

## AB052. The nursing of endoscopic submucosal dissection for non-muscle invasive bladder tumor

Fengli Zhan, Weizhen Xi, Yawei Li, Rui Zhu

Department of Urology, Yijishan Hospital Affiliated of Wannan Medical College, Wuhu 241001, China

**Background:** To summarizing the nursing experience of endoscopic submucosal dissection of bladder tumor (BT-ESD) for non-muscle invasive bladder tumor (NMIBC).

**Methods:** The clinic data of 32 cases of NMIBC patients which performed BT-ESD from 2015.3–2017.12 were collected and analyzed, including pre-operative nursing, operative cooperation, post-operative nursing, complications and follow-up etc. **Results:** In this study, 32 patients were immediately given bladder perfusion after operation, with a retention time of 0.5–1 h. The average postoperative hospital stay was 4.53 days, and the total average length of stay was 11 days. Thirty-four percent (11/32) of the patients had mild urine on the first day after operation. Three percent (1/32) patients had more severe hematuria on the third day after surgery, 3% (1/32)

patients had more severe hematuria on the third day after surgery. Three percent (1/32) patients had obvious bladder irritation symptoms after intravesical chemotherapy. Urethral stricture occurred in 6% (2/32) patients during postoperative long term follow-up, and no patient developed bladder perforation. Six percent (2/32) of the patients were diagnosed with carcinoma of the margin of the bladder due to postoperative pathology, and two times of electrosurgical resection 1 month after the operation. Postoperative follow-up of 6% (2/32) patients relapsed after 6 months and 1 year respectively. Radical cystectomy and ileal neobladder were performed.

**Conclusions:** BT-ESD is a safe and effective approach to treat NMIBC. Through careful clinical nursing and complete discharge follow-up, postoperative complications can be reduced, the recurrence rate of bladder tumor can be reduced, and patients' satisfaction can be improved.

**Keywords:** Non-muscle invasive bladder tumor (NMIBC); endoscopic submucosal dissection; follow-up

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