

## Outcome of orthotopic sigmoid versus ileal neobladder reconstruction

### Abstract

**Introduction:** Radical cystectomy with orthotopic urinary diversion is considered the gold standard for treatment of muscular invasive bladder cancer or high-risk nonmuscular invasive bladder cancer. The choice of orthotopic neobladder reconstruction depends on the clinical outcomes of it and should be planned with the patients, especially the risk of incontinence.

**Methods:** this study included 52 Egyptian patients underwent radical cystectomy and orthotopic neobladder reconstruction with sigmoid (25 patients) and ileal (27 patients) segments. Postoperative clinical outcomes between the sigmoid and ileal neobladder groups were compared.

**Results:** In the present study, 12 intraoperative complications (6 in each group) and 19 postoperative complications (17 in sigmoid and 15 in ileal group) occurred; however, there was no significant difference in the incidence of intraoperative and postoperative complications between both groups. There were no significant differences in the continence status and spontaneous voiding between both groups. There were no significant differences in maximal flow rate and voided volume between both groups. Night voiding frequency in the ileal neobladder patients was significantly smaller than sigmoid neobladder patients. Free flowery showed a significant difference of voiding time and volume in favor of sigmoid neobladder group. Maximum urethral pressure and urethral closing pressure were significantly higher in ileal neobladder group.

**Conclusions:** Both types of neobladder reconstruction resulted in comparatively satisfactory outcomes; however, the voiding function in sigmoid neobladder group appeared to be more favorable than that in ileal neobladder group.