

APPENDIX

Supplementary Table 1. Postoperative anatomical complications following Studer neobladder urinary diversion					
Patient	Type of Complication	Time from Surgery	Complication	Intervention	Outcome
A	Urinary leak	7 days	Uretero-ileal anastomotic leak (right)	Continue with ureteral stents, suprapubic, and urethral catheter	Resolution at 4-week pouchogram
B	Urinary leak	7 days	Neobladder-urethral anastomotic leak	Continue with SP catheter and urethral catheter	Persistent leak and fistula at 3-week pouchogram Resolution at 8-week pouchogram
	Fistula	22 days	Neobladder-vaginal fistula		
D	Obstruction	N/A	Neobladder neck contracture	DVIU	Resolution
E	Urinary leak	7 days	Uretero-ileal anastomotic leak (left)	Leak identified after stent removal	Surgical drain output decreased to physiological rates
F	Obstruction	11 years	Uretero-ileal stenosis (right)	Right NT insertion, balloon dilation of stenosis, ureteric stone removal	Recurrence
	Obstruction	18 years	Uretero-ileal stenosis (bilateral)	Bilateral NT insertion, followed by exploration of bilateral ureterolysis, right distal ureteral tumor	Pathology confirmed recurrence of malignancy

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				excision, and bilateral ureteric reimplantation	
G	Obstruction	11 years	Neobladder neck contracture	Cystoscopy and urethral dilation	Resolution of contracture Developed extraperitoneal leak
	Urinary leak	11 years	Neobladder-urethral anastomotic leak	Urethral catheterization	Catheter removed 4 weeks afterwards Started CIC
H	Urinary leak	0 days	Neobladder-urethral anastomotic leak	Continue with urethral and SP catheter	Recurrence
	Urinary leak	20 days	Neobladder-urethral anastomotic leak	Continue SP catheter	Resolution of leak
	Obstruction	1 year	Uretero-ileal stenosis (right)	NT insertion	Unable to pass wire past stenosis for dilation. NT removed due to atrophic kidney (20% differential function) and further atrophy permitted
I	Fistula	55 days	Neobladder-cutaneous fistula	Conservative management	Resolved spontaneously with improved neobladder emptying
	Obstruction	2 years	Uretero-ileal stenosis (right)	NT insertion followed by exchange for NU stent. Subsequent	Resolution

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				balloon dilation of stenosis.	
J	Fistula	12 years	Neobladder-enteric fistula	Laparotomy with takedown of neobladder-enteric fistula and small bowel resection.	Resolution
K	Urinary leak	18 days	Uretero-ileal anastomotic leak due to retained non-draining stent (left)	Intraabdominal sepsis requiring percutaneous abdominal drain insertion.	Development of fistula
	Fistula	18 days	Neobladder-cutaneous fistula	Continued percutaneous drainage and suprapubic catheterization	Resolution of fistula in 5 weeks
	Obstruction	2 years	Ureteral stenosis (bilateral)	Bilateral NT insertion due to pelvic recurrence	Chronic NT
L	Obstruction	N/A	Neobladder neck contracture	N/A	N/A
M	Fistula	12 years	Neobladder-colonic fistula due to diverticulitis	Abscess drain insertion and urethral catheterization	Resolution
N	Obstruction	2 years	Uretero-ileal stenosis (right)	NT insertion, followed by antegrade incision of ureteric stenosis and balloon dilation.	Resolution
O	Obstruction	1 year	Uretero-ileal stenosis (bilateral)	Bilateral NT insertion due to malignant	Chronic NT
	Fistula	1 year	Neobladder-rectal fistula		

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				recurrence in pelvis complicated by pelvic abscess	
P	Urinary leak	1 month	Neobladder-vaginal fistula	Conservative management with urethral and SP catheter, failed requiring transvaginal VVF repair with Martius flap at 10 months	Recurrence
	Fistula	1 month			
	Fistula	15 months	Neobladder-vaginal fistula	Repeat transvaginal VVF repair with Martius flap at 15 months	Resolution
Q	Obstruction	6 months	Neobladder neck contracture	Cystolitholapaxy and transurethral incision of bladder neck	Resolution
R	Obstruction	2 months	Uretero-ileal stenosis (left)	NT insertion and antegrade balloon dilation.	Recurrence
	Obstruction	9 months	Uretero-ileal stenosis (left)	NT insertion and antegrade balloon dilation.	Recurrence
	Obstruction	20 months	Uretero-ileal stenosis (left)	NT insertion, followed by exploration of ureter, ureterolysis, and ureteric reimplantation.	Resolution

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	Fistula	2 years	Enterocutaneous fistula	Occurred post-exploration of ureter. Managed conservatively without additional drains.	Resolution
S	Urinary leak	2.5 years	Neobladder-urethral anastomotic leak	Abscess drain insertion.	Development of fistula
	Fistula	2.5 years	Neobladder-rectal fistula	Defunctioning sigmoid colostomy	Persistent fistula
T	Obstruction	6 months	Neobladder neck contracture	Cystoscopy and urethral dilation	Resolution
	Obstruction	4 years	Uretero-ileal stenosis (left)	NT insertion	NT removed following no improvement of renal function. Permitted renal atrophy
U	Obstruction	10 years	Uretero-ileal stenosis (left)	NT insertion followed by percutaneous nephrolithotomy and antegrade balloon dilation.	Resolution
V	Urinary leak	7 days	Neobladder-urethral anastomotic leak	Continue with urethral and SP catheter	Resolution
	Obstruction	5 years	Neobladder neck contracture	Cystoscopy and urethral dilation	Recurrence
	Obstruction	5 years	Neobladder neck contracture	Cystoscopy, transurethral incision	Resolution

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				of bladder neck, and cystolitholapaxy	
W	Obstruction	8 months	Uretero-ileal stenosis (left)	Declined intervention	Development of chronic kidney disease
X	Obstruction	14 months	Neobladder neck contracture	Cystoscopy and transurethral incision of bladder neck	Resolution
Y	Urinary leak	21 days	Uretero-ileal anastomotic leak (left)	Continue with urethral and SP catheter	Resolution in 2 weeks on cystogram
	Obstruction	6 years	Uretero-ileal stenosis (left)	NT insertion	NT removed due to atrophy of affected kidney with no improvement of renal function. Renal atrophy permitted
Z	Obstruction	8 years	Urethral stricture	Cystoscopy, urethral dilation, and stone extraction	Resolution
AA	Obstruction	3 years	Ureteral-ileal stenosis (left)	Declined intervention	Renal atrophy permitted
AB	Urinary leak	19 days	Uretero-ileal anastomotic leak (left)	Percutaneous nephroureteral stent insertion	Resolution of leak on pouchogram in 4 weeks
	Urinary leak	14 months	Uretero-ileal anastomotic leak (left)	Percutaneous drain insertion of iliopsoas abscess and NT insertion.	Resolution in 4 weeks

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	Obstruction	18 months	Uretero-ileal stenosis (left)	Failed attempt at antegrade balloon dilation due to difficult access	Chronic NT
AC	Urinary leak	7 days	Neobladder-urethral anastomotic leak	Continue with urethral and SP catheter	Resolution
	Obstruction	4 months	Neobladder neck contracture	Cystoscopy, urethral dilation, and foley catheter insertion	Recurrence.
	Obstruction	6 months	Neobladder neck contracture	Percutaneous suprapubic catheter insertion	Recurrence
	Obstruction	8 months	Neobladder neck contracture	Cystoscopy and transurethral incision of bladder neck	Recurrence
	Obstruction	2 years	Neobladder neck contracture	Cystoscopy and transurethral incision of bladder neck	Resolution
AD	Obstruction	14 months	Neobladder neck contracture	Cystoscopy, transurethral incision of bladder neck, and cystolitholapaxy	Recurrence
	Obstruction	3 years	Neobladder neck contracture	Cystoscopy and transurethral incision of bladder neck	Resolution
AE	Obstruction	12 days	Uretero-ileal stenosis (left)	NT insertion due to functionally solitary kidney. Converted to	Resolution

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				NU stent. Antegrade ureteral balloon dilation.	
	Obstruction	4 months	Neobladder neck contracture	Cystoscopy and urethral dilation	Resolution

CIC: clean intermittent catheterization; DVIU: direct visual internal urethrotomy; NT: nephrostomy tube; NU stent: nephroureteral stent; SP: suprapubic catheter; VVF: vesicovaginal fistula.