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POSTOPERATIVE ADJUSTMENT AND INTERPERSONAL EXPERIENCES IN PATIENTS AFTER CYSTECTOMY FOR BLADDER CARCINOMA, A Mansson G Johnson, W Mansson, Univ. Hospital, Lund, Sweden

The aims of this study were 1.to monitor the impact of cystectomy for bladder carinoma on the patient's post-operative adjustment and 2. to observe and report upon patients' contact with medical staff and relationships with friends and spouse/partner.

Material and methods. Thirty four patients, i.e, 28 males and 6 females aged 46 to 79 years, were interviewed, using an interview schedule of semi-stuctured design. Patients had undergone cystectomy due to bladder carcinoma 1-10 (mean 5) years prior to the interview. Methods of urinary diversion were a continent caecal reservoir in 14 patients and an ileal or colonic conduit in 20 patients.

Results. While 23 patients considered the early postoperative months to be difficult or even extremely difficult, only 4 used similar characterizations for the present situation. Thirteen patients had undergone this adjustment without any social support. Problems of psychological and/or physical nature were reported by 26 patients. Ten patients stated that they had received no support in the form of counselling, whilst in hospital. Seven patients were not satisfied with the present followup regimen. While only 2 patients reported changes in relationships with friends and colleagues, such changes were experienced by 13 patients with their spouse/partner. Though 31 patients could accept that they had been stricken by a malignant disease, only 23 could accept the present situation. There were no statistically significant differences between patients with continent reservoir and patients with conduit.

<u>Conclusions</u>. This study suggests that health services provide inadequate help and support after surgery for bladder carcinoma. While relationships to friends and ability to participate in social life appears often to remain unchanged, disturbances in relationships with the spouse/partner are common. Rehabilitation programmes for patients and their families seem warranted.