

Safety of Pancreatic Resections in Octogenarians

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Context The safety of pancreatic resections in very elderly patients is still controversial. **Objective** To evaluate postoperative mortality, morbidity, type of discharge and length of hospital stay (LOS) in octogenarians who underwent pancreatic resections for malignancy. **Methods** From 2004 to 2013, 213 patients underwent pancreatic resections and were recorded in a prospective data base. They were divided in three groups: <70 years, 70-80 years and ≥80 years and were analyzed regarding postoperative course. Multivariate analysis was carried out to verify the impact of age on postoperative results. **Results** Mortality rate was higher (P=0.029) in patients ≥80 years (16.7%) only when compared with patients <70 years (3.4%). Morbidity rate was similar in the three groups. The discharge home was more frequent in patients <70 years (94.6%) and in those 70-80 years (92.3%) respect on patients ≥80 years (55%; P<0.001). LOS was similar in patients <70 years and in those 70-80 years, while it results higher in those aged ≥80 years (P=0.021). At multivariate analysis, patients aged 70-80 and ≥80 years had an increased risk of

postoperative mortality (OR=7.1, P=0.022 and OR=6.3, P=0.050, respectively) as well as malnourishment (OR=4.5, P=0.029). Age did not influence morbidity while ASA score 4 increased risk of complications (OR=7.0, P=0.018). Distal pancreatectomy (DP) or an atypical resection reduced the risk (OR=0.4, P=0.008 and OR=0.1, P=0.049, respectively) respect on major procedures. Discharge to health care facility was more frequent in patients ≥80 years (OR=74.5, P<0.001), with ASA score 4 (OR=48.9, P=0.023), comorbidities (OR=25.4, P=0.011) or jaundice (OR=119.2, P=0.004) and in those performing DP (OR=26.7, P=0.039). Biliary stenting reduced the odds to health care facility (OR=0.1, P=0.041). LOS was increased by comorbidities, chronic renal failure and jaundice by 25% (P=0.039), 64% (P=0.003) and 36% (P=0.010), respectively. Total pancreatectomy reduced LOS by 14% (P=0.036). **Conclusions** Age ≥80 years increased the risk of postoperative mortality and discharge to health care facility after pancreatic resections.