

AB049. 212. Perioperative fluid balance in octogenarians and nonagenarians undergoing colorectal resection determines postoperative morbidity

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Background: With improvements in medical care and technical advances in surgery, an increasing number of octogenarians and nonagenarians are now suitable for surgical resection of colorectal cancer (CRC). This group is particularly vulnerable, with high co-morbidities and perioperative adverse events. Careful perioperative fluid balance has been associated with improved patient outcomes. This study examined perioperative outcomes for elderly patients undergoing surgical resection for CRC and their relation to fluid balance.

Methods: Patients aged ≥ 80 years who underwent colorectal cancer resection between 2008 and 2013 were included for

analysis. Demographic and procedural data was collated, with a specific focus on perioperative fluid balance. Univariable and multivariable analysis was performed to assess postoperative morbidity, as per Clavien-Dindo severity. Secondary outcomes included in-hospital mortality and 30-day mortality rates.

Results: Eighty-two consecutive patients fitting the inclusion criteria underwent colorectal resection during the time period; their mean age was 83.2 years and 58% were female. Over a third (35.4%) had serious complications (Clavien-Dindo ≥ 3), and 13.4% had in-hospital deaths. At multivariable analysis, a lower perioperative fluid balance was associated with less post-operative morbidity and in-hospital mortality ($P < 0.05$).

Conclusions: Careful perioperative fluid management is particularly important in elderly patients undergoing major procedures, and may impact on post-operative morbidity and mortality.

Keywords: Octogenarian; perioperative; fluid balance; outcomes

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