

Meeting abstract

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Laparoscopic colo-rectal surgery in octogenarians

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Aim

Colo-rectal surgery is related to a certain mortality and morbidity especially in old patients. Laparoscopic approach to the elderly patients is often considered with diffidence, but it is in this field that miniminvasive surgery gives best results.

Aim of this study is to analyse our experience in colo-rectal surgery in the aged and to compare the results of laparoscopic resection (LR) versus open resection (OR).

Methods

From 1 January 2003 to 30 June 2008, 128 colo-rectal operations were performed on patients 80 years old or more, at the Department of General Surgery of University "Politecnica delle Marche". Patients were composed of 61 (47.6%) males and 67 (52.4%) females. Mean age was 83.4 years (range 80–95). Ninety-four (73.4%) operations were carried out by laparoscopic technique versus 34 (26.6%) by laparotomic approach. Surgical operations were: 47 (36.7%) right colectomy, 38 (29.7%) left colectomy, 8 (6.3%) transverse resection, 3 (2.3%) sigmoid resections, 20 (15.6%) rectum resections, 10 (7.8%) abdomino-perineal rectum amputation, 1 (0.8%) total colectomy. Indications were represented by malignant lesions in 89 patients (94.7%) of LR and by 27 cases (82.4%) of OR.

Results

Mean operative time was 2 h 35 min for LR versus 2 h 47 min for OR (ns). No intraoperative complications and no mortality were found in both groups. Three post-operative

complications were reported in LR: 2 (2.1%) anastomotic fistulas and 1 (1.1%) haemorrhage, whereas 2 in OR: 1 (2.9%) anastomotic fistula, 1 (2.9%) bronchopneumonia. One (2.9%) LR patient died in 21 days of acute kidney failure and respiratory failure. Post-operative pain was minimal in LR and patients required only a mean of 2 analgesic (Ketorolac 30 mg i.m.) versus 5 of OR. Mean hospital stay was 6 days in LR and 9 days in OR.

Conclusion

Laparoscopic technique is, in our experience, a valid and safe approach also in patients 80 years old or more. Thanks to a reduced post-operative pain and an early mobilization, this method brings to a considerable reduction of post-operative complications and to a shorter hospital stay.