

# Non-urological complications of urological cancer treatment



Lilli Lundby  
Consultant, Ph.d.  
AUH



Marianne Glavind-Kristensen  
Consultant, Ph.d.  
AUH

# Pelvic Floor Unit, AUH



# Pelvic Floor Unit

---

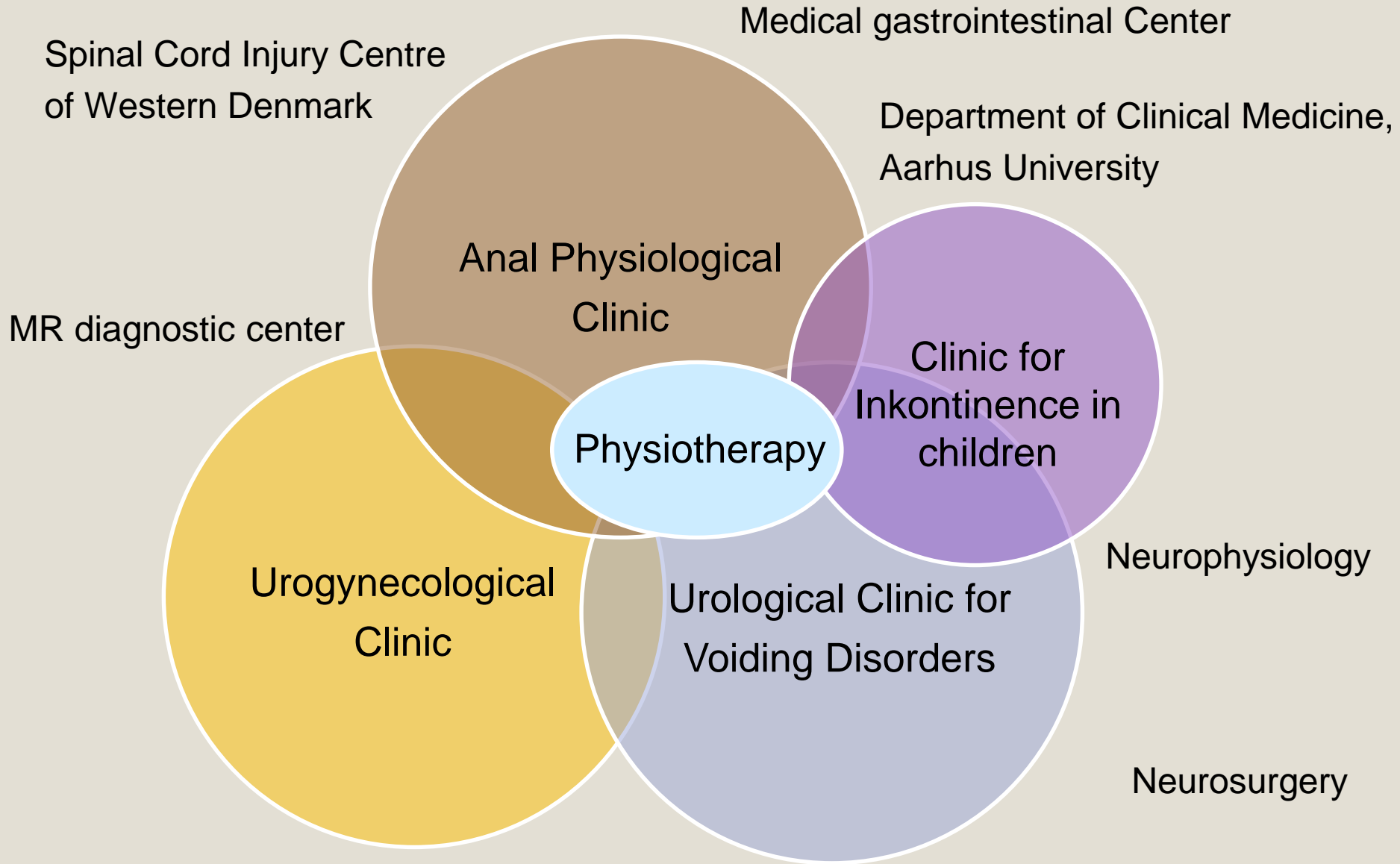
Second opinion  
clinic

Research

Highly specialised  
treatment

Development

Education



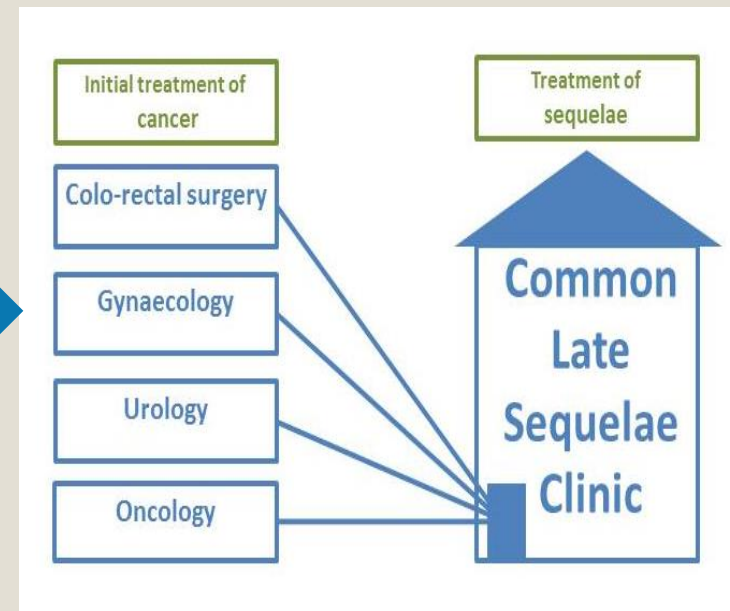
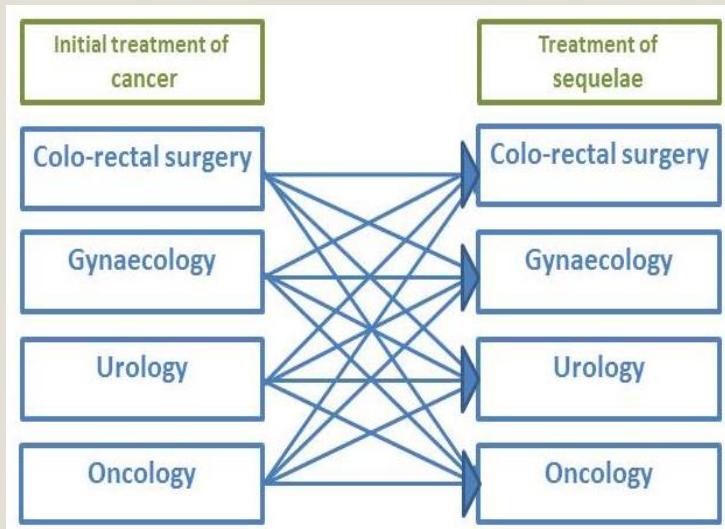
# Pelvic rehabilitation centre

---

Danish Cancer Society National  
Research Centre for late adverse  
effects after cancer in the pelvic  
organs

Aarhus University Hospital (AUH)

# Multiorgan involvement | multidisciplinary treatment



## Nurse led clinics | 'optimised' conservative treatment

I can help!



### Optimised Conservative Treatment

- ✓ Algorithm-based
- ✓ Motivational interview
- ✓ Individual goal – setting
- ✓ List of medication
- ✓ Lifestyle and habits
- ✓ Diet regulation (not always more fibres)
- ✓ Loparomide
- ✓ Rectal emptying with suppositories or mini-enemas

# Vaginal complications of urological cancer treatment

Marianne Glavind-Kristensen  
Consultant, Ph.d.

Pelvic Floor Unit,  
Aarhus University Hospital





# Case 1

---

- Woman born 1943
- Feb 18: T2 bladder tumor with lymph node metastases
  - chemotherapy
- Aug 18: Robotic cystectomy and Bricker ileal conduit
- Sep 18: Necrotic ileal conduit and a vaginal defect
  - Operated abdominally with a synthetic mesh

# Case 1

---

- Feb 19: Postmenopausal bleeding
  - Previously hysterectomized
  - Mesh erosion
  - Local estrogen
- June 19: Vaginal resection of the mesh and closure of the vaginal epithelium
- Nov 19: Re-operation

# Case 2

---

- Woman born 1963
- Dec 16: T2, high malignant tumor
  - chemotherapy
- June 17: Robotic cystectomy and Bricker ileal conduit
- Nov 17: Anterior enterocele
  - Abdominal repair, transverse repair of anterior defect


# Case 2

---

- Apr 18: Vaginal bulge behind the pubic bone
- May 18: Thinning of the vaginal mucosa
- Aug 18: Vaginal operation
- Oct 18: A small vaginal bulge covered with epithelium, no pain
- June 19: Anterior vaginal bulge like an "egg"
- Sep 19: Abdominal repair with a biological mesh

# Cystectomy

---

- In women involves:
  - removal of the bladder, urethra and anterior vaginal wall
  - removal of the uterus and adnexa
  - pelvic support  vaginal prolapse
    - vaginal dehiscence and organ evisceration

# Cystectomy

---

- Average time from cystectomy to prolapse symptoms
  - 31 uger (11-120)
    - early and late presentation
- Risk factors: Smoking, chemotherapy, ↑ BMI
- Symptoms
  - bulge, pressure, vaginal discharge

Lin et al, Urology 2019;134:90-96

# Cystectomy

---

- Repair
  - Challenged by the lack of fascia!
    - Cooper's ligament
    - The periosteum of the pubic bone
  - Transvaginally
    - reconstructive or obliterative
  - Abdominally

Lin et al, Urology 2019;134:90-96

# Radiation therapy – vaginal effects

- Vaginal dryness
- Vascular and tissue damage, thinning of the epithelium
- ↓ Elasticity and development of fibrosis
- Atrophy of the vagina
- Vaginal stenosis
- Dysparunia
- Sexual dysfunction and ↓ QoL





# Vaginal atrophy after radiation

- Topical estrogen (A\*)
  - Epithelial regeneration
- *Topical benzydamine (A)*
- Vaginal dilators (B)
  - Skin grow when it is stretched
- Hyperbaric oxygen (C)
- Surgical reconstruction (C)



Denton & Maher, Cochrane 2003

# Take home message

- Inform preoperatively about the risk of complications
- At controls - ask for symptoms
  - bulge, sexual life, vaginal discharge, bleeding...
- Gynecological examination
- Minimal care treatment

