

## Author's Reply

### Response to Editorial Comment to Use of sigmoid colon in orthotopic neobladder reconstruction: Long-term results

We thank Dr Abe for the opportunity to focus on some aspects of our article.<sup>1</sup>

Our index of early complications depends above all on a studied selection of candidates. As we had stated, just 19.1% of cystectomy patients receive a sigmoid neobladder. Any candidate not in optimal health with severe comorbidities was excluded, as noted in the text.<sup>2</sup> Regarding postoperative management, all patients are admitted to a recovery room until they are fully awake, then they are admitted to subintensive care (or intensive care when required) until normal bowel function resumes. They receive parenteral hypercaloric nutrition during the first few postoperative days. Another protective factor could be surgical constancy – all patients were operated on by the same two experienced surgeons.

Regarding pouch perforation, we have encountered this problem only once and it did not represent a life-threatening scenario. The patient was managed conservatively, with neobladder catheterization for 5 weeks. In fact, the thick sigmoidal wall probably prevents perforation.

We agree that follow up of these patients never ends, it continues until death because in the long term, changes in their body can alter organ functionality and metabolism. In reality, we never interrupt contact with our patients.

Regarding continence, we underline that no consensus on the definition of continence in patients who have undergone neobladder reconstruction has been formulated, and this fact impacts standards in reported data.

Our continence standards are stringent: the definition of continence signifies no pads or condom devices during the day and at night. Furthermore, patients who carry out clean intermittent catheterization are separated from the continent

group into a category of their own. We recognize them as having a distinct functional outcome.

Therefore, had we counted as continent patients who carry out clean intermittent catheterization or use up to two pads/day (as do some authors<sup>3</sup>) our continence rates would have been higher.

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## Conflict of interest

None declared.

## References

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- 3 Hautmann RE, de Petriconi R, Gottfried HW, Kleinschmidt K, Mattes R, Paiss T. The ileal neobladder: complications and functional results in 363 patients after 11 years of followup. *J. Urol.* 1999; **161**: 422–7.