

Meeting abstract

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Surgery in patients older than 70 years: predictive factors of postoperative outcome

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Introduction

Geriatric patients and their relative fragility with respect to younger patients represent a surgical dilemma for the general surgeon. This has led surgeons to adopt "tailored" techniques and strategies to treat them. The rapid increase of this aged population has given the clinician the chance to push forward the knowledge on this subset of patients and challenge previous concepts; thus changing behaviour and strategies when treating them.

Aims

Retrospective analysis of a cohort of patients aged >70 years submitted to abdominal surgery under general anaesthesia.

Methods

From January 2006 to March 2008, 80 consecutive patients (54 female-mean age 81 y SD 4.2) were submitted to surgery in the U.O. Patologia Chirurgica dell'Università di Genova. Preoperatively there was at least one comorbidity in 67 patients, 53 had cancer. The mean Charlson index in this series was 4.45 (ds 3.8 range 0–16). The patients were submitted to 80 procedures (7 biliary, 37 colorectal, 12 upper gi, 15 abdominal complex incisional hernias, 9 various). In twelve cases the procedure took place in emergency setting.

Results

Postoperative general complications were registered in 23 cases (11 cardiovascular; 14 renal, 9 infectious, 5 respira-

tory, 1 portal thrombosis). Postoperative surgical complications were observed in 15 patients (18.8% – namely 5 anastomotic leaks, 3 small bowel obstructions, 4 haemorrhages, 1 intestinal infarction, 2 wound infections). Ten patients were submitted to reintervention (12.5%). Thirty-day postoperative mortality was 12.5% (10 subjects, 5 surgical related deaths). Logistic regression analysis showed that postoperative general complications were directly related to high Charlson index (OR 1.22; CI 95% 0.02–0.20); emergency setting (OR 22.4; CI 95% 4.2–120.1); reintervention (OR 8.2; CI 95% 1.52–43.66). Mortality rate rises with number of transfusions (OR 5.16 CI 95% 1.79–14.84), Charlson index (OR 1.24; CI 95% 0.98–1.57) emergency setting (OR 37.6 CI 95% 2.82–503.12).

Conclusion

Age *per se* does not preclude a patient from complex major surgery. Postoperative complications in this subgroup of patients are actually related to the number and degree of comorbidities affecting the subjects. Therefore these must be the major determinants in the surgical treatment of old people.