

# Colectomies in patients over 80: Our Clinics experience

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## ABSTRACT

- The aim of this study is to assess the mortality and morbidity of elderly patients undergoing colectomies as well as the perioperative risk factors associated with the aforementioned rates
- 60 patients who underwent emergent or elective colectomy over a 2 year period were included with a 30 day follow-up
- Demographic data, perioperative morbidity and mortality were assessed and compared between the groups

## INTRODUCTION

- Colorectal Cancer remains the third most common malignancy worldwide
- Substantial proportion of patients diagnosed at an advanced age
- Surgical resection is the cornerstone of treatment
- Elderly patients present unique challenges
  - frailty
  - comorbidities
  - age-related vulnerability
- The advanced age associated with significantly worse short- and long-term outcomes

## RESULTS

- Patients over 80 years of age were associated with higher perioperative mortality ( 22% vs 14,2%) compared to younger patients, mainly due to the inevitability of mortality presenting itself while undergoing surgery in an emergent setting
- Elderly patients presented with
  - higher ASA classifications (61,1% vs 45,2%)
  - more comorbidities
  - were more likely to develop postoperative complications (38% vs 28.5%), including:
    - Infection
    - anastomotic leak
    - cardiorespiratory events

## RESULTS

- The younger group demonstrated:
  - lower complication rates
  - shorter hospital stays
  - faster recovery times
- Elderly patients who were operated in an emergency setting presented higher complication rates than their younger counterparts
- Emergent colectomies in younger patients showed complication rates closer to those who underwent elective procedures

## DISCUSSION

- The postoperative Morbidity and Mortality, although significant at higher ages, has declined when compared to older studies
- This could be the result of the better pre-operative management of the existing comorbidities especially in elective surgeries and the personalized approach according to the patient's age even in an emergent setting
- The increase in the emergent setting perioperative mortality is possibly due to the relatively small number of patients in the study, the advanced sepsis state at the initial ER presentation and the existence of uncontrolled comorbidities at presentation
- The difference in the postoperative mortality between the emergent Colectomies further underlines the importance of preoperative comorbidities and early ER presentation

## METHODS AND MATERIALS

- Retrospective cohort study included 60 patients who underwent emergent or elective colectomy over a two-year period with a 30-day follow up Patients were divided into 2 age groups:
  - 60-80 (42 patients)
  - >80 years old (18 patients)
- Further divided into those who underwent elective and emergent colectomies
  - 60-80 years old emergent (30)
  - 60-80 years old elective (12)
  - >80 years old emergent (11)
  - >80 years old elective (7)

- Demographic data, perioperative risk factors, morbidity, and mortality were assessed and compared between the groups

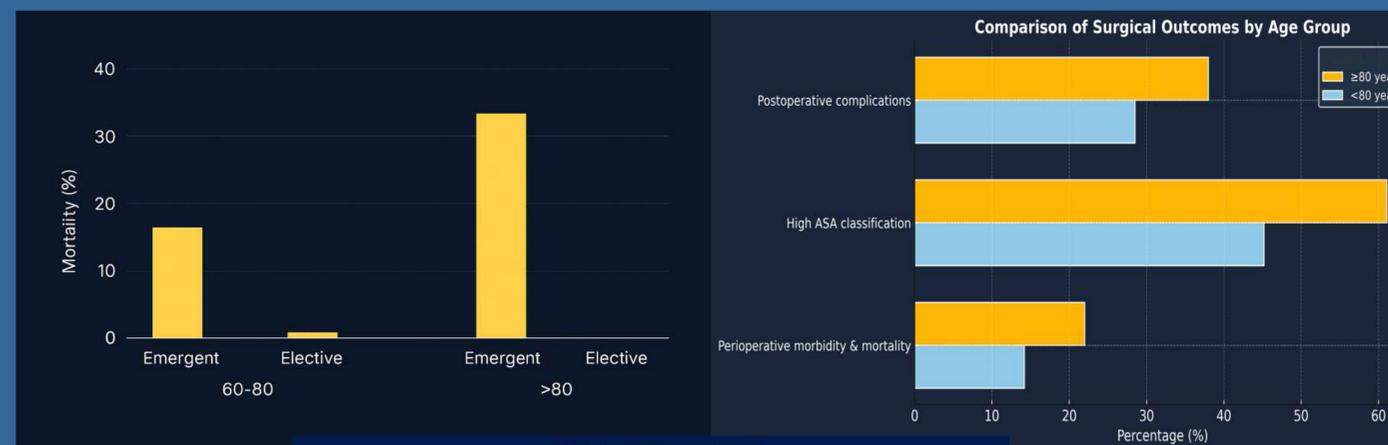


Chart 1. Mortality in each age group

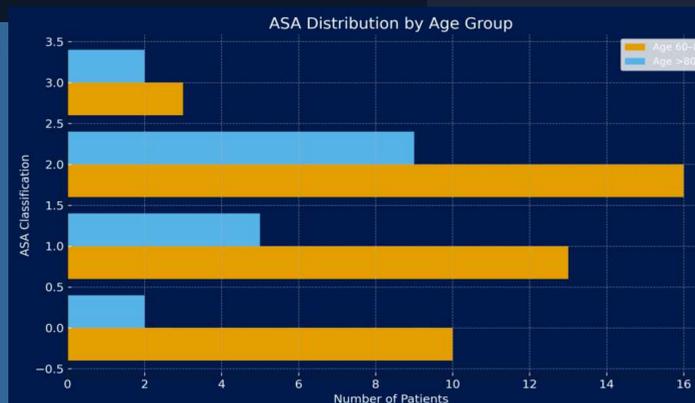


Chart 2. ASA Distribution by age

Chart 3. Surgical outcomes.

## CONCLUSIONS

- Elderly patients requiring colectomy face significantly increased risk compared to the younger population
- Careful preoperative assessment, optimization of comorbidities, and timely surgical planning are essential to improve outcomes in the elderly vulnerable population
- Further studies have to be made for the assessment of other modifiable factors that can contribute to better perioperative and postoperative morbidity and mortality rates

## REFERENCES

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