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OUTCOMES OF RECONSTRUCTIVE SURGERY IN PATIENTS WITH KETAMINE BLADDERS

*A. Butt, B. Toia, R. L. Nobrega, H. C. M. Gresty, M. H. Pakzad, T. J. Greenwell, J. L. Ockrim, A. O. Noah
University College London Hospitals, UK*

Introduction:

The detrimental effects of illicit ketamine abuse on the urinary bladder are well described in literature. In this study, we present our experience in managing this condition.

Patients and Methods:

We conducted a retrospective review of 20 consecutive patients identified through clinical coding. Data extracted included demographics, surgical treatment, and duration of follow up. Patients with insufficient data (n=2) were excluded.

Results:

A total of 10 women and 10 men were identified, with a mean age of 38.1 years (range 25-65) at the last follow-up.

The primary issues identified at the time of referral to our service were overactive bladder and pain (n=12 for each), recurrent UTIs, and liver dysfunction (n=5 for each).

Seven patients underwent reconstructive surgery, including partial (n=1) or complete (n=3) cystectomy, cystoplasty (n=2), or ileal conduit (n=1), with 3 out of 7 experiencing Clavien 3 complications, and 2 out of 7 requiring multiple revisions.

The mean follow-up for the entire cohort was 4.7 years. At the end of follow-up, 8 out of 20 patients had (at least temporarily) nephrostomies, and an additional 2 had hydronephrosis on recent imaging necessitating further intervention.

A quarter of the patients (5/20) have stage 3 or above renal failure. Three patients died during follow-up, one due to liver failure, and the other two from unknown causes, outside of the hospital, at ages 28, 35, and 41, respectively.

At least 3 out of 20 patients had relapsed into ketamine use at the last follow-up, with doses of up to 2g/day.

Conclusions:

This preliminary data underscores the extensive adverse effects of illicit ketamine use, leading to a diverse range of issues with severe consequences for a young patient cohort. These include complex surgery with frequent severe complications, liver and renal failure, and even death.