Ileal neobladder in women with bladder cancer: cancer control and functional aspects.

Abstract:
Radical cystectomy and urinary diversion is the accepted standard of care for invasive bladder cancer. Although orthotopic neobladder is the preferred method of urinary diversion in men, less experience is available for women. Recent studies and reports on this subject are summarized and reviewed. Urethra-sparing cystectomy in women and orthotopic urinary diversion can be performed safely in appropriately selected women with invasive bladder cancer. Excellent oncological outcomes can be expected with a minimal risk of urethral recurrence in case of negative frozen section of the proximal urethra. Orthotopic neobladder diversion offers excellent clinical and functional results, and should be the diversion of choice in most women following cystectomy. Female sexual dysfunction can be avoided in patients who received neurovascular preservation, although quality of life declined in women who had undergone non-nerve-sparing radical cystectomy. Urethra-sparing cystectomy does not compromise the oncologic outcome in women with bladder cancer. The excellent functional outcome and voiding pattern with orthotopic urinary diversion argues in favor of this technique as the preferred method for lower urinary tract reconstruction after radical cystectomy. Nerve-sparing radical cystectomy preserves female sexual function and improves quality of life.