

# Patient's experience helping the patient experience. A review of Neobladder and Ilea Conduit Post Op Surveys

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## Introduction &

Once the patient comes to terms with their diagnosis, they must undergo the daunting task of choosing between an Ileal Conduit or a Neobladder surgery with the guidance of their Urologist. We hypothesis that patient experience and satisfaction will vary significantly when comparing Ileal Conduit and Neobladder in post-op surveys.

## Objectives

## Methods

We reviewed the post-op surveys conducted by the Bladder Cancer Council of Australia for Ileal Conduit and Neobladder patients. The surveys began in December 2014 and were last updated as of June 2021. Due to many questions and possible answers, we only included the most common answers for each section.

## Results

From December 2014 to June 2021, 206 and 124 Neobladder and Ileal conduit patients participated in the post-op Surveys, respectively. The average days spent in hospital postoperatively for Ileal Conduit (45%) and Neobladder (41%) patients were 6-9 days. Neobladder patients experienced a higher complication rate (38%) than their Ileal Conduit counterparts (23%). Overall, Neobladder patients seemed happier postoperatively, with 55% describing their experience as 'Extremely happy' (10/10) and 91% 'Extremely happy' with their decision, compared to 32% of Ileal Conduit patients only describing their happiness as 8/10 happy postoperatively and 48% admitting they were 'Extremely happy' with their choice of surgery. A larger proportion of Neobladder patients (82%) experienced no natural erections postoperatively than Ileal conduit patients (67%). In addition, both groups experienced impotence despite pharmaceuticals at a rate of 60%. Neobladder patients suffered a higher rate of anorgasmia at a rate of 43% compared to their Ileal conduit counterparts (33%). Furthermore, Neobladder patients reported 'No sex life' postoperatively at a higher rate (59%) compared to Ileal Conduit patients (44%).

## Conclusion

In conclusion, these surveys show a significant variation in patient experience. These post-operative surveys are yet to prove that they assist patients in decision-making pre cystectomy. An additional survey is required to assess whether the above survey helped patients in deciding on their surgical pathways which the bladder Cancer Charity Foundation intend on publishing soon.