Peri-operative care of Older People undergoing Colorectal Surgery in a District General Hospital

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01. Introduction

The prevalence of older patients with Colorectal Cancer (CRC) is increasing. While surgery can offer benefits, older patients living with frailty undergoing Colorectal Surgery are more at risk of postoperative mortality and complications. The literature suggests comprehensive geriatric assessment (CGA) pre-operatively enhances shared decision making (SDM), equity of access to surgery, length of stay (LOS) and mortality.

02. Objective

Our aim is to evaluate how a joint Geriatrician/Anaesthetic pre-assessment clinic would impact outcomes for elective colorectal surgery in older patients.

03. Methodology

Patients aged >= 65 years had a CGA as part of the pre-operative assessment when undergoing Colorectal Surgery between September 2021 to December 2023. Data including Clinical Frailty Score (CFS), LOS, P-POSSUM Score, medication reconciliation, A&E Re-admissions and 30-day and 90-day mortality was analysed.

04. Results/Findings

197 patients were seen over 28 months. 147 (75%) of patients underwent surgery and 50 (25%) declined after SDM. 30-day and 90-day mortality was 0% and 0.5% respectively. The average age was 80 (65-94), compared to 74 (65-88) prior to clinic inception. The median CFS was 4. LOS with CFS <=4 averaged 7.7 days and CFS >=5 averaged 16.5 days (t-test -4.88, p 9.91e-06). 12 new diagnoses (5%) were made. Common diagnoses included Dementia and Atrial Fibrillation. 123 referrals were made, accounting for 49% of the cohort. 22% of the cohort's medication were altered (16% of which were deprescriptions). A&E Reattendance was 18%, compared to 29% in other studies. 0 patients required ICU admission.

05. Analysis

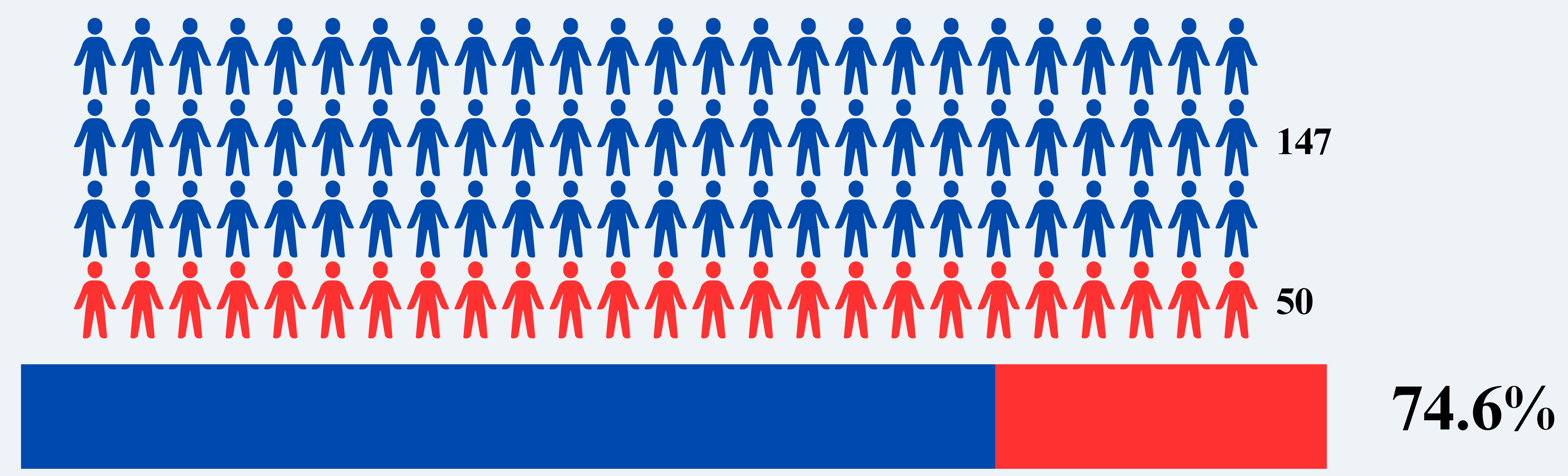

Fig 1. Demographic of patients who under went surgery after SDM at pre-operative assessment. Blue = Decided to undergo surgery, Red = Decided against surgery.

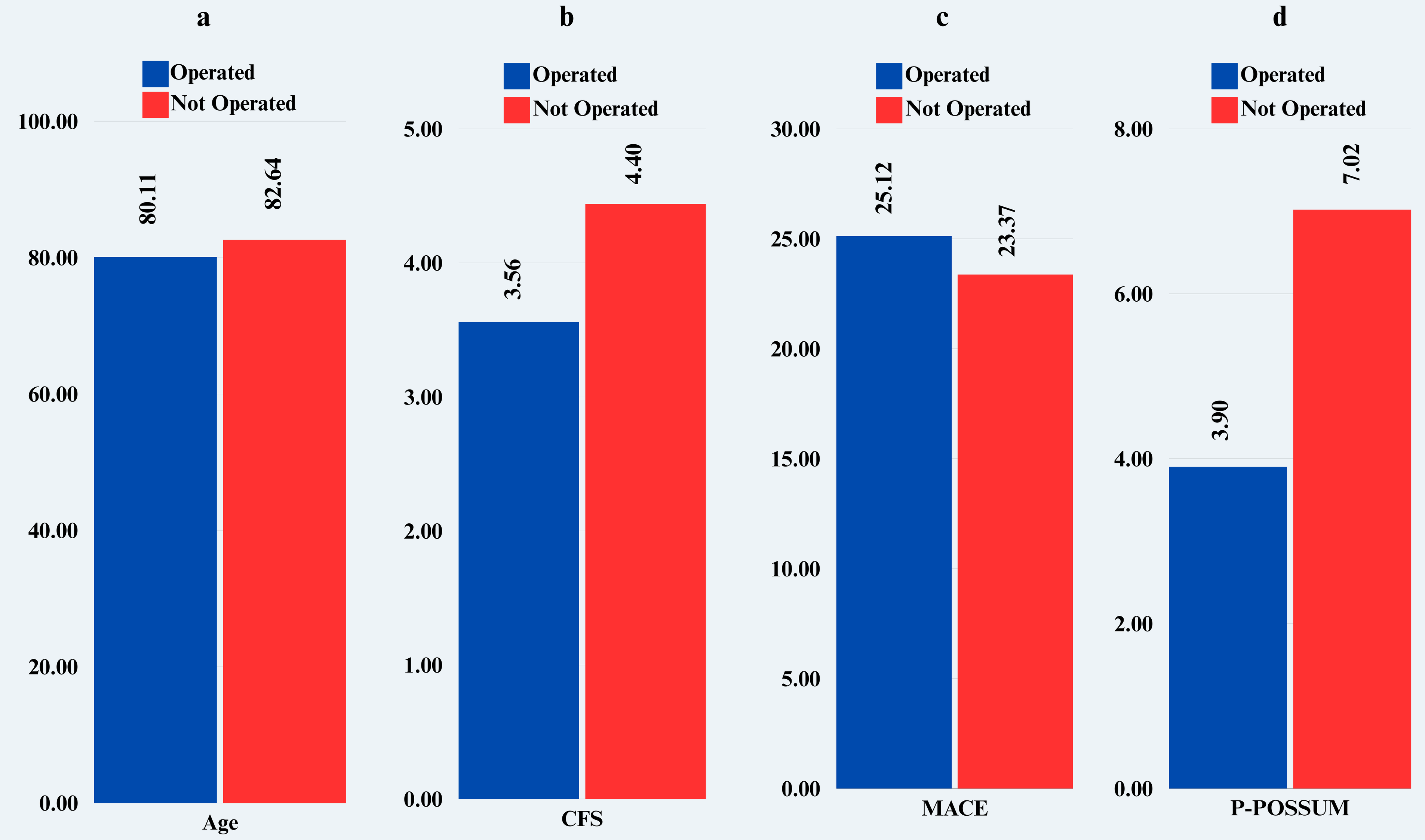

Fig 2a, 2b, 2c & 2d. Comparison of Average Parameters in Operated vs Non-Operated patients

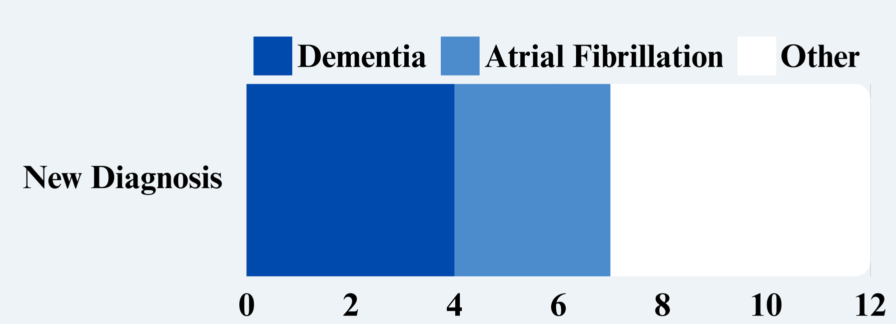

Fig 3. Newly diagnosed conditions at pre-operative assessment

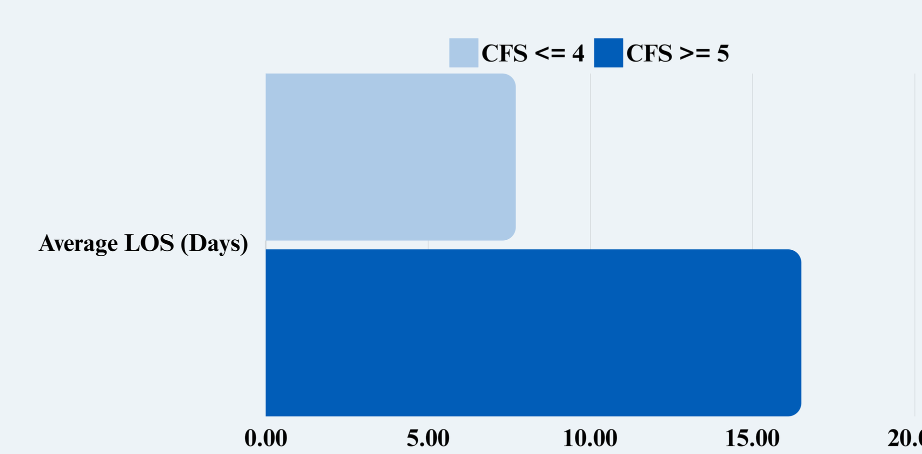

Fig 4. Length of stay (LOS) in hospital post procedure

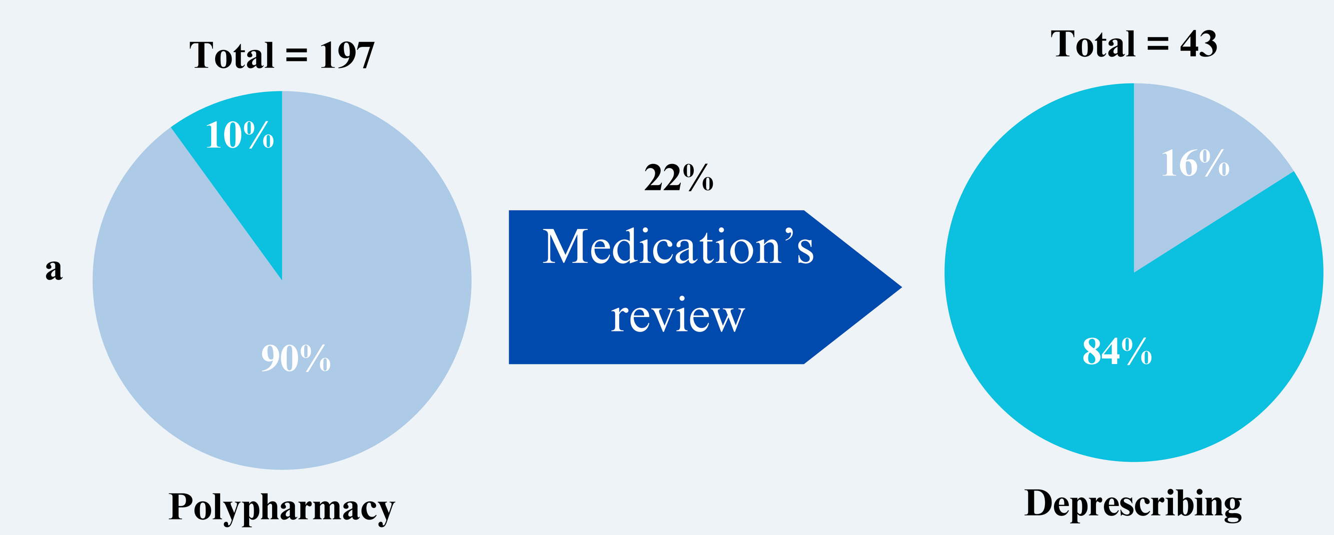

Fig 5a. Demonstrates that around 90% of patients were taking >= 4 medications at time of pre-operative assessment. 22% of those patients were subject to medication changes/alterations after assessment and Figure 5b. demonstrates 16% of those patients had medications deprescribed.

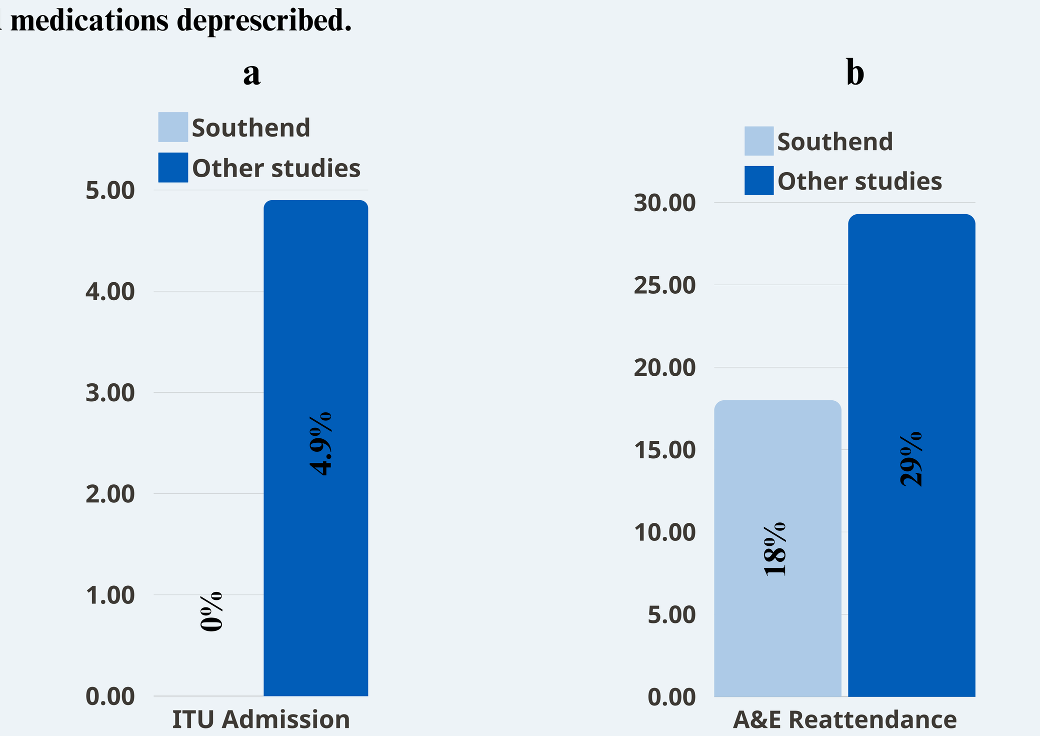

Fig 6a and 6b. Comparison between this study and other studies on ITU admission and A&E reattendance post surgery.

06. Conclusion

Perioperative Frailty Involvement for patients undergoing CRC Surgery greatly improves outcomes and reduces postoperative mortality following Colorectal Surgery. CFS, LOS and P-POSSUM Score are major predictors of poor postoperative outcome in this population. There has been a reduction in A+E admissions and onward referrals. Further work needs to be completed on the financial implications and impact on other surgical specialties.

07. References

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