

Post-surgery Morbidity and Mortality in Colo-Rectal Cancer in Elderly Subjects

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Abstract

Aim: Surgical procedures with curative or palliative intention in colo-rectal neoplasm in subjects aged over 80 represent a surgical challenge due to the issue they raise: benefits versus increased morbidity. In Romania, according to demographic predictions, the population over the age of 65 will double in the next half century. This, correlated with the increased incidence of colo-rectal cancer in subjects pertaining to the 60-69 age period and higher, determined us to identify the factors that can influence the occurrence of complications and post-surgery deaths in subjects over 80 years of age that were operated on for colo-rectal cancer.

Methods: This paper includes a retrospective analysis of patients aged over 80, diagnosed and treated for colo-rectal cancer in the 4th Surgery Department of the University Emergency Hospital in Bucharest, in the period 2000 – 2011, following the type of surgery, morbidity and postoperative mortality. Out of a total of 297 cases of patients operated on for colo-rectal cancer, 36 were identified with the age over 80, age average being 83 years (80-91).

Results: Out of the total 36 patients aged over 80 years, 22 were subject to surgical procedures with curative intention (in 16 of these subjects a right hemicolectomy was performed and in 6 a left hemicolectomy), the remaining 14 subjects receiving palliative surgical treatment. The factors that negatively influenced post-surgery evolution were diabetes, pre-existing cardiac pathology, evolutionary stage of cancer and the urgency character. In the group with resections, we found a 27.2% (6 cases) morbidity rate and a 18.2% (4 cases) mortality rate. In patients undergoing palliative surgery, the morbidity rate was 28.5% (4 cases) with a mortality rate of 14.3% (2 cases).

Conclusions: Between the 2 groups of patients postoperative morbidity and mortality appeared to be equal. Most often, they were caused by pre-existing cardio-pulmonary pathology and by the urgency character of the surgery, that did not allow a proper rebalancing, and in a lesser extent by the type of surgery. During those 12 years, the percentage of patients aged over 80 years diagnosed annually with colorectal cancer remained constant. Despite advanced age and associated comorbidities, we consider the postoperative evolution to be satisfactory, although postoperative morbidity and mortality were higher than in the general population, according to the literature. Preoperative compensation of associated comorbidities, a surgical procedure performed by experienced teams, together with the ensuring of adequate intensive therapies are required to reduce postoperative risks.

Key words: colo-rectal cancer, morbidity, mortality, old age

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