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COMPARATIVE ANALYSIS OF URETEROCYSTONEOSTOMY AND ILEAL CONDUIT PROCEDURES IN ONCOLOGIC CONTEXT: A TWELVE-YEAR STUDY IN BRAZIL

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BACKGROUND

Ureteral reimplantation surgery holds paramount importance in uro-oncology, particularly as urinary diversion becomes mandatory following radical cystectomy, the standart procedure for patients with muscle-invasive bladder cancer. While the choice of implantation type is individualized, non-continent diversions - notably ureterocystoneostomy (UCN) and Ileal Conduit (IC) - are generally more suitable for oncology patients due to their technical simplicity when compared to continent diversions.

OBJECTIVE

To analyze and compare the current landscape of UCN and IC procedures performed in an oncologic context in Brazil over the past 12 years.

METHODS

A systematic literature review was conducted on the EMBASE and PubMed databases, alongside an observational, descriptive, and cross-sectional data collection of Ureterocystoneostomy in oncology and Ureteroenterostomy in oncology procedures available in the DATASUS database over a twelve-year period from 2012 to 2023. The evaluation encompassed the number of procedures performed, the mortality rate, the average length of stay, the average hospitalization cost, and the nature of care.

RESULTS

During the analyzed period, 1,574 UCN procedures were conducted in an oncologic context in Brazil, with 2022 recording the highest number of procedures (189).

In the same timeframe, Brazil performed 1,109 IC procedures in an oncologic context, with 2023 having the highest number of procedures (121). The average hospital stay for UCN patients during this period was 7.4 days, resulting in an average cost per hospitalization of R$5,708.14. Meanwhile, patients undergoing IC stayed an average of 8.8 days, with an average cost of R$6,761.65 per hospitalization. The mortality rate for oncologic UCN procedures during this period was 3.68%, while the mortality rate for oncologic IC procedures was 8.30%. Out of the total oncologic UCN procedures performed, around 41% were conducted on an emergency basis, while approximately 58% were elective. Similarly, of the total oncologic IC procedures performed, approximately 60% were elective, and around 40% were conducted on an emergency basis.

CONCLUSION

Based on the analyzed data, IC procedures exhibited significantly higher mortality rates and average hospitalization costs, as well as longer average hospital stays. Therefore, opting for UCN when feasible proved favorable.

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