

Alvimopan provides rapid gastrointestinal recovery without nasogastric tube decompression after radical cystectomy and urinary diversion

## EDITORIAL COMMENT

Much of the morbidity associated with radical cystectomy is related to gastrointestinal complications. Given the current need to perform a urinary diversion utilizing a segment of bowel, nearly all patients undergoing radical cystectomy require a form of bowel resection along with a primary anastomosis.

Over time, efforts have been made to shorten the time to recovery of bowel function. These include the use of streamlined postoperative pathways, avoidance of NG tube decompression, early ambulation, use of promotility agents and the conservative use of narcotics. Despite such efforts, bowel related issues continue to be a major component of prolonged hospitalizations and delayed recovery following surgery.

The investigators in this study examined the impact of alvimopan (a mu opioid receptor antagonist) on recovery of GI function following 50 consecutive radical cystectomies (the 1<sup>st</sup> 27 patients did not receive alvimopan, the final 23 patients did). This study appears to be the 1<sup>st</sup> report of utilizing alvimopan in the urologic literature. The results from this study are encouraging with an improvement in postoperative outcomes such as a reduction in the duration of hospitalization, avoidance of NGT decompression, reduction in the time to flatus and 1<sup>st</sup> BM, and earlier initiation of liquids. Furthermore, no patients receiving alvimopan required TPN or suffered GI related complications. We await the results of a recently completed a phase IV randomized trial (NCT00708201) to confirm these findings.

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