

Early oncological and functional outcomes of prostate capsule Sparing cystectomy compared with standard radical cystectomy. _:

Abstract

Introduction and Objectives: A comparative study of standard radical cystectomy and prostate capsule sparing radical cystectomy regarding functional and oncological outcomes. **Materials and Methods:** A randomized study of 96 patients with transitional cell carcinoma of the bladder (December 2014 - June 2016) was done. We excluded cases with preoperative T4 staging, lymphadenopathy, prostatic specific antigen > 4 ng/dl, and cases with positive biopsies from the bladder neck, trigone, and/or prostatic urethra. Patients were divided into 2 groups, Group 1: standard radical cystectomy with orthotopic diversion (n = 51), Group 2: prostate capsule sparing cystectomy with orthotopic diversion (n = 45). Preoperative transrectal ultrasound and prostatic biopsies were done in Group 2 to exclude prostate cancer.

We compared the urinary continence and erectile function in both groups after 6 months, 1, and 2 years. **Results:** There was no significant difference between the groups regarding preoperative demographic data, tumor stage, grade, site by cystoscopy, and biopsy. Intraoperative monitoring showed no significant differences regarding blood loss, surgical complications, or operative time (2.5 ± 0.48 vs. 2.4 ± 0.45 h). There was a significantly higher percentage of continence and potency in Group 2 than in Group 1. Sixteen cases (35.6%) in Group 2 but only 4 cases (7.8%) in Group 1 developed large post-voiding residual urine and needed intermittent self-catheterization cleaning ($p = 0.001$).

The tumor recurrence rate was not significantly different between the groups after 2 years ($p = 0.3$).

Conclusion: Prostate capsule sparing cystectomy is a good option in selected cases with better continence and potency and without compromising oncological outcomes after 2 years.