IL TRATTAMENTO RIABILITATIVO

The aim of physiotherapy in surgery is to prevent postoperative complications and treatment of postoperative functional disorders.

Chiara Bellini
Fisioterapista specializzata in riabilitazione del pavimento pelvico
Counselor in sessuologia

L'IMPATTO SULLA STORIA DI VITA

MALATTIA → CONDIZIONE DI ROTTURA DI UN EQUILIBRIO PRECEDENTE

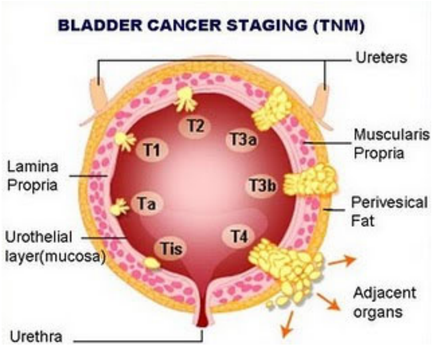
"DISCONTINUITÀ TRA CIO' CHE ERO E CIO CHE SONO"

NON SI RICONOSCE PIU NEL CORPO DI PRIMA

SINTOMI → ELEMENTI ESTRANEI ED INCOMPRENSIBILI, SIA PER IL PAZIENTE CHE PER CHI GLI STA VICINO

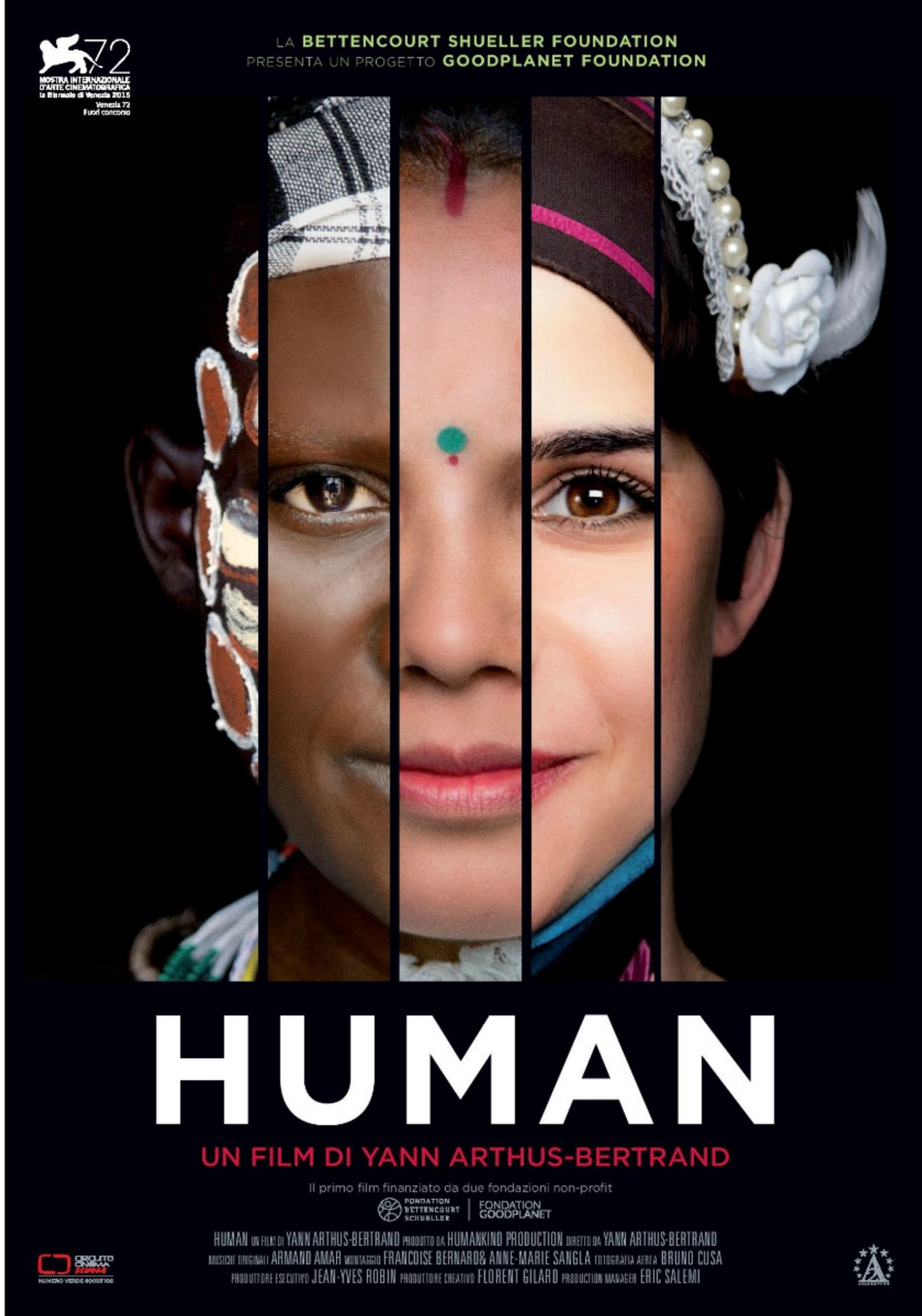
Derivazione continente (neovescica)

Derivazione incontinente(urostomia)



IMPATTO SULLA PERSONA

Immagine corporea, quotidianità, intimità e sessualità, vita sociale, equilibrio psichico



Quando inizia la presa in carico riabilitativa e quali strumenti abbiamo?

LA FASE PRE-OPERATORIA

1-2 sedute/1- 3 mesi prima dall'intervento con un coinvolgimento multidisciplinare.

ELSEVIER

Urologic Oncology: Seminars and Original Investigations 000 (2021) 1–6

UROLOGIC ONCOLOGY

Seminars Article

Intensive preoperative ostomy education for the radical cystectomy patient

Andrew Zganjar, MD[a], Katie Glavin, BS, CCRP[a], Kathleen Mann, NP[a], Alexandra Dahlgren[a], Jeffrey Thompson, PhD[b], Elizabeth Wulff-Burchfield, MD[c], Hadley Wyre, MD[a], Eugene Lee, MD[a], John Taylor, MD[a], Jeffrey Holzbeierlein, MD[a], Moben Mirza, MD[a,*]

[a] *University of Kansas Medical Center – Department of Urology, 2000 Olathe Blvd. Kansas City, KS 66160*
[b] *University of Kansas Medical Center – Department of Biostatistics & Data Science, 2000 Olathe Blvd. Kansas City, KS 66160*
[c] *University of Kansas Medical Center – Department of Medicine, 2000 Olathe Blv*

Received 9 December 2020; received in revised form 22 February 2021; accepted 14 April 2021

LA FASE PRE-OPERATORIA

Analisi dei fattori di rischio

- *Fumo,BMI*
- *Stile di vita (sedentario, sportivo)→ promozione dell'esercizio fisico*
- *Valutazione delle iperpressioni addominali*

Risk factors and reasons for reoperation after radical cystectomy

Stephen W. Reese, M.D.[a,*], Emily Ji, B.A.[a], Marco Paciotti, M.D.[e], Jeffrey Leow, M.B.B.S.[a], David A. Mahvi, M.D.[b], Graeme Steele, M.D.[a], Richard D. Urman, M.D.[c,d], Edward E. Whang, M.D.[b,d], Adam S. Kibel, M.D.[a], Matthew Mossanen, M.D.[a]

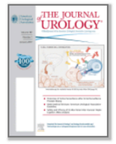
[a] *Division of Urological Surgery, Brigham and Women's Hospital, Harvard Medical School, Boston, MA*
[b] *Department of General Surgery, Brigham and Women's Hospital, Harvard Medical School, Boston, MA*
[c] *Department of Anesthesiology, Perioperative and Pain Medicine, Brigham and Women's Hospital, Boston, MA*
[d] *Center for Perioperative Research, Brigham and Women's Hospital, Boston, MA*
[e] *Department of Urology, Humanitas Clinical and Research Center IRCCS, Rozzano, Italy*

Received 2 July 2019; received in revised form 25 September 2019; accepted 22 October 2019

Conclusion: Reoperation after RC is associated with approximately 5% rate of reoperation within 30 days of surgery. The most common reason for reoperation was related to the gastrointestinal tract, accounting for more than 60% of all reoperations. Risk factors for reoperation included longer surgical times, smoking, obesity, chronic obstructive pulmonary disease, perioperative blood transfusion, and clinically significant hypertension. Knowledge of these factors can aid in operative planning and counseling and lead to possible strategies to reduce reoperations in the early perioperative setting. © 2019 Elsevier Inc. All rights reserved.

ELSEVIER

The Journal of Urology
Volume 197, Issue 1, January 2017, Pages 210-215



Adult Urology
Voiding Dysfunction

Prognostic Features for Objectively Defined Urinary Continence after Radical Cystectomy and Ileal Orthotopic Neobladder in a Contemporary Cohort

Kretschme et Al.2016

Management of Pelvic Organ Prolapse After Radical Cystectomy

Dominic Lee[1] · Philippe Zimmern[2]

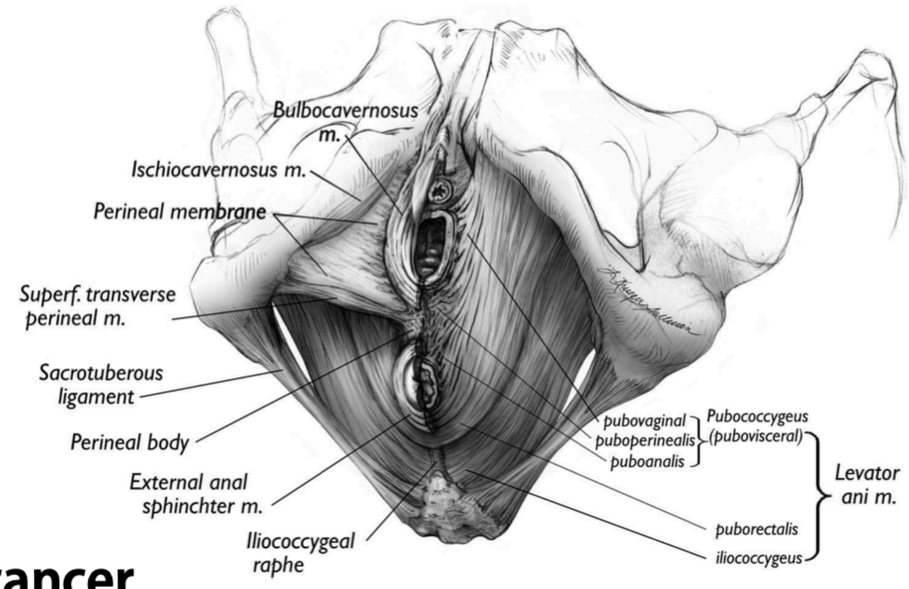
© Springer Science+Business Media, LLC, part of Springer Nature 2019

Valsalva efforts at voiding can lead to weakening of the pelvic floor with descent of the ONB causing direct urethral kinking at the neobladder-urethra anastomosis or a neo-cystocele with prolapse through the anterior vaginal wall [4].

LA FASE PRE-OPERATORIA

Valutazione del pavimento pelvico

- Anamnesi ed Esame Obiettivo U-F-S
- *Disfunzioni pavimento pelvico in atto→ Trattate*
- Presa di coscienza della contrazione e del rilassamento della muscolatura pelvica (anche tramite strumentazione)
- Disabilità o patologie neurologiche concomitanti



Corton MM. Anatomy of the pelvis: how the pelvis is built for support. Clin Obstet Gynecol. 2005 Sep;48(3):611-26. doi: 10.1097/01.grf.0000170578.24583.64. PMID: 16012229.

Experience of a tertiary referral center in managing bladder cancer in conjunction with neurogenic bladder

Gianluca Sampogna[1,2] · Matteo Maltagliati[3] · Antonio Galfano[4] · Aldo Bocciardi[4] · Bernardo Rocco[3] · Salvatore Micali[3] · Emanuele Montanari[1] · Michele Spinelli[2]

Received: 17 February 2020 / Revised: 15 June 2020 / Accepted: 16 June 2020
© The Author(s), under exclusive licence to International Spinal Cord Society 2020

Orthotopic Bladder Substitution (Neobladder)

Part I: Indications, Patient Selection, Preoperative Education, and Counseling

Kevin Ong ■ Olivia Herdiman ■ Liana Johnson ■ Nathan Lawrentschuk

J Wound Ostomy Continence Nurs. 2013;40(1):73-82.
Published by Lippincott Williams & Wilkins

LA FASE PRE-OPERATORIA

Counseling riabilitativo

- Alimentazione e idratazione → prevenire disturbi come costipazione, disidratazione/IVU nel post operatorio
- Addestramento preparatorio del cateterismo intermittente
- Counseling sessuologico
- Competenze tecniche sul management ma non solo..

Predictors of need for catheterisation and urinary retention after radical cystectomy and orthotopic neobladder in male patients

Saum Ghodoussipour, Seyedeh Sanam Ladi Seyedian, Daniel Jiang, Jacob Lifton, Hamed Ahmadi, Kevin Wayne, Gus Miranda, Jie Cai, Hooman Djaladat, Anne Schuckman, Sumeet Bhanvadia, Siamak Daneshmand ... See fewer authors

First published: 21 December 2020 | https://doi.org/10.1111/bju.15329

Review Article

Received: 08.06.2014, **Accepted:** 04.08.2014

Orthotopic neobladder reconstruction

Dwayne T. S. Chang[1], Nathan Lawrentschuk[2,3,4]

[1]Department of Urology, Fremantle Hospital and Health Service, Fremantle, Western Australia, [2]Department of Surgery, University of Melbourne, Victoria, [3]Ludwig Institute for Cancer Research, Austin Hospital, Melbourne, Victoria, [4]Department of Surgical Oncology, Peter MacCallum Cancer Centre, Melbourne, Australia

Oncology

What Women Want: Radical Cystectomy and Perioperative Sexual Function Educational Needs

Mary E. Westerman, Kelly K. Bree, Andrea Kokorovic, Jane Frank, Xin Shelly Wang, Ashish M. Kamat, Colin P.N. Dinney, and Neema Navai

development of interventions to improve pre-operative education as well as strategies to address post-operative SF changes, such as dyspareunia. UROLOGY 00: 1–7, 2021. © 2021 Elsevier

Upper Urinary Tract and Urianary Diversion

Living With Urinary Diversions: Patient Insights to Improve the Perioperative Experience

Geraldine Theresa Klein, Divya Ajay, Robert J. Volk, Viola Leal, and O. Lenaine Westney

This data furnishes a basis to develop more accessible and effective counseling and highlights the need to concentrate on post-surgical maintenance care, including management of urostomy appliances, catheters, and reinforcing irrigation technique. UROLOGY 152: 190–194, 2021. © 2021 Elsevier Inc.

Hope for the Future

When asked "What do you know now that you wish you knew before your surgery?" the response was overwhelmingly directed at giving recent postoperative patients hope: "it's like second nature now," "your life will change but don't be scared," "be patient," and "it's going to get better."

LA FASE POST-OPERATORIA

Accompagnarli in una nuova riscoperta di sé

Un confronto col chirurgo sul tipo di intervento e con l'oncologo sul tipo di evoluzione terapeutica

Curr Urol Rep (2017) 18: 5
DOI 10.1007/s11934-017-0652-4

FEMALE UROLOGY (K KOBASHI, SECTION EDITOR)

Treatment of Pelvic Floor Disorders Following Neobladder

Nathan Littlejohn[1] · Joshua A. Cohn[2] · Casey G. Kowalik[2] · Melissa R. Kaufman[2] · Roger R. Dmochowski[2] · W. Stuart Reynolds[2]

LA FASE POST-OPERATORIA

Trattamento delle cicatrici addominali

Journal of Bodywork & Movement Therapies xxx (2018) 1–8

Contents lists available at ScienceDirect

Journal of Bodywork & Movement Therapies

journal homepage: www.elsevier.com/jbmt

Effect of soft tissue mobilization techniques on adhesion-related pain and function in the abdomen: A systematic review

Jennifer B. Wasserman [a, b, *], Molly Copeland [c], Molly Upp [d], Karen Abraham [e]

[a] Franklin Pierce University, 670 N. Commercial St. Suite 301, Manchester, NH, USA
[b] Rocky Mountain University of Health Professions, Provo, UT, USA
[c] Orthopedic Physical Therapy, Nashua, NH, USA
[d] Bellin Hospital, Ashwaubenon, Wisconsin, USA
[e] Shenandoah University, Winchester, VA, USA

The results of this systematic review conclude that there is preliminary strong evidence that STM applied to acute surgical abdominal adhesions has a positive outcome on pain, and function; preliminary moderate evidence for STM in treating chronic non-surgical abdominal symptoms and preliminary weak evidence for STM in treating pain, function and mobility in the chronic post-surgical abdomen. While a variety of techniques were used and

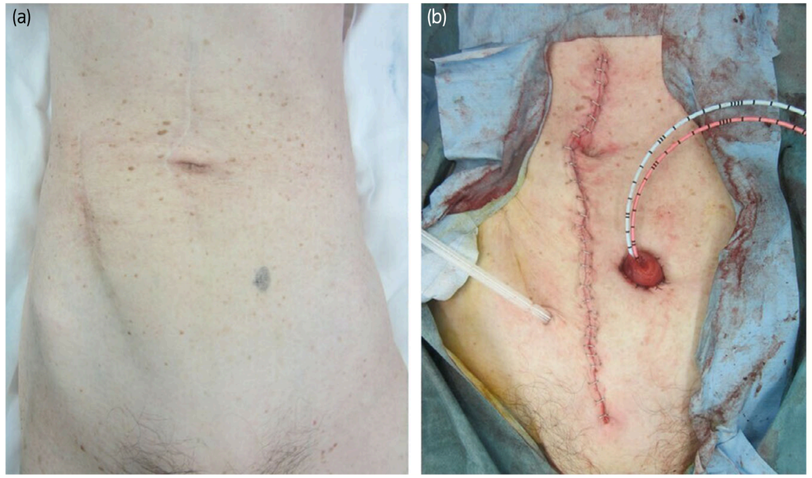
IJU Case Reports (2020) 3, 33–35 doi: 10.1002/iju5.12134

Case Report

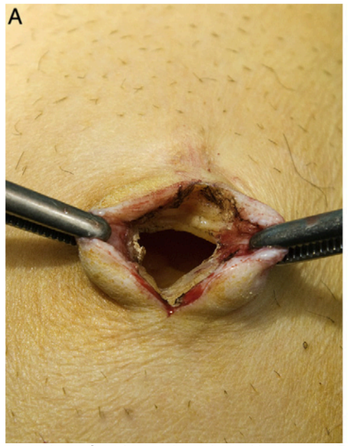
Left ileal conduit: A case report

Kazuyoshi Nakamura,[1] Kenichiro Matsui,[2] Ken Wakai,[1] Tomokazu Sazuka,[1] Yusuke Imamura,[1] Shinichi Sakamoto,[1] Nobuyuki Sekita[2] and Tomohiko Ichikawa[1]

[1]Department of Urology, Chiba University Hospital, and [2]Department of Urology, Funabashi Central Hospital, Chiba, Japan



Importanza della stomaterapista



J.C. Angulo; F. Cáceres; I. Arance; I. Romero; F. Ramón De Fata; P.M. Cabrera (2012). *Cistectomía radical laparoendoscópica con neovejiga íleal ortotópica a través de puerto único umbilical.* , *36(9)*, –. doi:10.1016/j.acuro.2012.03.005

LA FASE POST-OPERATORIA

Gestione disfunzioni urologiche

- Rinfrescare le tecniche del CIC (se disturbi dello svuotamento)
- Diario minzionale (monitoraggio dei volumi e della FM)
- Gestione dei sintomi urinari(Incontinenza, nicturia, enuresi)
- Monitoraggio della corretta manovra di svuotamento vescicale +BFB + RPM tramite Bladder scan
- Training della muscolatura pelvica(esercizio terapeutico)+ tecniche anticipatore delle fughe di urina
- Behavioral strategies (e.g. prompted voiding), coping strategies, patient counseling, education

Research and Reports in Urology

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Open Access Full Text Article

REVIEW

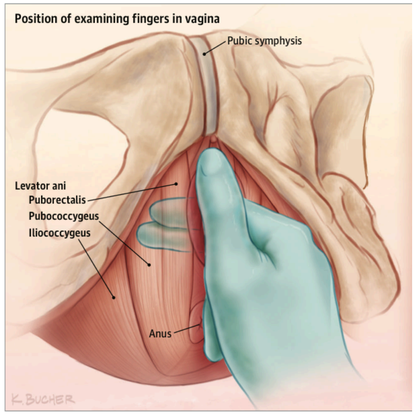
Orthotopic Neobladder Reconstruction: Patient Selection And Perspectives

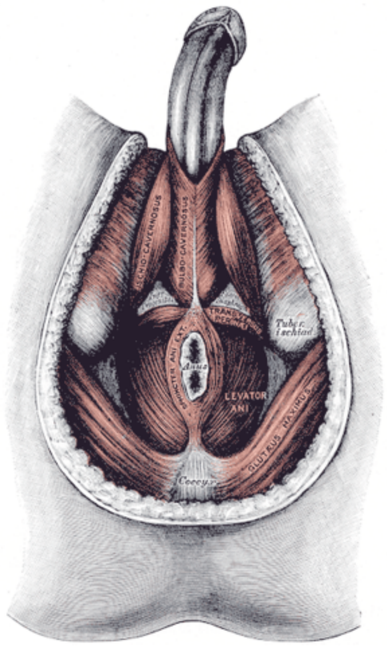
This article was published in the following Dove Press journal:

DIARIO VESCICALE DI _____ **DATA** _____

Fondazione italiana continenza

ORA	Minzione volontaria QUANTITA' URINA (ml)	EPISODIO DI INCONTINENZA	EPISODIO DI URGENZA	COSA STAVI FACENDO? (ridere, sollevare peso, starnuto, ginnastica etc)	ASSORBENZA PESO ASCIUTTO gr._____	BEVANDE		INTESTINO (normale, stipsi, diarrea)	DOLORE	NOTE
		Segnare una X	Segnare una X		BAGNATO	QUALI	QUANTE			





Voiding Function in Women with Orthotopic Neobladder Urinary Diversion

Christopher B. Anderson,*,† Michael S. Cookson,‡ Sam S. Chang,§ Peter E. Clark,‖ Joseph A. Smith, Jr.† and Melissa R. Kaufman¶

From the Department of Urologic Surgery, Vanderbilt University Medical Center, Nashville, Tennessee

LA FASE POST-OPERATORIA

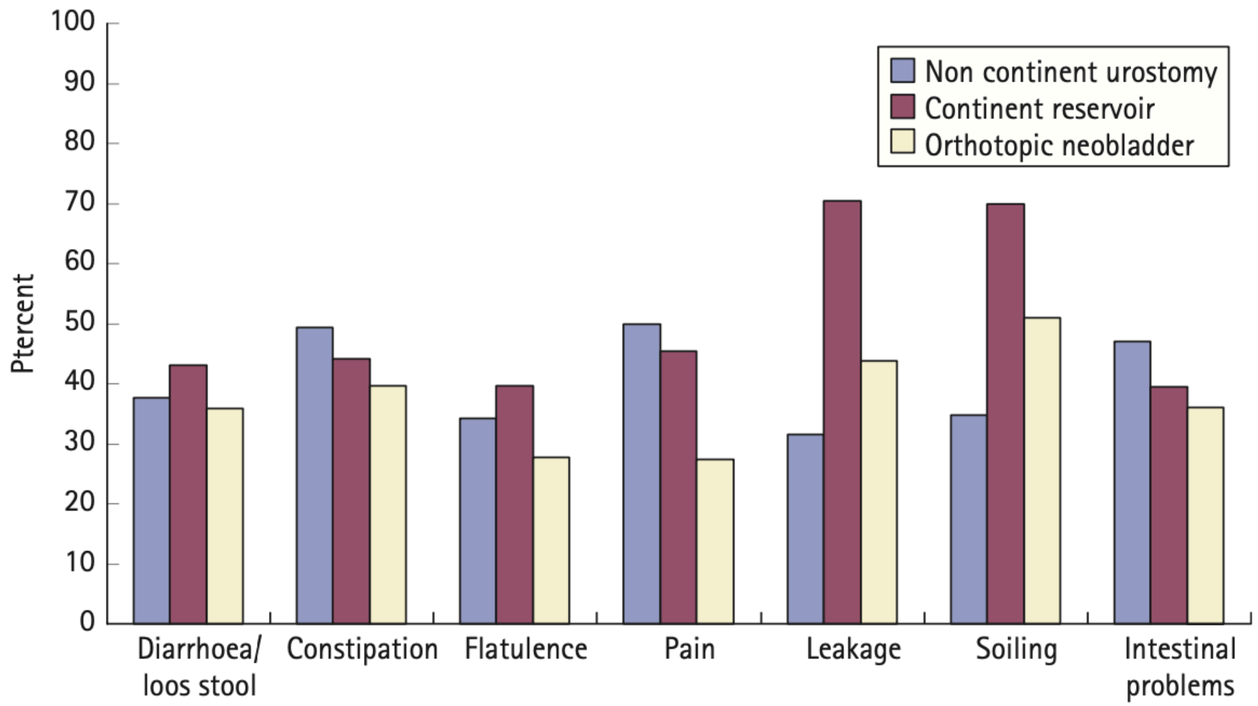
Gestione disfunzioni intestinali

BJUI BJU INTERNATIONAL

Defecation disturbances after cystectomy for urinary bladder cancer

Helena Thulin[1], Ulrika Kreicbergs[2,12], Erik Onelöv[1], Christer Ahlstrand[5], Malcolm Carringer[6], Sten Holmäng[7], Börje Ljungberg[9], Per-Uno Malmström[10], David Robinsson[11], Hans Wijkström[4], N. Peter Wiklund[3], Gunnar Steineck[1,8] and Lars Henningsohn[1,3]

FIG. 2. Affected individuals self-assessed bother of the symptoms belowed (bother moderate or much).



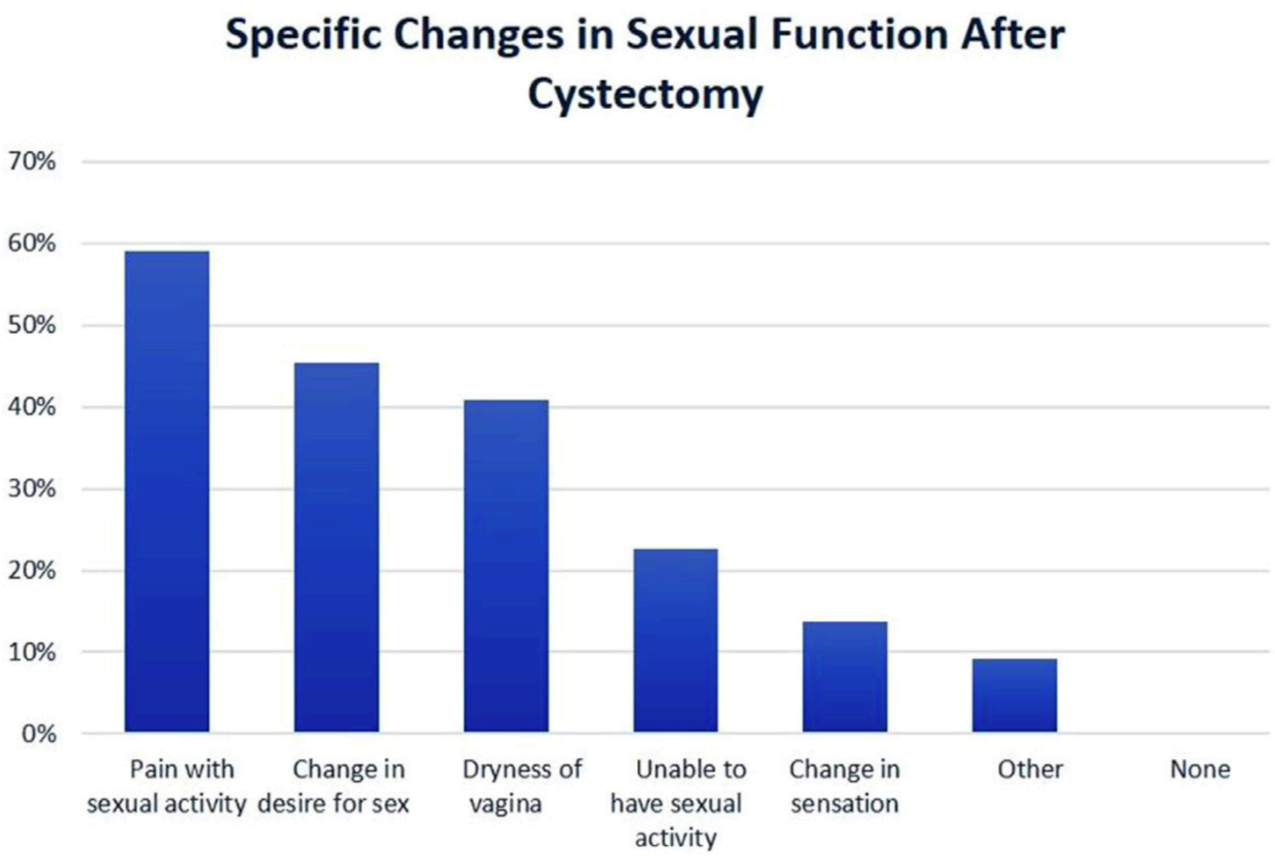
- Gestione delle disfunzioni defecatorie (30% le presenta—> behavioral therapy, diario fecale, Bristol stool Scale, PFMT + strumentazione ET/BFB, terapia manuale, riabilitazione volumetrica)

CONCLUSIONS

- Of the cystectomized individuals 30% reported problems with the physiological emptying process of stool (bowel movement, sensory rectal function, awareness of need for defecation, motoric rectal and anal function, straining ability).
- Those wanting to improve the situation for bladder cancer survivors may consider communicating before surgery the possibility of stool-emptying problems, and asking about them after surgery.

LA FASE POST-OPERATORIA

Gestione disfunzioni sessuali



Oncology

What Women Want: Radical Cystectomy and Perioperative Sexual Function Educational Needs

Mary E. Westerman, Kelly K. Bree, Andrea Kokorovic, Jane Frank, Xin Shelly Wang, Ashish M. Kamat, Colin P.N. Dinney, and Neema Navai

improve pre-operative education should be developed as well as strategies to address post-operative SF changes, such as dyspareunia.

- Gestione delle disfunzioni sessuali (disfunzione erettile, dispareunia)
- Trattamento del dolore pelvico
- Counselling sessuologico

DOI: 10.4081/aiua.2021.1.58

ORIGINAL PAPER

Erectile dysfunction post radical cystectomy. The role of early rehabilitation with pharmacotherapy in nerve sparing and non-nerve sparing group: A randomized, clinical trial

Mohamad Moussa [1], Athanasios G. Papatsoris [2], Mohamed Abou Chakra [3], Athanasios Dellis [4]

Facilitates tissue oxygenation, reducing cavernosal fibrosis

Grazie

c.bellini@clinica-hildebrand.ch