Aretrosbpective study of the effect of different techniques of uretero intestinal anastomosis on the pelvicalyceal configuration in rectal bladder and ileal conduit

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Sixty OOlUiecutiY'epatients of cal'cinoma of the urinary blMa":r w t ep.4~ilo.t u.pclA~"", A n.tll | 1boj' • ans. Ileal conduit was perfdrmed for 22 caees and rectal bladder for 8 cases. Their age ~enged between 18 years and 65 years. Follow up of these oases by I.T.,. was done at 6 months intervals to show the effect of dirferent techniques of ureterB in~eetinal anastomosis on the pelvicalyceal configurationin reotal bladder a.nd ileal oGnduit. It was round that more gatisfactory re8ults 95.4 % were obtained in ileal condllit than rectal bla4der 71 %.Qlnly 4..5 % of renal unitsin ileal conduit showed deterioration, v~ile -in reotal bladder 28.9 % of renal u, aitl~itlerierated. Ga1; heter oplintago was used in 99 ureters and 21 III'e'bers were left without catheter It was found that impr.vement occurred in ~2.4% of caseswithout ureterls catheters and in 25.3 % of the OQ,ses withcathet.e,r., A.cerdiagly, oatleter oag§es deterioration ofs-,Jpt~;t'tuloti.Jl.T.he ill1!" -l~i!Sal p:rees 'G in ileal OQn-(II!t:top.e~ 4~ | IIIUIItOular activity of the bowel andd~tis ,trainiag. T 18 Isads to reflux and progressive hyd- . I,rone~ip, in about 30 % of renal unite. Antireflux ureterointestill.alanaetomC)sil!lto be attelllptedLn rectal bladder andileal condll1t to preserve kidney function ••Reotal bladder is Bui ta.ble'for Egyp.~ian because of its reser'10 iractio]l.and low socioeconom•ic st!Indardt they can nota.fford the expenses of an appliance for eontinuously pouringileostomy •