

# 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.

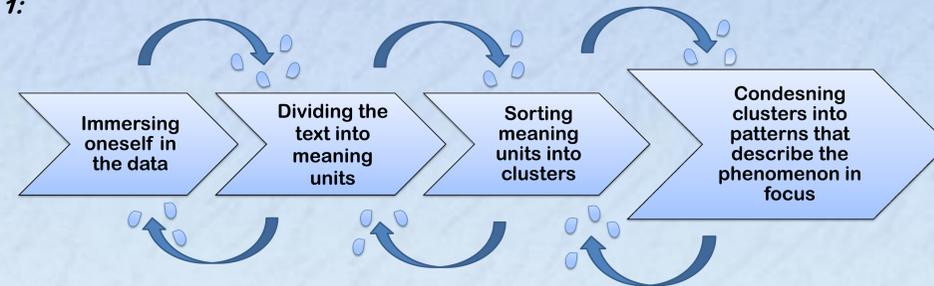
Data analysis using the four step analysis process as described by Dahlberg et al. (4). See figure 1.

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

Inclusion criteria	
•	Complication occurring a maximum of 30 days following RC
•	Complication grade $\geq$ 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.)	
II	1
IIIb	4
Days from RC till complication presented (mean)	8
Days from complication presented till interview were conducted (mean)	25.8
Participant were hospitalized when complication presented (no.)	
Yes	2
No	3

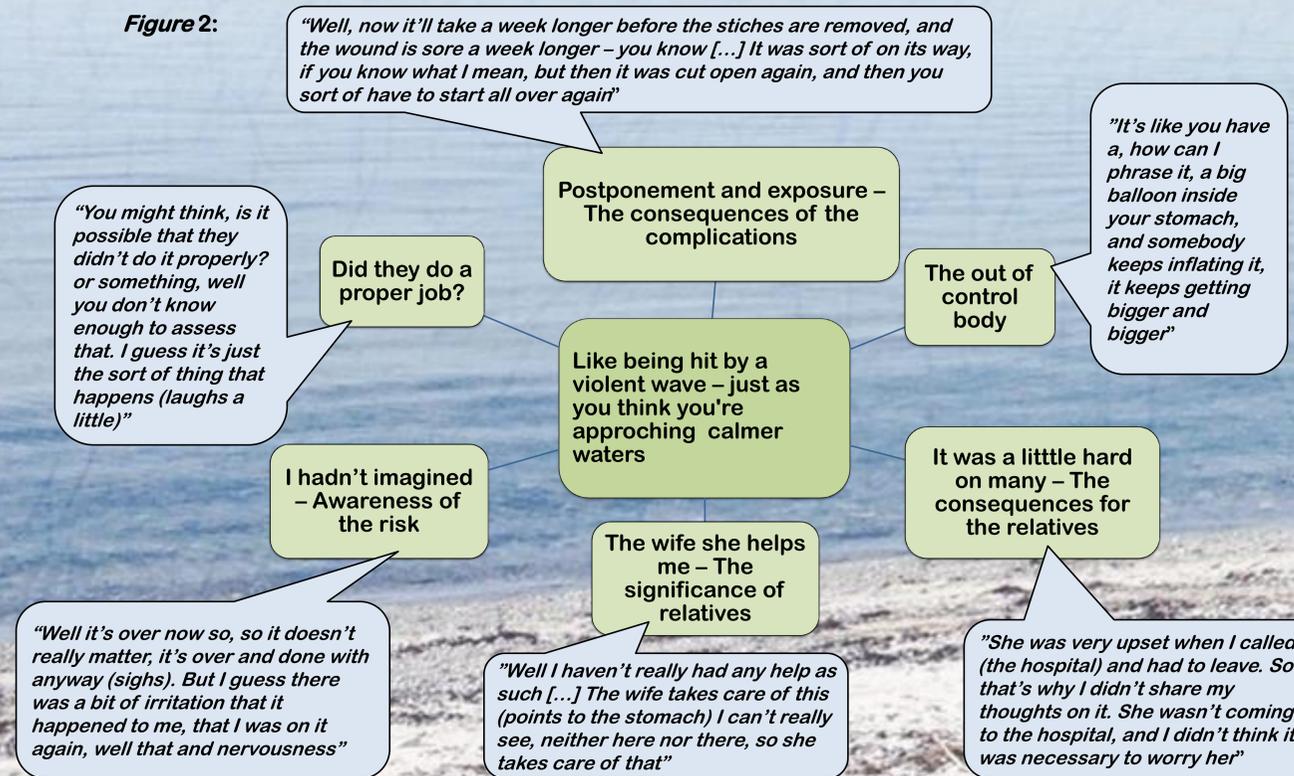
Figure 1:



### 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.

Figure 2:



### 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).