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Thirty-Day Postoperative Outcomes Following Surgery for Colorectal Malignancy: A Single-Centre Cohort Study

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Abstract
Background: Surgery remains the cornerstone of treatment for colorectal malignancies, with post-operative complications significantly impacting short and long-term outcomes. This study aimed to evaluate 30-day post-operative complications following surgery for colorectal malignancies in a single tertiary care teaching hospital in Navi Mumbai, India.
Methods: Thirty patients who underwent surgical resection for colorectal malignancy were followed up for 30 days. Surgical site infection was the most frequent complication, occurring in 36.66% of patients. Emergency surgery was associated with a higher complication burden than elective surgery.
Results: Thirty-day mortality was 10%, predominantly in patients with advanced disease and poor physiological reserve. No significant association was found between tumour location, disease stage, or surgical setting and post-operative complication rates. The median hospital stay was 20 days (IQR 16–20.75).
Conclusion: Emergency surgery carried a higher complication burden, and advanced disease with poor physiological reserve was associated with increased mortality. These findings highlight the burden of post-operative morbidity following colorectal cancer surgery and the poorer outcomes associated with emergency presentation.
Keywords: colorectal cancer, hemicolectomy, anterior resection, abdominoperineal resection, surgical site infection, Clavien-Dindo classification, Southampton classification