

Post-operative outcomes after Right Hemicolectomy for colorectal cancer in Octogenarians in an Enhanced Recovery setup

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Aims: Right sided colonic cancer is prevalent in the elderly. Associated comorbidities in these patients adversely affect the outcome. Our aim was to assess the post - operative outcomes after right sided colonic resection in octogenarians in an Enhanced Recovery (ERAS) setting.

Methods: An ERAS database of all colonic resections was collected prospectively from April 2009 to March 2017. Patients younger than 80 years of age, non-cancer and non-right sided colonic resections were excluded from analysis.

Results: 95 patients (mean 84.3 years, range 80-91 years) met the inclusion criteria - 70 (73.6%) operations were performed laparoscopically. 14 patients had Extended Right Hemicolectomy. Average length of stay was 8.3 days (Range 4 – 45 days) with ten patients requiring early admission for blood transfusion and optimisation. 11 patients required High Dependency Unit admission. 50% of patients developed one or more complications post-operatively. 19 (20%) patients developed ileus. 4 patients required re-operation for complications. There was delay in discharge due to social reasons in 12 (12.6%) patients. One patient needed readmission for managing ileus. There was one mortality on the 5th post-operative day from Renal failure. Other complications included: reoperation in 4 (4%), Cardiac complications in 7 (7%), Respiratory complications in 5, Post-op delirium in 4, SSI in 4, Renal failure in 2 and in hospital falls in 2.

Conclusions: Octogenarians are at increased risk of developing post-operative complications following Right Hemicolectomy for Colorectal Cancer. Optimising care through Enhanced Recovery Programme will reduce the mortality and morbidity associated with these complications.