COMMENTARY

# *Is simpler better? Quality of life based on type of urinary diversion*

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Radical cystectomy with urinary diversion is an effective yet potentially morbid treatment for urothelial carcinoma of the bladder.[1] Both the short term and long term complications related to the operation itself as well as the urinary diversion have been well-documented.[2,3] One single-institutional study demonstrated that just over 60% of patients experienced a complication related to their urinary diversion and that there were on average 2.3 complications/patient.[4] Thus, as with any major reconstructive oncologic surgery, the urologist is trying to maximize cancer control while minimizing the negative effects of the treatment itself.

Population-based and institutional studies have demonstrated that younger, less comorbid men with a higher socioeconomic status are more likely to choose a continent urinary diversion versus an ileal conduit.[5,6] The perception may be that a continent urinary diversion, especially an orthotopic diversion in men, may replicate both the normal anatomic and functional role of the native bladder, leading to an improved quality of life and self-image. However, the objective data to prove this assertion is lacking, and data indicates that the use of a continent urinary diversion has declined in more recent years.[6]

In the report contained in this issue of the *Canadian Journal of Urology*, the authors measured the quality of life in patients post-cystectomy stratified by diversion type using a validated quality of life assessment tool. In their report, the authors found that diversion type was not associated with an improved quality of life after radical cystectomy using the FACT-G Vanderbilt Cystectomy Index.[7,8] Although this report had a relatively small number of respondents (n = 84), it is certainly thought-provoking in its findings and potential clinical extrapolations.

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Although it has been reported that continent urinary diversions may not have increased morbidity in the short term,[9] practically speaking, these diversions do require more effort and diligence than an ileal conduit. Ultimately, it is a very personal patient decision as to the type of urinary diversion that one chooses. Clearly, there are some patients whose self-image and other subjective, difficult to elucidate features dictate a continent urinary diversion. A patient choosing a continent urinary diversion requires extensive counseling to ensure that he/she understands the limitations of continent diversions and that these diversions do not function in a similar fashion as a "normal" bladder. In the appropriately selected, highly motivated patient, a continent urinary diversion is a reasonable choice, however as the present study seems to indicate, the majority of patients undergoing cystectomy are equally served with an ileal conduit. □

References

1. Stein JP, Lieskovsky G, Cote R et al. Radical cystectomy in the treatment of invasive bladder cancer: long-term results in 1,054 patients. *J Clin Oncol* 2001;19(3):666-675.
2. Shabsigh A, Korets R, Vora KC et al. Defining early morbidity of radical cystectomy for patients with bladder cancer using a standardized reporting methodology. *Eur Urol* 2009;55(1):164-174.
3. Aghazadeh MA, Barocas DA, Salem S et al. Determining factors for hospital discharge status after radical cystectomy in a large contemporary cohort. *J Urol* 2011;185(1):85-89.
4. Shimko MS, Tollefson MK, Umbreit EC, Farmer SA, Blute ML, Frank I. Long-term complications of conduit urinary diversion. *J Urol* 2011;185(2):562-567.
5. Gore JL, Saigal CS, Hanley JM, Schonlau M, Litwin MS. Variations in reconstruction after radical cystectomy. *Cancer* 2006;107(4):729-737.
6. Lowrance WT, Rumohr JA, Clark PE, Chang SS, Smith JA Jr, Cookson MS. Urinary diversion trends at a high volume, single American tertiary care center. *J Urol* 2009;182(5):2369-2374.
7. Cookson MS, Dutta SC, Chang SS, Clark T, Smith JA Jr, Wells N. Health related quality of life in patients treated with radical cystectomy and urinary diversion for urothelial carcinoma of the bladder: development and validation of a new disease specific questionnaire. *J Urol* 2003;170(5):1926-1930.
8. Metcalfe M, Estey E, Jacobsen N-E, Voaklander D, Fairey AS. Association between urinary diversion and quality of life after radical cystectomy. *Can J Urol* 2013;20(1):6626-6631.
9. Gore JL, Yu HY, Setodji C, Hanley JM, Litwin MS, Saigal CS. Urinary diversion and morbidity after radical cystectomy for bladder cancer. *Cancer* 2010;116(2):331-339.