

MEETING ABSTRACT

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Urological involvements in pelvic oncologic surgery

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Background

The best way to peer view the subject is to discuss a study which has been done in the Institute of Neurotraumatology “ La Sapienza 1 “ University of Roma (Italy) years ago.

Materials and methods

First Group: 10 Patients (aged 35-66) operated of Anterior Rectal Resection + Aortic/Caval Lymphadenectomy examined 15 days after the surgical procedure and followed up along 4 years. The conclusion was that rectal surgery is invariably followed by urological/sexual complications.

Second Group: 5 Patients (aged 25-71) operated of Anterior Rectal Resection without lymphadenectomy followed 2 years after the procedure and then periodically for a period of 5 years. The conclusion was that non- radical rectal surgery brings on urological/sexual troubles.

Third Group: 12 Patients (aged 41-73) operated of Abdominoperineal Rectal Amputation started their follow- up 1 year after the operation and continued for a period 9 years. All of them showed severe urological/sexual complications.

Results and conclusions

The basic remark deals with the old age of almost all the Patients candidates to pelvic oncological surgery. The diseases of the lower urinary tract are frequent not to mention erectile dysfunctions. In older women preexisting urethrocyстоcele, stress, incontinence and hormonal imbalance have to be taken into consideration.

But the main remark is that pelvic oncologic surgery “per se” (open, laparoscopic/robotic) + the possible complications during its follow-up enhance the risk of

disruption or lesions of pelvic autonomous nervous system and sometimes (major oncologic surgery) of the pelvic somatic nervous system going to the pelvic floor.

Of paramount importance is the vesicourethral disalignment after radical pelvic surgery.

There is no doubt about the increasing involvements after lymphadenectomies . Patients undergoing pelvic oncologic surgery must be informed of possible urological/sexual troubles. A complete examination of the Urinary Tract and of the sexual situation.

Management of the indwelling urinary catheter is important. In the presence of severe problems the Surgeon should ensure that lesions of the pelvic nervous system do not lead to total the enervation of the bladder which contains in the detrusor and the mucosa the metasympathetic system. That’s why the main therapeutic objective in this situation is to avoid damaging the bladder.

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