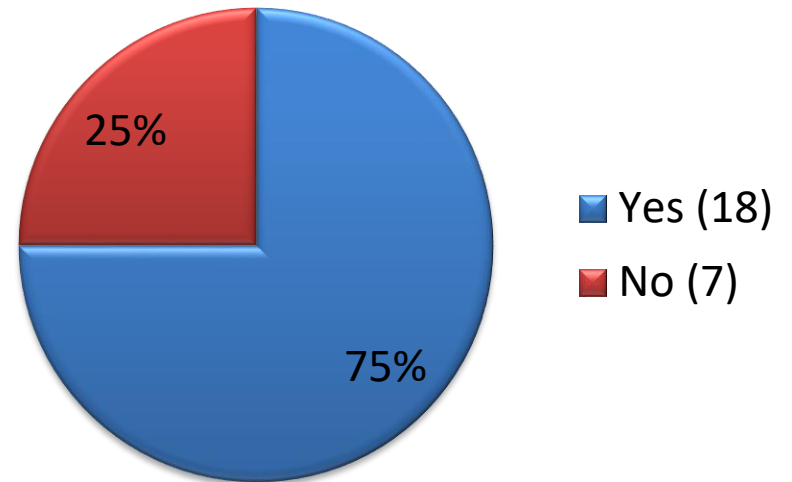


Skin Damages

Ileal Conduit

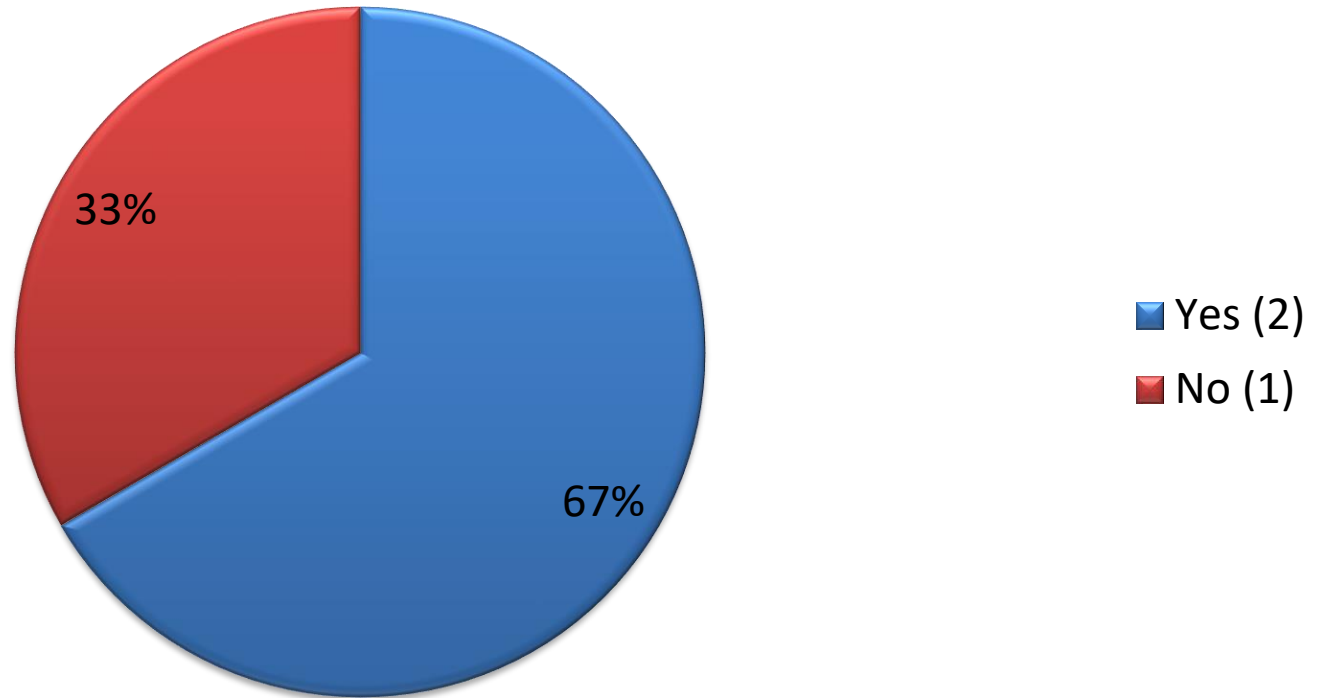


Bilat CUD

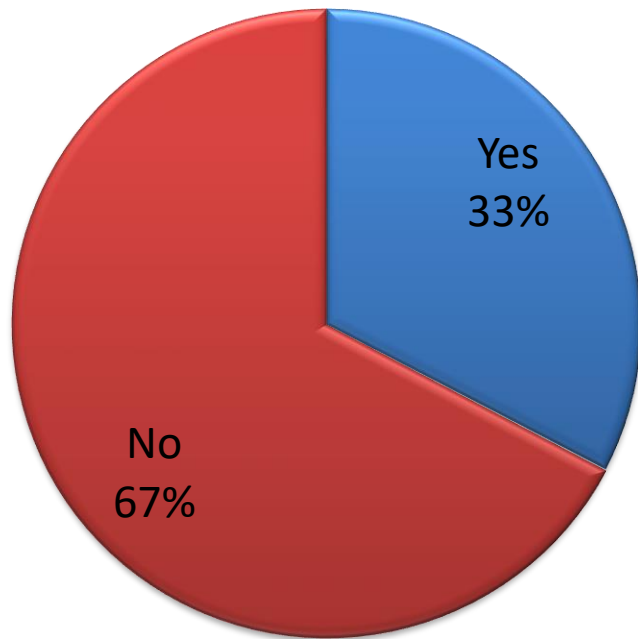


Skin Damages

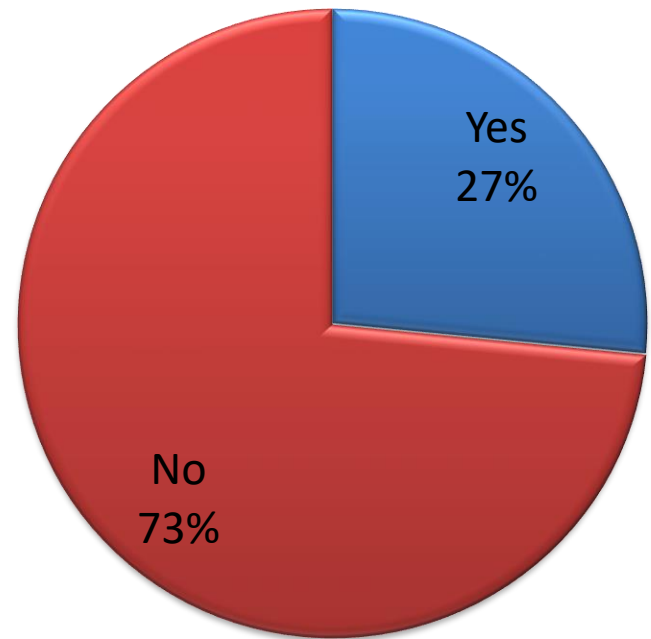
Unilat CUD



**Skin care (cream,
ointment..)**



**Complementary material (belt
, plasters ...)**

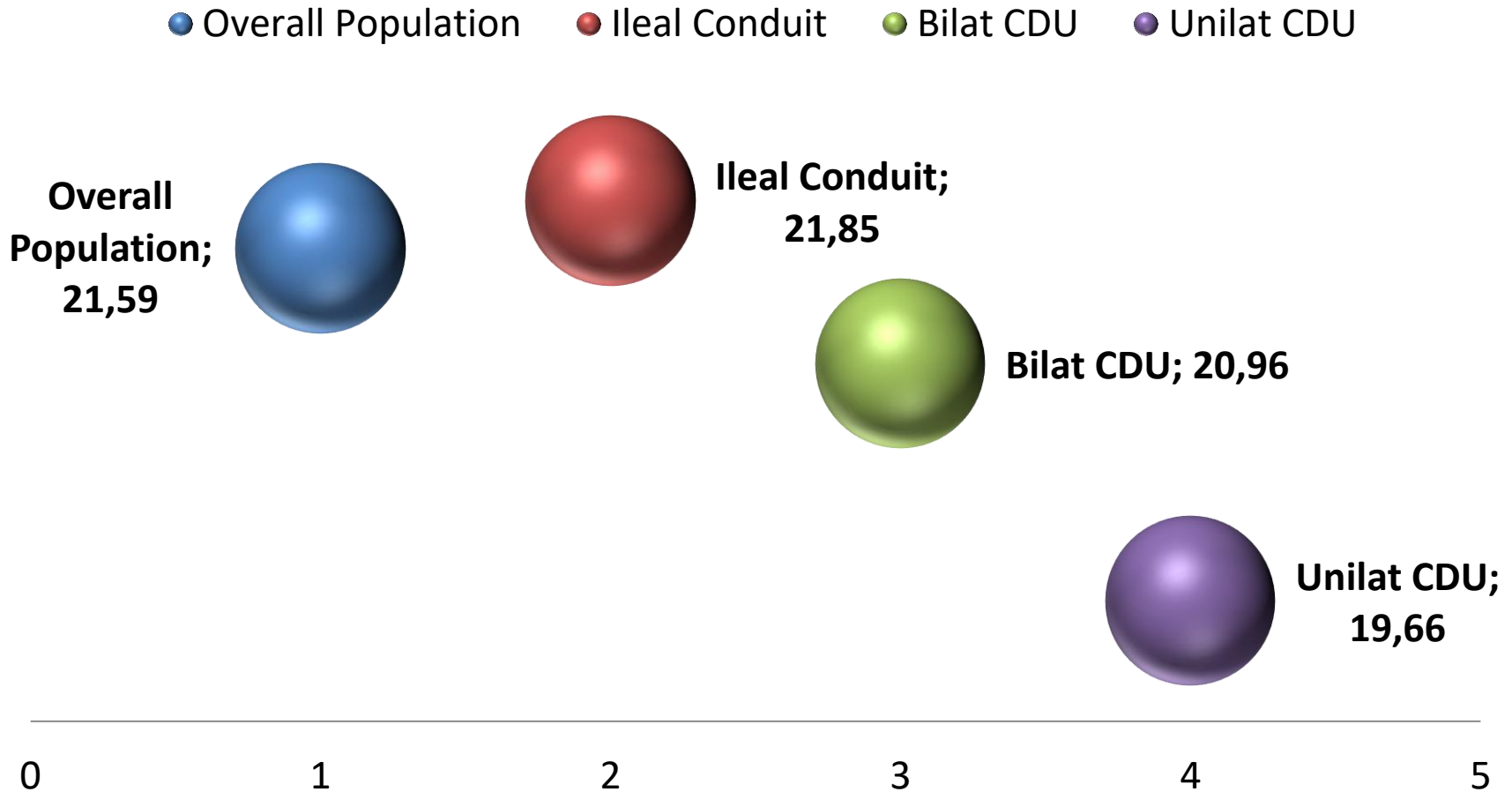


Modified stoma QOL

- 1- It makes me worried when the pocket is full
- 2- I'm afraid that the pocket will come off
- 3- I'm afraid the pocket will smell
- 4- I sleep badly at night
- 5- Because of my stoma I do not like my body
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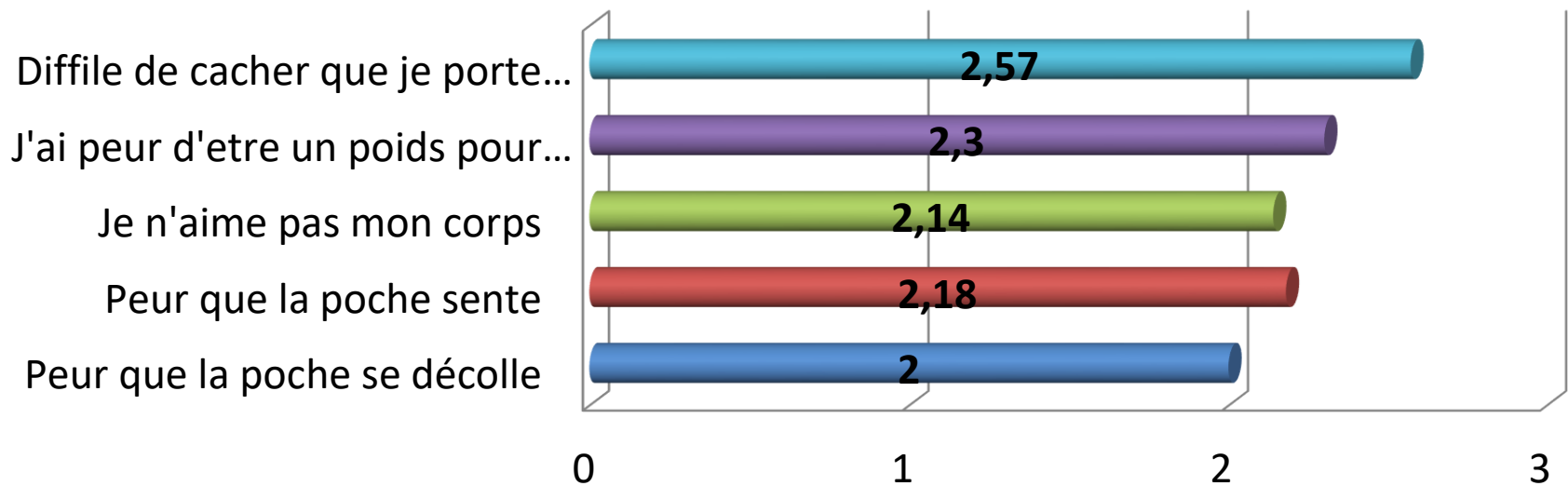
- ✓ NB: Scored as follows:
- All the time => 1 pt
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 - Rarely => 3 pts
 - Never => 4 points

Results of the Stoma-Quality of life questionnaire



Détail des réponses (sur 4 points)

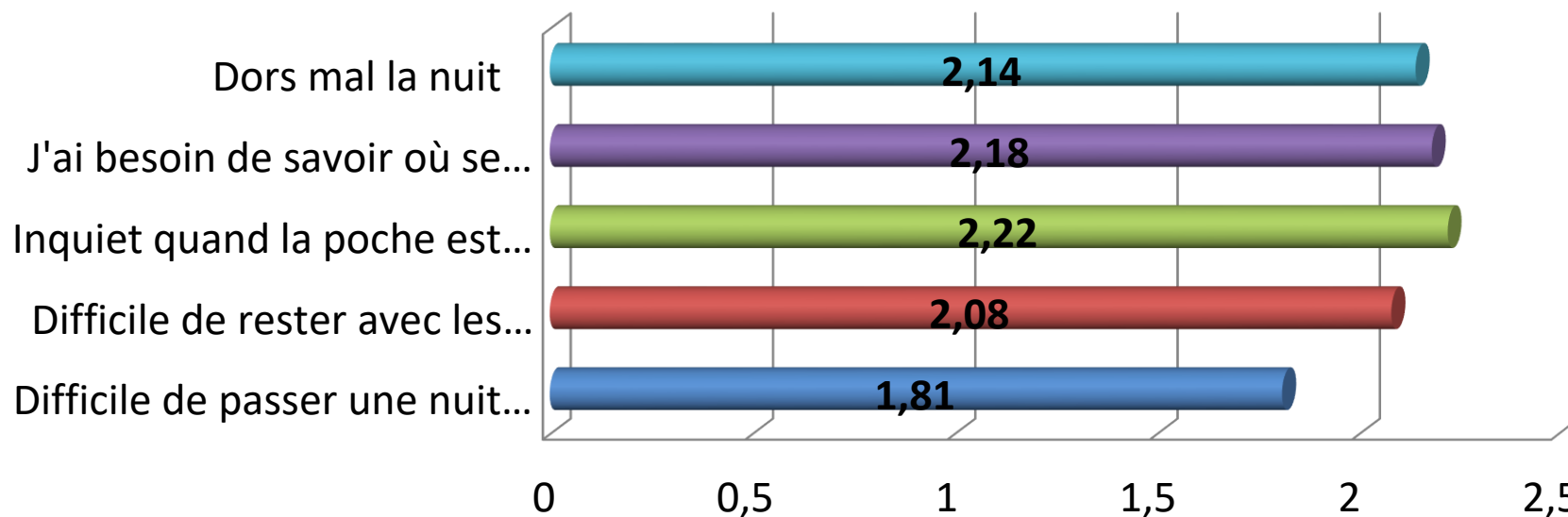
Score moyen (/4pts)



	Peur que la poche se décolle	Peur que la poche sente	Je n'aime pas mon corps	J'ai peur d'etre un poids pour mes proches	Difficile de cacher que je porte une stomie
■ Score moyen (/4pts)	2	2,18	2,14	2,3	2,57

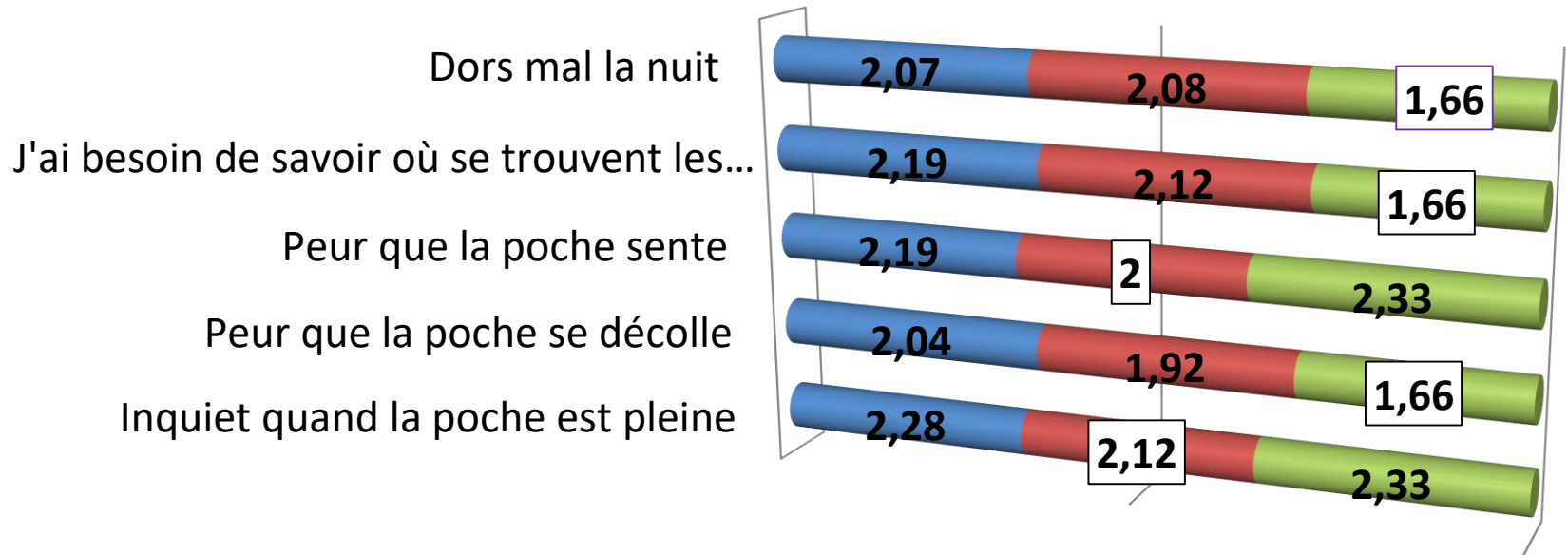
Détail des réponses (sur 4 points)

Score moyen (/4 pts)



	Difficile de passer une nuit hors de chez moi	Difficile de rester avec les autres	Inquiet quand la poche est pleine	J'ai besoin de savoir où se trouvent les toilettes	Dors mal la nuit
■ Score moyen (/4 pts)	1,81	2,08	2,22	2,18	2,14

Détail des réponses: Selon le type de dérivation



	Inquiet quand la poche est pleine	Peur que la poche se décolle	Peur que la poche sente	J'ai besoin de savoir où se trouvent les toilettes	Dors mal la nuit
■ Bricker	2,28	2,04	2,19	2,19	2,07
■ UCB	2,12	1,92	2	2,12	2,08
■ UCU	2,33	1,66	2,33	1,66	1,66

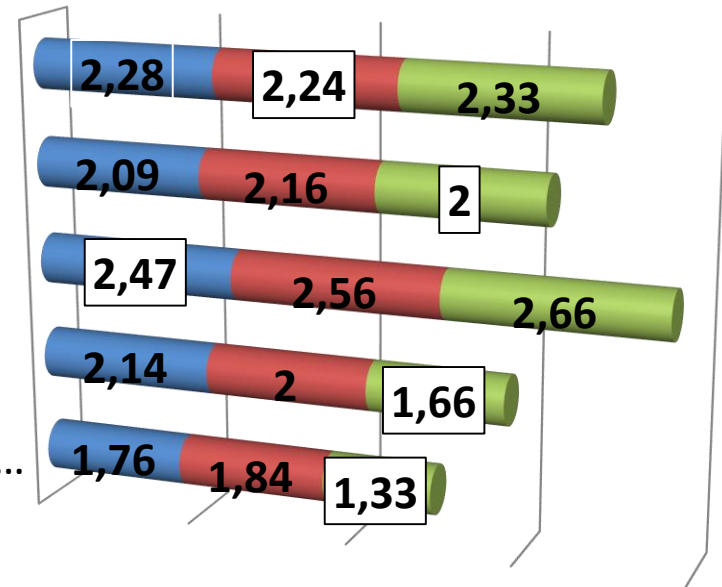
J'ai peur d'etre un poids pour mes proches

Je n'aime pas mon corps

Difficile de cacher que je porte une stomie

Difficile de rester avec les autres

Difficile de passer une nuit hors de chez...



	Difficile de passer une nuit hors de chez moi	Difficile de rester avec les autres	Difficile de cacher que je porte une stomie	Je n'aime pas mon corps	J'ai peur d'etre un poids pour mes proches
■ Bricker	1,76	2,14	2,47	2,09	2,28
■ UCB	1,84	2	2,56	2,16	2,24
■ UCU	1,33	1,66	2,66	2	2,33

Typical profile of the cystectomized patient

- In our study:
 - ✓ A majority (**63%**) of patients use 02-piece devices including pocket and support
 - ✓ The device is changed on average every 3 days, by a parent.
 - ✓ The collection bag is emptied mainly (**60%**) by the patient himself.
 - ✓ Peristomal skin lesions, in particular redness and itching of the skin, are frequent (**61%**) as well as urinary leakage (**55%**)
 - ✓ Local care provided to the peristomal skin is rare (**33%**), when the use of additional consolidation material (plaster) is present in 1/4 of patients.
 - ✓ Parents are involved in day-to-day care

Derivation type and events reported

- **Ileal Conduit vs Cutaneous Ureterostomies**
 - ✓ **More autonomy** (emptying alone 79% vs 50%) – **Change of equipment** (less use of medical personnel for IC 14% vs 40% for CU)
 - ✓ **Fewer bladder leaks** (30% vs 65%)
 - ✓ **Fewer peristomal skin lesions** (50% vs 70%)
 - ✓ **Slightly better quality of life score** (21.95 vs 20.96 vs 19.66) / 40
 - ✓ **The general quality of life remains average or even poor, but there is less difficulty in the daily management of the stoma.**

Discussion

- The creation of a stoma constitutes an upheaval in the daily life of patients
- Parameters reported to be negatively related to the quality of life of ostomy patients include dependency on others for ostomy care, occurrence of leaks, skin complications, and lack of social support and education relating to the stoma.

- In our study, 09 patients (19%) was completely autonomous for the change of his device.
- **60% were independent for the emptying of their pockets.**
- In the study by Tal and al., 52% managed their ostomies themselves.

> J Urol. 2012 May;187(5):1707-12. doi: 10.1016/j.juro.2011.12.064. Epub 2012 Mar 15.

An ileal conduit--who takes care of the stoma?

Raanan Tal ¹, Maya M Cohen, Ofer Yossepowitch, Shay Golan, Sari Regev, Sofi Zertzer, Jack Baniel

- Leakage is one of the main complications reported by patients with urinary ostomy.
- They are sources of social embarrassment due to the odors and stains caused, but also of skin complications such as irritant dermatitis (chemical aggression caused by urine)

The incidence of cutaneous peristomal complications varies from 30 to 67% depending on the studies, they are a source of impaired quality of life

In our series, 61% of patients reported a peristomal skin event, regardless of the type of stoma performed.

In the study by Shimko and al., stomal complications accounted for 15% of all complications directly attributable to urinary diversions, with an increased risk in people with obesity.

Comparative Study > J Urol. 2011 Feb;185(2):562-7. doi: 10.1016/j.juro.2010.09.096.
Epub 2010 Dec 18.

Long-term complications of conduit urinary diversion

Mark S Shimko ¹, Matthew K Tollefson, Eric C Umbreit, Sara A Farmer, Michael L Blute, Igor Frank

- The literature is controversial as to which type of UD provides the best quality of life.
- Ali and al conducted a literature review finding 21 studies comparing “Continent Urinary Diversion and incontinent Urinary Diversion”; 16 of them found an **equivalent Quality of Life regardless of the type of Urinary diversion**

Review > Eur J Surg Oncol. 2015 Mar;41(3):295-9. doi: 10.1016/j.ejso.2014.05.006. Epub 2014 May 24.

Health related quality of life (HRQoL) after cystectomy: comparison between orthotopic neobladder and ileal conduit diversion

A S Ali ¹, M C Hayes ¹, B Birch ¹, T Dudderidge ¹, B K Somani ²

Conclusion

- Impact of cystectomy on quality of life.
- No significant difference in overall quality of life depending on the type of Urinary diversion;
- Easier management of the urinary stoma for patients benefiting from Ileal conduit.
- The Stoma QOL score makes it possible to quantify the suffering of the cystectomized patient => Long-term follow-up and evaluation scale.

- Include the patient more in the care process and promote their autonomy (training in the use of the equipment - advice).
- Ideally, education of patients in stomal care should be acquired before patients return home, because if the skill is not mastered initially, then it is unlikely that the patient will be able to acquire it later.
- Need to strengthen the dialogue between the urology team and the stoma patient.
- Long-term multidisciplinary care.