

### **MEETING ABSTRACT**

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# Pancreatic surgery in elderly patients

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#### **Background**

Elderly pts are at a greater risk of post-operative complications than younger ones, due to several pre-existing co-morbidities.

Nevertheless, in recent years, improvements in surgical techniques and mainly in anesthesiology have allowed successful treatments also in elderly people.

#### Materials and methods

122 pts (M: 65; F: 57), over 70 years of age, affected with pancreatic pathologies, were considered. Pre-existing comorbidities were mainly represented by: hypertension, chronic obstructive pulmonary disease, diabetes mellitus, coronary artery disease, cardiac valve disease.

Percutaneous and or endoscopic US-guided biopsy of the pancreas for histopathologic demonstration of cancer before surgery or chemotherapy was always performed.

88 pts suffered from cancer of the pancreas; 6 from benign tumors of the pancreas; 26 from pancreatitis; 1 from cancer of the transverse colon infiltrating the pancreas and the stomach and 1 from cancer of the stomach infiltrating the head of the pancreas.

#### **Results**

92 pts underwent surgery and were thus divided: 67 for cancer, 7 for benign pathologies and 18 for pancreatitis; 53 pts underwent pancreatic resections and were thus divided: 1 total pancreatectomy, 10 distal splenopancreatectomies, 19 pancreaticoduodenectomies, 23 partial resections. 24 pts underwent surgical palliation for unresectable cancer, conditioning obstructive jaundice and or duodenal obstruction. 3 pts underwent intraoperative biopsy.

25 pts with obstructive jaundice, underwent ERCP, with positioning of endo-luminal stent before surgery or before chemotherapy (if resective surgery was contraindicated).

After resective surgery of the pancreas, mean post-operative ICU stay and mean post-operative hospital stay were 7 and 20 days respectively; major post-operative complications were registered; 2 pts died in the post-operative period.

#### **Conclusions**

The overall outcome of pancreatic surgery in the elderly is acceptable; furthermore if we consider that it represents the only chance of cure in several pts with pancreatic disease we think that it should be offered also to elderly pts.

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