

MEETING ABSTRACT

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Complications of colorectal surgery

V Minutolo^{1*}, A Buttafuoco², G Gagliano², O Minutolo¹, R Morana¹

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Background

There is a more important incidence (73% males and 78% females) of neoplastic colorectal pathology in patients over 75. Old age is generally considered as a risk factor, whether in terms of morbidity or mortality. Several authors reported an increase of postoperative complications (25,5%-41,2% versus 16,3%-21,5%) in old patients [1,2].

Falch C. reports a 30-day mortality of 12% in patients over the age of 80 against 3% of patients between 60 and 79 years. [3]

Age alone isn't a promoting factor of complications in selected older patients [4].

Materials and methods

155 non selected patients have been operated on for colorectal carcinoma; 101 patients (65,15%) were over 70 (A Group), and 54 (34,85%) under 70 (B Group). We performed 30 left hemicolectomies, 66 right hemicolectomies, 2 transversectomies, 34 rectal resections, 21 sigmoidectomies, 2 Miles's amputations. 33.66% patients of A group had associated pathologies (diabetes, vascular and vasculocerebral diseases) . In 11 patients a palliative operation was performed. 27 patients of A group were operated on in emergency.

Results

In A group postoperative complications were 5,9% and in B group 5,5% including an intraoperative ureter injury, immediately repaired. Anastomotic dehiscence occurred in 1,98% of A group (patients operated on in emergency) and 0% of B group. Mortality was 1,98% in A group. Two reoperations were performed.

Conclusions

Long term outcomes are similar whether in patients over 70 or under 70, while it's only the lower ability of

the former to react against complications that produce a careful evaluation of single patient. Prevention or reduction of complications is possible by carrying out some measures and precautions.

Author details

¹Department of Surgical Sciences, Organ Transplantations and Advanced Technologies – Catania University of Studies, Italy. ²General Surgery C.O.U. - Hospital "Guzzardi", Vittoria (Rg), Italy.

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