

INTRODUCTION

Muscle-invasive bladder cancer incidence increases with age and peaks in the octogenarians. Even though radical cystectomy (RC) is the gold standard for this stage of disease, it is frequently not offered to elderly patients because of the expected higher risks of complications. The aim of our study was to determine if significant differences exist in the perioperative outcomes of patients aged >75 years compared to younger patients treated with RC.

PATIENTS AND METHODS

We conducted a retrospective analysis of all patients with bladder cancer (BC) that underwent RC in our urology department from January 2014 to June 2017. Eighty-eight patients were identified and included in the study. Patients were divided into two groups: Group 1, aged <75 years and Group 2, aged ≥75 years. Co-morbidities and perioperative outcomes were compared between the groups.

CONCLUSION

RC in elderly patients has similar perioperative morbidity when compared with younger patients and can be offered to selected patients. Thus, age itself should not be an absolute contraindication for RC. Despite RC is not contraindicated in the elderly, we observed a greater tendency to choose simple urinary derivations, contributing to the reduction of complications in these patients.

RESULTS

- The mean age was 69.1 (35-84) years.
- There were 65 patients with muscle-invasive disease and 23 with non-muscle-invasive disease.

Table 1 Epidemiological and clinical comparison between the two groups

	< 75 years	≥75 years
Patients (number)	58	30
Mean age (years)	63.9±8.2	79.3±2.6
Muscle-invasive disease (%)	74.1	70.0
Median hospital stay (days)	12 (8-105)	14 (8-81)
Charlson Comorbidity Index	5.5±1.9	6±1.3
Perioperative complications (%)	44.8	56.7
30-day mortality rate (%)	3.4	6.7

Table 2 Types of urinary diversion performed

	< 75 years	≥75 years
Ileal conduit diversion	35 (60.3%)	13 (43.3%)
Cutaneous ureterostomy	12 (20.7%)	16 (53.3%)
Orthotopic neobladder	11 (19.0%)	0 (0%)
No derivation	0 (0%)	1 (3.3%)

Table 3 Complications – Clavien-Dindo Classification

	< 75 years	≥75 years
Grade I	9 (15.6%)	6 (20.0%)
Grade II	8 (13.8%)	4 (13.3%)
Grade III	9 (15.6%)	7 (23.3%)
Grade IV	0 (0%)	0 (%)
Grade V	0 (0%)	0 (%)

- The most frequent complications were infections and surgical wound dehiscence.
- All patients undergoing a second surgical intervention (Clavien-Dindo III) had evisceration or enteric fistula.