CLINICAL ADVANTAGES OF LAPAROSCOPIC COLORECTAL CANCER SURGERY FOR THE HIGH ELDERLY PATIENTS OVER 85 YEARS OLD

K. Tomizawa¹, H. Kuroyanagi², S. Matoba¹, J. Moriyama³, S. Toda¹, Y. Hanaoka⁴
¹Toranomon Hospital, Minato-ku, Japan
²Toranomon Hospital, Minato-ku, Japan
³Toranomon Hospital, Minato-ku, Japan
⁴Toranomon Hospital, Minato-ku, Japan

Introduction: The incidence of colorectal cancer is increasing in Japan, and surgery for elderly patients is also increasing. Although the laparoscopic approach is accepted for the treatment of colorectal cancer, its value for the high elderly patients is unknown. The aim of this study was to evaluate the characteristics of the high elderly patients over 85 years old and to clarify issues and feasibilities related to laparoscopic colorectal surgery.

Methods: Between 2001 and 2010, 3295 patients had been submitted to laparoscopic colorectal cancer surgery in our institute, and we studied 77 patients over 85 years old on whom we operated laparoscopic surgery.

Results: Patients median age was 87 years old (85–98), 27 men and 50 women. Preoperative complications were observed in 56 (73%) patients, especially cardiovascular diseases were observed in 42 patients. Preoperative performance status (PS) 0 patients were observed in 52 (68%) patients, and 1: fifteen, 2: five, 3: four, and 4: one, respectively. Tumor locations were Cecum: nine patients, Ascending colon: twenty, Transverse colon: seven, Descending colon: four, Sigmoid colon: sixteen, Rectum: twenty-one, respectively. The median operation time was 204 (50–578) min and median estimated blood loss was 44.5 (5–332) mL. Conversion to open surgery was necessary in one (1.2%) patient, because of the adhesions in the abdominal cavity, but there were no intraoperative complications. Furthermore, no pneumoperitoneum-related complications were observed in the high elderly patients required conversion to open surgery. Final stages of Japanese classifications were Stage0: two, I: fourteen, II: thirty-four, III: twenty, IIIb: three, IV: four, respectively. Pathologic R0 resection was underwent 73 (95%) patients. Postoperative complications occurred in twenty-one (27%) patients, which consisted five cases of surgical site infection (SSI), five cases of postoperative bowel obstruction, and seven cases of delirium. But there was no postoperative pulmonary infection. Sixty-five (84%) patients were able to walk one day after operation, and the median time to flatus passage was two days and the median time to liquid diet was two days, and the median length of postoperative hospital stay was thirteen days. No surgery-related death was observed.

Conclusion: Laparoscopic colorectal cancer surgery for the high elderly patients can be safely performed and may have advantages in terms of faster gastrointestinal recovery and shorter length of hospital stay. Because of its minimally invasive and faster recovery, laparoscopic approach appears to be the ideal surgical choice especially for the high elderly patients.