Results Fifty-six patients were included. Patients’ characteristics are shown in table 1. Vascularization was considered optimal (+++) in right ureter in 29 (51.8%) and in left ureter in 22 (39.3%) patients. Optimal right ureter perfusion was associated with risk reduction of >G2 right hydronephrosis (OR: 8.05, 95%CI: 1.95–33.08; p=0.004); no association between left ureter perfusion and risk of >G2 left hydronephrosis was noted (OR: 1.87, 95%CI: 0.51–6.95; p=0.347). 29 (51.8%) patients had good (++-/+++) bilateral ureter perfusion and none of them experienced ileal conduit anastomotic leak. All three (5.3%) patients undergoing UD anastomosis leak had a poor (+/--/--) ICG perfusion.

Conclusion The use of ICG to assess perfusion of UD anastomoses was a useful tool to predict benign ureteric stenosis and UD leak. Patients with poor ICG perfusion could benefit from intra-operative actions and more intense post-operative surveillance.

Disclosures None