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# Beyond one's depth The experience of postoperative complications following radical cystectomy (ongoing)

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# Background

In Denmark, the incidence of neoplasia of the urinary bladder was 1.878 in 2013 (1). Radical Cystectomy (RC) is the preferred treatment option for patients with localized advanced bladder cancer (2). RC is a challenging and complicated surgical procedure associated with a high incidence of postoperative complications (3). However, knowledge of how the patients experience a complicated postoperative course is limited.

# The purpose

To explore the lived experiences of suffering and recovering from postoperative complications in the early period following RC.

### **Materials and method**

A descriptive phenomenological approach, as described within the framework of Reflective Lifeworld Research (4).

Data was collected using semi-structured qualitative interviews.

Data analysis using the four step analysis process as described by Dahlberg et al. (4). See figure 1.

Five male participants were included in the study according to inand exclusion criteria. All participant gave their informed consent (see tables below).

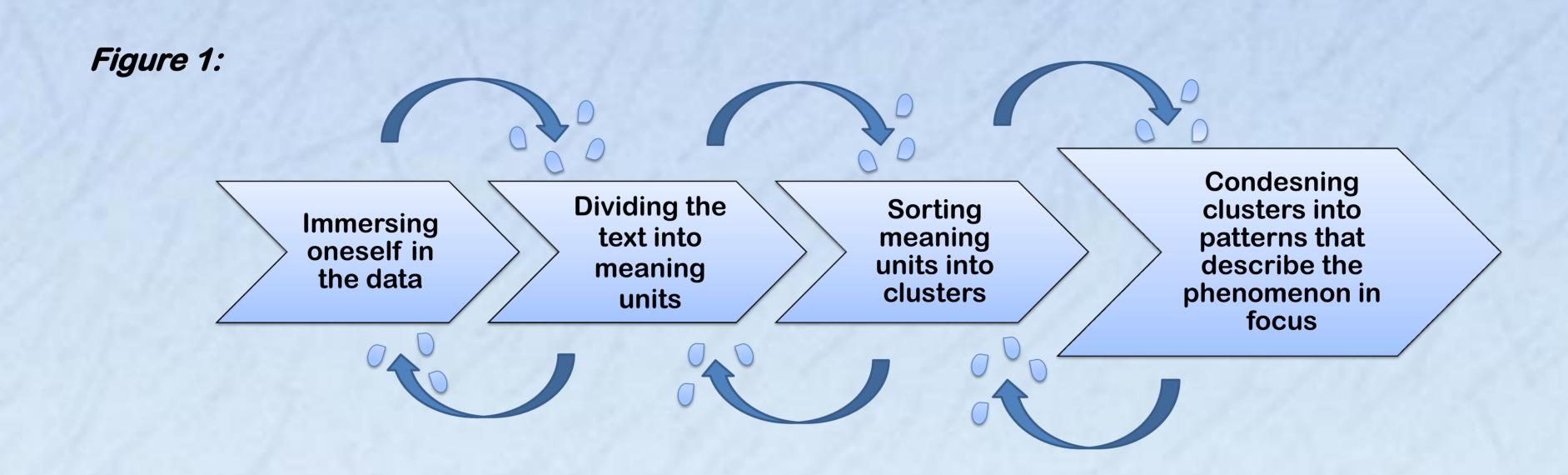
### Inclusion criteria

- Complication occurring a maximum of 30 days following RC
- Complication grade ≥ II (according to the Clavien-Dindo System
- Able to give an informed consent
- Able to participate in an interview conducted in Danish

# **Exclusion criteria**

RC performed for other reasons than cancer

|    | Characteristics of participants  |      |
|----|--|------|
|    | Age of participants (mean)   | 69.6 |
|    | Spouse present at interview (no.)  |      |
|    | Yes  | 3    |
|    | No   | 2    |
|    | Complication grade (no.)   |      |
|    | il in the second of the second | 1    |
|    | IIIb   | 4    |
|    | Days from RC till complication presented (mean)  | 8    |
|    | Days from complication presented till interview were   | 25.8 |
|    | conducted (mean)   |      |
| 92 | Participant were hospitalized when complication presented  |      |
|    | (no.)  |      |
| -  | Yes  | 2    |
| 23 | No   | 3    |



# **Findings**

In line with the Reflective Lifeworld Research approach, the findings of the descriptive phenomenological analysis are presented as the essence of the phenomenon and its constituents. The findings are presented in figure 2. along with citations from the data.



"Well, now it'll take a week longer before the stiches are removed, and the wound is sore a week longer – you know [...] It was sort of on its way, if you know what I mean, but then it was cut open again, and then you sort of have to start all over again'

"You might think, is it possible that they didn't do it properly? or something, well you don't know enough to assess that. I guess it's just the sort of thing that happens (laughs a little)"

"Well it's over now so, so it doesn't

anyway (sighs). But I guess there

happened to me, that I was on it

again, well that and nervousness"

was a bit of irritation that it

really matter, it's over and done with

Did they do a proper job?

I hadn't imagined

Awareness of

the risk

Like being hit by a violent wave – just as you think you're approching calmer waters

Postponement and exposure –

The consequences of the

complications

The wife she helps me – The significance of relatives

"Well I haven't really had any help as such [...] The wife takes care of this (points to the stomach) I can't really see, neither here nor there, so she takes care of that"

a, how can I
phrase it, a big
balloon inside
your stomach,
and somebody
keeps inflating it,
it keeps getting
bigger and
bigger"

"It's like you have

It was a litttle hard on many – The consequences for the relatives

The out of

control

"She was very upset when I called (the hospital) and had to leave. So that's why I didn't share my thoughts on it. She wasn't coming to the hospital, and I didn't think it was necessary to worry her"

# Conclusions

- The findings can potentially inform development of evidence based goal-directed interventions aimed at securing the quality of care for patients experiencing postoperative complications.
- We should consider supportive approaches to help patients who develop postoperative complications regain control and feel at home in their body again.
- We need to focus on relatives of patients with postoperative complications as they appear vulnerable and may have unmet needs. Further studies exploring the experience of being a close relative during the treatment trajectory of complicated RC are warranted.

## References

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# **Conflicts of interests**

The study is supported by a 15.000 kr. (2.015 €) bursary from Medac Scandinavia and the Danish association of urology nurses (FSUIS)

### What is a postoperative complication?

The EAU's guideline on reporting and grading of complications after urologic surgical procedures recommends that postoperative complications are reported using a standardized system grading the complications according to their severity. The Clavien-Dindo system is recommended (5). According to the Clavien-Dindo system a postoperative complication is defined as "Any deviation from the ideal postoperative course that is not inherent in the procedure and does not comprise a failure to cure". Complications are ranked based on the intervention needed to resolve the complication (6).