

AB015. SOH22ABS062. Robotic colorectal surgery in elderly patients: a single-centre experience

Gerard Feeney, Enda Hannan, Mohammad Fahad Ullah, Eoghan Condon, John Calvin Coffey, Colin Peirce

Department of Colorectal Surgery, University Hospital Limerick, Limerick, Ireland

Background: The population is aging exponentially. Data on outcomes in elderly patients undergoing robotic colorectal surgery (RCRS) is limited. The purpose of this study was to evaluate perioperative, postoperative and short-term oncological outcomes in elderly patients (age ≥ 65 years) undergoing RCRS in a university teaching hospital by comparison with a non-elderly patient cohort (age < 65 years). **Methods:** Demographic, perioperative and postoperative data along with short term oncological outcomes of elderly and non-elderly patients who underwent RCRS for both benign and malignant colorectal disease were identified from a prospectively maintained database.

Results: A total of 167 patients (93 elderly, 74 non-elderly) underwent RCRS over a 5-year period. No statistically significant differences in the incidence of postoperative complications, major morbidity (Clavien Dindo \geq III), 30 day reoperation, 30-day readmission, conversion to open surgery, surgical site infection, anastomotic leak or 30-day mortality were observed between the two cohorts. Surgical specimen quality was favourable in both groups, with R0 resection achieved in 100% of elderly patients. The median length of stay was only 1 day longer in the elderly patient cohort (P=0.007). Subgroup analysis of octogenarians (age \geq 80) similarly demonstrated outcomes that compared favourably with non-elderly patients.

Conclusions: RCRS in elderly patients is safe, feasible and effective, with acceptable perioperative and postoperative outcomes that largely do not differ significantly with younger, less comorbid patients. Older age should not be considered to be a specific exclusion criterion for undergoing RCRS. To our knowledge, this study represents the largest in the literature to examine outcomes specifically in elderly patients undergoing RCRS.

Keywords: Elderly patients; geriatric surgery; older patients; robotic colorectal surgery (RCRS); robotic surgery

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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