Follow-up after Surgery

Results from a meta-analysis of 13,185 patients who have undergone cystectomy reported 0.75% to 6.4% prevalence of upper tract recurrence in these patients. Surveillance by urine cytology detected 7% and upper urinary tract imaging detected 30% of these recurrences.

T4b Disease or Positive Nodes

Follow-up after a cystectomy should include urine cytology, liver function tests, creatinine, and electrolytes every 6 to 12 months for 2 years and then as clinically indicated. Imaging of the chest, upper tracts, abdomen, and pelvis should be conducted every 3 to 6 months for 2 years based on the risk of recurrence and then as clinically indicated. Patients should be monitored annually for vitamin B12 deficiency if a continent diversion was created. Urethral wash cytology every 6 to 12 months is advised, particularly if Tis was found within the bladder or prostatic urethra.

Here’s how I interpret that specifically:

pT2 patients: CT scan abd/pelvis 3-6 months after surgery, then annually for 5 years with CXR and urine cytology. CBC, CMP, B12 levels every 6 months. Annual ultrasound and cmp after 5 year mark

* Recurrence risk: 10-20% decreases annually, even better with neoadjuvant chemo

pT3 and 4 patients: CT abd/pelvis, CXR, CBC, CMP, B12, cytology every 6 months

* Recurrence risk: 30-40%, decreases annually, even better with neoadjuvant chemo

Node Positive patients: Should be seen by oncology. They generally do CT Chest/abd/pelvis and/or PET around every 4 months (as well as CMP, B12, Cytology)

* Recurrence risk: 80% or greater. These folks should get into clinical trials. Still without surgery they generally would have died within a year.

*Cytology has high false positive rate in neobladders

*Most important cytology is urethral cytology in patients with ileal conduits looking for urethral recurrence (even though they don’t use their urethra, the area should be washed with 10cc’s of saline and cytologies sent)