

Meeting abstract

Open Access

Anterior laparoscopic rectal resection for cancer in the elderly: long-term outcome, risk factors and health related quality of life

Massimo Vecchiato*¹, Silvia Savastano¹, Giacomo Sarzo¹, Roberto Cadrobbi¹, Mario Gruppo¹, Isabella Mondì¹, Francesco Cavallin², Giuseppina Bazzolo¹, Elisa Marcellan¹ and Stefano Merigliano¹

Address: ¹University of Padua, Department of Surgical and Gastroenterologic Sciences, 3th General Surgery Clinic, Coloproctological Unit, "S. Antonio" Hospital, Italy and ²Istituto Oncologico Veneto (IOV-IRCCS), Padua, Italy

* Corresponding author

from XXI Annual Meeting of The Italian Society of Geriatric Surgery
Terni, Italy. 4–6 December 2008

Published: 1 April 2009

BMC Geriatrics 2009, 9(Suppl 1):A43 doi:10.1186/1471-2318-9-S1-A43

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A43>

© 2009 Vecchiato et al; licensee BioMed Central Ltd.

Background

Elderly population in Western countries is rapidly increasing. Literature suggests that radical colorectal resection in the elderly can be safely undertaken with good short and long term results; however results of specific rectal laparoscopic resections are not well defined and so quality of life. The aim of this study was to assess long-term outcome; risk factors and health related quality of life (HRQoL) in elective rectal cancer laparoscopic resection in patients older than 65 years.

Materials and methods

Between March 2002 and November 2007, 57 patients underwent elective laparoscopic resection for rectal cancer. Of these 32 (56%) were 65 years of age or older; the remaining 25 were the control group. Perioperative and follow-up data were collected and stored in a database. We assessed: operative findings, histopathological features, postoperative course, follow-up and overall survival. All patients were assessed using the EORTC QLQ C30 and EORTC QLQC38 questionnaire to establish HRQoL.

Results

Laparoscopic resection for rectal cancer in the elderly is safe with no perioperative mortality and post-operative morbidity similar to younger patients (7%vs13%; $p = 0.4$).

The overall survival was lower in the younger patients ($p = 0.0015$; the 5-year overall survival rates were 69% vs 96.4%); but age older than 65 years was not an independent risk factor for overall survival at the multivariate analysis.

The multivariate analysis showed that neoadjuvant radiotherapy ($p = 0.04$) and metastatic nodes ($p = 0.006$) are independent risk factor for overall survival and vascular invasion ($p = 0.005$) for local recurrence. HRQoL was similar in the two groups.

Conclusion

Laparoscopic rectal resection for old patients is safe, with short-term results comparable to that of younger people. Old age is not an independent risk factor for prognosis. We achieved excellent overall long term survival and a good quality of life.