have higher expectations for quality of life (QoL) improvement compared with those with congenital NGB. We thus aim to compare decision regret (DR) and QoL in patients undergoing urinary diversion for acquired and congenital NGB.

METHODS: We identified patients with spinal cord injury (SCI) or spina bifida (SB) within a NGB cohort and recorded clinical data including Charlson comorbidity index, continent, and bladder management, and obtained PROMIS-10 Global Health® questionnaire answers collected before and after diversion. The Decisional Regret Scale and SF-Qualiveen® (SFQ) forms were distributed and completed postoperatively. We compared groups with non-parametric tests for continuous variables and Fisher’s exact test for categorical variables. Analysis of covariance models compared changes in outcomes by group.

RESULTS: Thirty-seven patients returned completed surveys. Groups were similar in terms of demographics and clinical characteristics. SCI patients had worse baseline physical health than SB, but postoperative changes in this score, mental health, pain level, and global QoL were not significant after adjusting for baseline scores and follow-up time. SFQ scores showed significantly worse disease-specific QoL in SCI relative to SB when adjusted for other factors. We were unable to demonstrate differences in DR scores between the two groups.

CONCLUSIONS: Patients with SCI demonstrate preoperative differences in physical health when compared with those with SB, which may help urologists adequately set expectations in these different groups undergoing urinary diversion. In this small cohort, we failed to demonstrate a difference in DR, but found postoperative, urinary-specific QoL to be higher in patients with SB.

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MP65-07 IMPACT OF SURGICAL INTERVENTION ON IRRADIATED PATIENTS’ QUALITY OF LIFE
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INTRODUCTION AND OBJECTIVE: The impact of surgical intervention following radiation injury on patient quality of life (QOL) is not well studied. The objective of this study was to evaluate the effect of definitive surgical intervention on health burden and QOL among patients with a history of radiation.

METHODS: Patients who underwent major intra-abdominal intervention to address radiation injury were included in the study (N =24). A validated 36-item short form (SF-36) survey was used to assess QOL domains (0-100, low-high) pre- and post-operatively. The scores obtained from these surveys were used to assess the difference in QOL before and after intervention across the group and on a per-individual basis (pairwise students-t).

RESULTS: Median time from radiation to surgical intervention was 7.6 years. The etiology of radiation injury was urologic in 20(83%), colorectal in 2(8%), gynecologic in 2(8%). In total, 10(42%) patients had fistula and 8(33%) had strictures. In assessment of radiation injury burden on health in the year before surgery vs the year after, there was significantly greater hospitalizations (median 1 vs 0.5), hospitalized days (3.5 vs 0.5), and ER visits (1 vs 0; all p<0.05). There was no significant difference in hospitalizations or ER visits according to injury etiology. Pre- and post SF-36 survey was conducted a median 1.6 months prior to surgery and 5.1 months after. Figure 1. outlines the differences in pre- and post-operative QOL. Mean QOL scores improved in every domain following surgery, including physical functioning (54.6 vs 76.1), role limitations due to physical health (29.8 vs 19.9), emotional well-being (64.2 vs 80.1), social functioning (41.4 vs 81.3), pain (48.9 vs 78.2), and general health (45.8 vs 61.7) (all p<0.05). Per-individual pairwise comparisons were clinically significant except for physical health.

CONCLUSIONS: Following definitive surgical intervention for radiation induced urinary injury there is a significant reduction in health-related complications and improved QOL across all measured domains. Such information may prove useful in directing earlier intervention and appropriately counseling patients.

Source of Funding: None.

MP65-08 EVALUATION OF FUNCTIONAL OUTCOMES AND QUALITY OF LIFE IN ELDERLY PATIENTS (≥75 YEARS) UNDERGOING MINIMALLY INVASIVE RADICAL CYSTECTOMY WITH SINGLE STOMA URETEROCUTANEOUSTOMY VS. BRICKER INTRACORPOREAL ILEAL CONDUIT URINARY DIVERSION
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INTRODUCTION AND OBJECTIVE: Diversion after radical cystectomy (RC) is crucial when considering elderly subjects. Data on the quality of life (QoL) impact with different diversions is scarce. This study aims to compare complications and QoL in patients aged ≥75 y.o., who underwent minimally invasive (MI) RC with Bricker intracorporeal urinary derivation and single stoma ureterocutaneostomy.