

ASSESSMENT OF THE QUALITY OF LIFE OF PATIENTS AFTER RADICAL CYSTECTOMY PERFORMED BY EXTRAPERITONEAL ACCESS

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ABSTRACT

Objective: to evaluate the quality of life of patients with invasive bladder cancer after undergoing radical cystectomy performed through extraperitoneal access.

Material and methods: 90 patients with invasive bladder cancer stage T2-3N0-2M0, aged 63.2 ± 4.3 years, were examined. All patients underwent radical cystectomy using an extraperitoneal approach with dissection of the pelvic lymph nodes. Surveillance monitoring was carried out when the patient was discharged from the hospital, 3 and 12 months after surgery. To assess the quality of life of patients, the SF-36 and KDQOL-SF™ 1.3 questionnaires were used.

Results: When performing radical cystectomy via extraperitoneal access in the early stages of the postoperative period, a predominance of average scores on the SF-36 and KDQOL-SF™ 1.3 questionnaires was established. In the long-term postoperative period after 12 months, the patient's general health is completely restored and the quality of life significantly improves.

Conclusion: SF-36 and KDQOL-SF™ 1.3 questionnaires allow us to objectively assess the impact of radical cystectomy on the quality of life of patients at different times after surgery.

Key words: bladder cancer, radical cystectomy, quality of life of patients.

INTRODUCTION

Malignant tumors of the urinary tract are a serious problem for the global health system, as the number of patients with this disease increases every year and their average age decreases. The leading position in this group of diseases is occupied by bladder cancer, which is in the 10th place in the world in terms of prevalence among all oncological diseases. The muscle-invasive form of bladder cancer of the T2-T4 stage is the most aggressive, which affects the clinical picture of the development of the tumor process and determines the choice of the optimal treatment method. The high risk of metastasis and the low effectiveness of antitumor agents at these stages of cancer make surgical interventions the main method of treatment. Radical cystectomy with pelvic lymph node dissection is the

standard treatment for localized invasive bladder cancer in most Western countries [1].

Radical cystectomy is traditionally performed by transperitoneal access. This operation includes antegrade mobilization and dissection of the bladder, followed by intraperitoneal placement of a new bladder or iliac conduit. However, such access leads to insufficiency of the peritoneum in the pelvis and destroys the natural separation (compartmentalization) of the gastrointestinal tract from the urinary tract, which leads to impaired peritoneal motility in 25% of patients [2,3].

In this regard, special attention has recently been paid to repeated reperitonealization at the end of cystectomy to maintain the compartmentalization of the gastrointestinal tract [4].

The opening of the peritoneum at the end of the operation and its early suturing do not give serious complications, but nevertheless laparotomy and contact of the abdominal cavity with air, in the near future, are fraught with an adhesive process [5].

Considering the above, in our opinion, performing cystectomy with extraperitoneal access can significantly improve the patient's quality of life in the postoperative period and reduce the frequency of postoperative complications associated with impaired peritoneal motility.

The purpose of this study was to assess the quality of life of patients with invasive bladder cancer after undergoing radical cystectomy performed by extraperitoneal access.

Material and methods.

The study included 90 patients with invasive bladder cancer in the T2-3N0-2M0 stage, treated at the Republican Specialized Scientific and Practical Medical Center of Oncology and Radiology (RSNPMCOiR) in accordance with institutional protocols in the period from January 2016 to December 2019. The average age of the patients was 62.2 ± 4.1 years (range, from 57 to 73). The average Charlson comorbidity index (CCI) of concomitant pathology was 4 (range, from 2 to 9).

The study was approved by the Ethics Committee of the RSNPMCOiR. Informed consent was obtained from all patients prior to their inclusion in the study.

All patients underwent radical cystectomy with extraperitoneal access according to a technique developed in the clinic with standard dissection of pelvic lymph nodes.

Monitoring of patient follow-up was carried out at the patient's discharge from the hospital, 3 and 12 months after surgery.

The assessment of the quality of life of patients was carried out by means of questionnaires using the SF-36 and KDQOL-SF1.3 questionnaires.

The results of the study. An analysis of the results of the patient survey showed that upon discharge from the hospital, the average values of the points scored for the health components of the SF-36 questionnaire corresponded to a satisfactory quality of life of the patient

By the end of 3 months of follow-up, a statistically significant improvement in all indicators of quality of life was noted according to the SF-36 questionnaire ($p < 0.05$).

By the end of 12 months of follow-up, all patients had recovered physical and role functioning, as well as general condition and psychological health, pain in the area of surgery completely disappeared, and vital activity significantly increased ($p < 0.05$).

The data obtained from the SF-36 questionnaire indicate that with radical cystectomy performed with extraperitoneal access, the dynamics of observation shows a limitation of the patient's daily activities in the immediate postoperative period with subsequent recovery. Low scores were also found, confirming the restriction of social contacts and the level of communication due to the deterioration of physical and emotional condition, with recovery in the late postoperative period, after 12 months.

Analysis of the results of the patient survey showed that upon discharge from the hospital, the average values of the points scored for the health components of the KDQOL-SF™1 questionnaire.3 corresponded to the relatively satisfactory quality of life of the patient

All the surveyed patients were found to be dissatisfied with the state of general health and the impact of surgery on daily life. According to 3 scales, the results were found to be significantly better and rated more satisfactory, according to the rest of the scales, the indicators were at the level of a trend towards statistical significance by the end of 3 months of observation.

Initially, the indicators of activity related to daily physical activity and indicators of cognitive functions were reduced. The indicators of labor status and the burden of kidney disease were the lowest.

Discussion. Treatment of bladder cancer is an urgent problem of modern oncurology, which is due to the high incidence with a tendency to constant growth, the widespread prevalence of the disease, the duration and complexity of treatment, and a high percentage of disability.

The main method of treatment of patients with invasive bladder cancer remains surgical, and the only radical operation is cystectomy with

lymphadenectomy and a rationally chosen method of urine derivation [6], although many surgeons consider it as the final, or "reserve", stage of treatment in the absence of the effect of organ-preserving treatment. As a rule, a "rescue" cystectomy is performed at the T3b-4 stage, when it has little effect on life expectancy, but significantly improves its quality [7].

Radical cystectomy performed in the early stages gives good results. But there is also dissatisfaction with this operation, which is associated not only with the complexity of its execution, but also with poor long-term results. The frequency of early and late postoperative complications ranges from 3 to 30%, which also requires further search for ways to prevent and treat complications. Also, after radical cystectomy, patients need medical and social rehabilitation.

In this study, we studied the effect of radical cystectomy performed with extraperitoneal access on the quality of life of patients at different times after surgery. The study was conducted for the subsequent comparative assessment of the quality of life of patients after the intervention, depending on the type of surgical access.

Conclusion.

When performing radical cystectomy with extraperitoneal access in the early stages of the postoperative period, the prevalence of average scores according to the SF-36 and KDQOL-SF1.3 questionnaires was established.

In the long-term postoperative period, after 12 months, the patient's general health is fully restored and the quality of life significantly improves.

The SF-36 and KDQOL-SF™1 questionnaires.3. they allow an objective assessment of the effect of radical cystectomy on the quality of life of patients at different times after surgery.

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