IMPACT OF NEUROVASCULAR PRESERVATION ON FEMALE SEXUAL DYSFUNCTION FOLLOWING ORTHOPTIC RADICAL CYSTECTOMY
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Previous reports in the literature regarding female orthotopic cystectomy have focused primarily on urethral recurrence and urinary incontinence/continence. Recently, in the new era of female sexuality, the issue of evaluating postoperative sexual outcomes has become a new surgical endpoint. This retrospective study compared a subgroup of female patients that underwent neurovascular preservation with orthotopic diversion (n =6) versus a contemporary series of non nerve-sparing female orthotopic diversion (n=7). All 13 patients were sexually active, and baseline Female Sexual Function Index (FSFI) scores were obtained. All patients were evaluated 6, and 12 months following cystectomy, with a mean follow-up of 14 months. No patient had any adjuvant chemo or radiotherapy and all patients had no evidence of disease at time of evaluation. Post-op evaluations included were a self-administered validated FSFI questionnaire. This retrospective study compared a subgroup of female patients that underwent neurovascular preservation with orthotopic diversion (n =6) versus a contemporary series of non nerve-sparing female orthotopic diversion (n=7). All 13 patients were sexually active, and baseline Female Sexual Function Index (FSFI) where obtained. All patients where evaluated 6, and 12 months following cystectomy, with a mean follow-up of 14 months. No patient had any adjuvant chemo or radiotherapy and all patients had no evidence of disease at time of evaluation. Post-op evaluations included were a self-administered FSFI questionnaire. Neurovascular preservation in the orthotopic female cystectomy significantly improves sexual function in the postoperative period. This improvement is seen in all six domains of the Female Sexual Function Index.