



## Letter to the Editor

## Editorial comment to: Ileal versus sigmoid neobladder as bladder substitute after radical cystectomy for bladder cancer: A meta-analysis

**Keywords:**

Ileal  
Sigmoid  
Neobladder  
Bladder cancer

*Dear editor,*

We read with great interest the article entitled “Ileal versus sigmoid neobladder as bladder substitute after radical cystectomy for bladder cancer: A meta-analysis.” by Tao S et al. [1] in the International Journal of surgery.

Articles included in the meta-analysis considered 387 sigmoid neobladder (SN) versus 569 ileal neobladder (IN): the difference in patients number between IN and SN was greater than 10 in 6 studies in favor of IN. The Authors found a higher chance of early surgical complication, lower continence rates, but higher chance of spontaneous voiding in patients who undergo the SN reconstruction compared to those who underwent the IN one.

Concerning surgical complications, it is difficult to compare complications from different case series. In our experience they rely primarily on surgeon's experience and on patients' selection [2]. We report a 22.6% rate of early surgical complications on a case load of 160 SN. All procedures were performed by 2 expert surgeons only, and strict criteria for patient's selection were followed. In fact over a 20-year period, only 19.1% of our patients were deemed eligible for SN reconstruction [2]. In our opinion the difference in early complications data should be interpreted with care, because their rate cannot be attributed only to the type of intestinal segment adopted.

We recognize that a specific complication of SN surgery is the risk of colonic anastomosis dehiscence, while IN surgery bears a higher chance of postoperative ileus.

In our opinion, the complications that could be objectively compared are those related to the neobladder such as metabolic imbalance, urolithiasis and absorption defects.

Concerning urodynamic parameters, the greater volume and compliance of IN could represents a point of weakness. In fact over the long term this can result in a hyper-distention of the neobladder and it may cause urinary retention [3,4]. On the contrary, the SN, thanks to its thicker wall, opposes itself to the hyper-

distention as it lower post-void residual demonstrates [1,2].

Since SN provides a better chance of spontaneous voiding over the long term, we could speculate that SN could represent an optimal alternative, especially for patients with long life expectancy after radical cystectomy.

Concerning continence, SN provides a lower rate of continence compared to the IN. Yet, we underline that a definition of continence in neobladder patients has not been acknowledged [5]. We define continence as complete dryness with no need for pads or condom devices and, while reporting data in our series, we have not included patients who perform CIC among continent. In our opinion, they represent a distinct functional outcome, because their continence results from urinary retention due to neobladder hyper-distention, a complication toward which the IN is more prone [3,4].

It is a remarkable finding that there were no difference when comparing serum creatinine, thus we can infer that both types of orthotopic neobladder do not affect the renal function.

**Ethical approval**

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**Author contribution**

Alberto Martini: manuscript writing/editing.  
Donata Villari: manuscript writing/editing.  
Giulio Nicita: manuscript writing/editing.

**Conflict of interest**

None.

**Guarantor**

All Authors take full responsibility for this Manuscript.

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Alberto Martini\*, Donata Villari, Giulio Nicita  
*Department of Urology, University of Florence, Careggi Hospital,  
Florence, Italy*

\* Corresponding author. Clinica Urologica II, Azienda Ospedaliera  
Careggi, Università di Firenze, Viale San Luca, 50134, Firenze, Italy.  
*E-mail address:* [a.martini.md@gmail.com](mailto:a.martini.md@gmail.com) (A. Martini).

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