

Meeting abstract

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Does age influence results of laparoscopic surgery for colorectal cancer in elderly patients?

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Background

The aim of this study is to assess the feasibility and the safety of laparoscopic resections for colorectal cancer in elderly patients (age ≥ 65 years) and to determine the oncological radicality and the benefits in the postoperative outcome.

Materials and methods

Consecutive 87 patients who had laparoscopic resection of right colon, left colon, sigma and/or suprapерitoneal rectum for colorectal carcinoma or adenoma with medium/severe dysplasia from June 2005 to August 2008 were included. Two age-matched cohorts of patients were compared: 45 patients (group 1) of 65 years or older and 42 patients younger than 65. All of the patients underwent preoperative exams, colonoscopy with multiple biopsy and CT-scan, and all data concerning demographics, disease, details of operations and postoperative events were collected prospectively.

Results

With regard to oncological radicality, resection margins were free from neoplastic infiltration (R0) in all cases and mean number of lymph nodes retrieved was 21.8 ± 10.7 in group 1 and 21.2 ± 11.4 in group 2 ($p > 0.05$).

Mean operating time resulted 164 ± 39 minutes in the elderly group and 160 ± 32 minutes in the younger group ($p > 0.05$). Three patients of elderly group required conversion to laparotomy.

Elderly patients presented resumption to oral diet after 3.7 ± 1.8 days whereas younger patients after 3.1 ± 1.4 days ($p > 0.05$) and also the return of bowel function was similar between the two groups, 2.5 ± 1.2 days in group 1 versus 2.3 ± 1.2 days in group 2 ($p > 0.05$).

The length of hospital stay was similar between the two groups (8.7 ± 3.4 days versus 7.9 ± 4.8) ($p > 0.05$). Ten patients of group 1 presented postoperative morbidity whereas four postoperative complications occurred in the group 2.

Two patients of elderly group died whereas there was no mortality in the younger group. One patient died for cardiac failure and the second case for MOF.

Conclusion

Our prospective study suggests, according to other studies, that laparoscopic colorectal surgery is a safe and effective option even for the elderly patients with similar oncological radicality and postoperative outcome as in younger patients.