

Meeting abstract

Open Access

Laparoscopic colic resection in the elderly: a comparative study

P Vanini*, S Bolzon, L Possamai, G Troter, G Anania, M Santini, G Ferrocci, A Marzetti, G Cavallesco and G Azzena

Address: Department of Surgical, Anaesthesiologic and Radiologic Sciences. Surgery Unit, Ferrara, 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):A42 doi:10.1186/1471-2318-9-S1-A42

This abstract is available from: <http://www.biomedcentral.com/1471-2318/9/S1/A42>

© 2009 Vanini et al; licensee BioMed Central Ltd.

Introduction

The purpose of this study was to evaluate any relative benefits for laparoscopic colectomy in patients over 70 years old compared with under 70 years old.

Methods

We did a comparative review including the last 65 laparoscopic colic resection in patients over 70 years old matched to 58 patients under 70 years old underwent laparoscopic colic resection.

Patients were divided in two cohorts and compared: group 1 (laparoscopic colectomy over 70 years old) consisted of 65 patients; group 2 (laparoscopic colectomy under 70 years old) consisted of 58 patients.

We collected for all patients ASA class, type of segmental resection, operative time, mean postoperative complications (morbidity and eventually mortality), length of hospital stay, 30-day re-admission rate, time of the first flatus and bowel movement.

Results

We noted the major differences in term of first flatus (3.9 days in the group 1 and 3.2 days in the group 2), canalization (respectively 5.98 days in group 1 and 5.13 days in group 2) early complications (9.2% in group 1 and 3.4% in group 2), 30 day postoperative mortality (3% in group 1 and 0% in group 2) and demission-time (9.1 days in the group 1 and 7.7 days in group 2).

We observed not very differences in operative time (220.35 min in group 1 and 218.9 min in group 2) and ASA classification. We also noted in the older patients less nausea, vomiting and use of oral analgesic in the postoperative.

Conclusion

Laparoscopic surgery has been proven to reduce hospitalization, cardiopulmonary stress, postoperative ileus, postoperative pain, and to improve immune and metabolic response offering particular advantages to older patients in terms to morbidity and mortality rates.

Our results are comparable to those just previously evaluated by Stewart et al, Bardram et al, Delgado et al, showing that laparoscopic approach, particularly in elder patients, is a safe and highly standardized and now represent the gold standard for the colon cancer approach. In particular regard of age it seems to be an independent factor increasing postoperative mortality and morbidity.