

CONTINUOUS THORACIC EPIDURAL ANALGESIA REDUCES INCIDENCE AND DURATION OF POSTOPERATIVE ILEUS IN PATIENTS UNDERGOING RADICAL CYSTECTOMY

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INTRODUCTION & OBJECTIVES: Postoperative ileus is a common early complication appearing in up to 30% in patients undergoing radical cystectomy. In these patients ileus is the major cause of prolonged hospital stay in up to 68%. Underlying pathogenetic factors are type of surgery as well as the degree of the systemic inflammatory response (surgical stress response). Multimodal approaches including sympathicolysis by postoperative analgesia like thoracic epidural analgesia (TEA) in contrast to intravenous opioid analgesia can attenuate or prevent this surgical stress response. The purpose of this study was to evaluate the impact of TEA and patient controlled intravenous analgesia (PCIA) on incidence and duration of postoperative ileus in patients undergoing radical cystectomy.

MATERIAL & METHODS: In 314 consecutive patients undergoing radical cystectomy for bladder cancer between 1993 and 2001 all ICU and anaesthetic records were reviewed regarding incidence and duration of postoperative ileus with respect to the analgetic regimen. Absence of bowel sounds and defecation longer than 4 postoperative days was considered to be postoperative ileus.

RESULTS: After plausibility control 302 out of 314 patients were included in the study. TEA with local anaesthetics (and lipophilic opioid) was performed in 198 patients and PCIA with piritramide in 104 patients. The major causes for the different regimen were contraindications or refusal for central neuraxial blocks or the loss of the epidural catheter on the day of operation. Groups did not differ regarding demographic data, comorbidity, kind of urinary diversion and quality of analgesia. Duration until first defecation was shorter in the TEA group (2.4±1.4d vs. 4.1±1.6d (p<0.0005)). First oral intake was also faster in TEA group (2.9±0.96d vs. 4.3±1.6d; p< 0.01). Minor pulmonary and cardiac complications like desaturations and tachycardia were less common in the TEA group.

CONCLUSIONS: Despite comparable quality of analgesia there was a striking benefit in the TEA group regarding normalisation of gastrointestinal function and time to first oral intake indicating TEA to be more than just analgesia. These results implicate the integration of the method of postoperative analgesia within multimodal strategies aiming in the future in effective and fast rehabilitation as well as the possibility of fast track discharge in patients undergoing radical cystectomy.