

Emergency Hartmann's procedure - short term outcomes in the old and the very old

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BACKGROUND:

Emergency Hartmann's procedure is associated with significant morbidity and mortality, particularly in the elderly population.

Our aim was to compare the short term outcomes of old (65-80 years old - Group 1) and very old patients (80 or more - Group 2) submitted to this procedure.

METHODS:

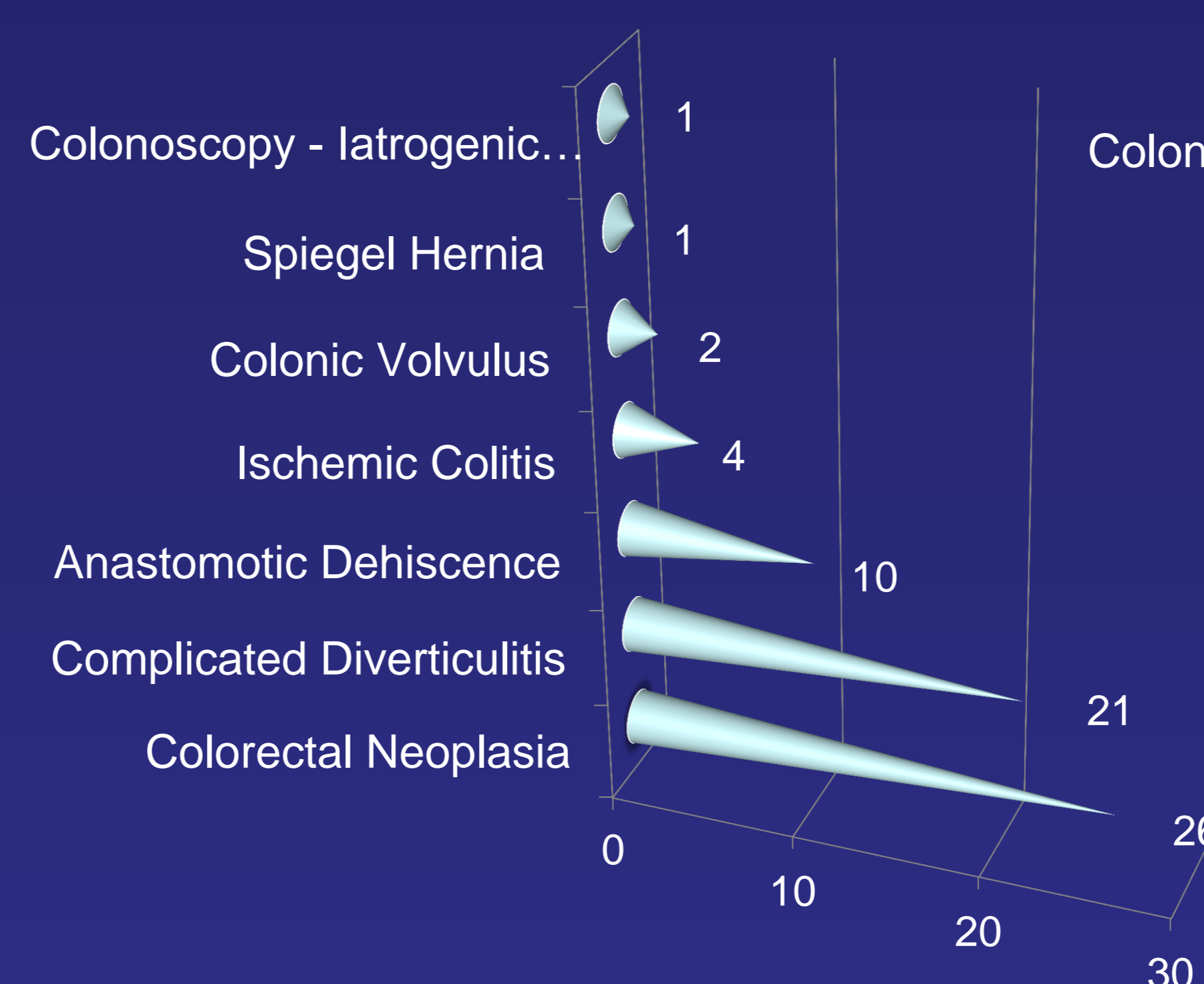
Between January 2008 and December 2012 we submitted to emergency Hartmann's procedure 105 patients: 65 old and 40 very old patients. We retrospectively reviewed patient charts and comparatively analyzed demographic data, indications to surgery, intensive care unit stay, medical and surgical morbidity, bowel reconstruction and 30-day mortality.

RESULTS:

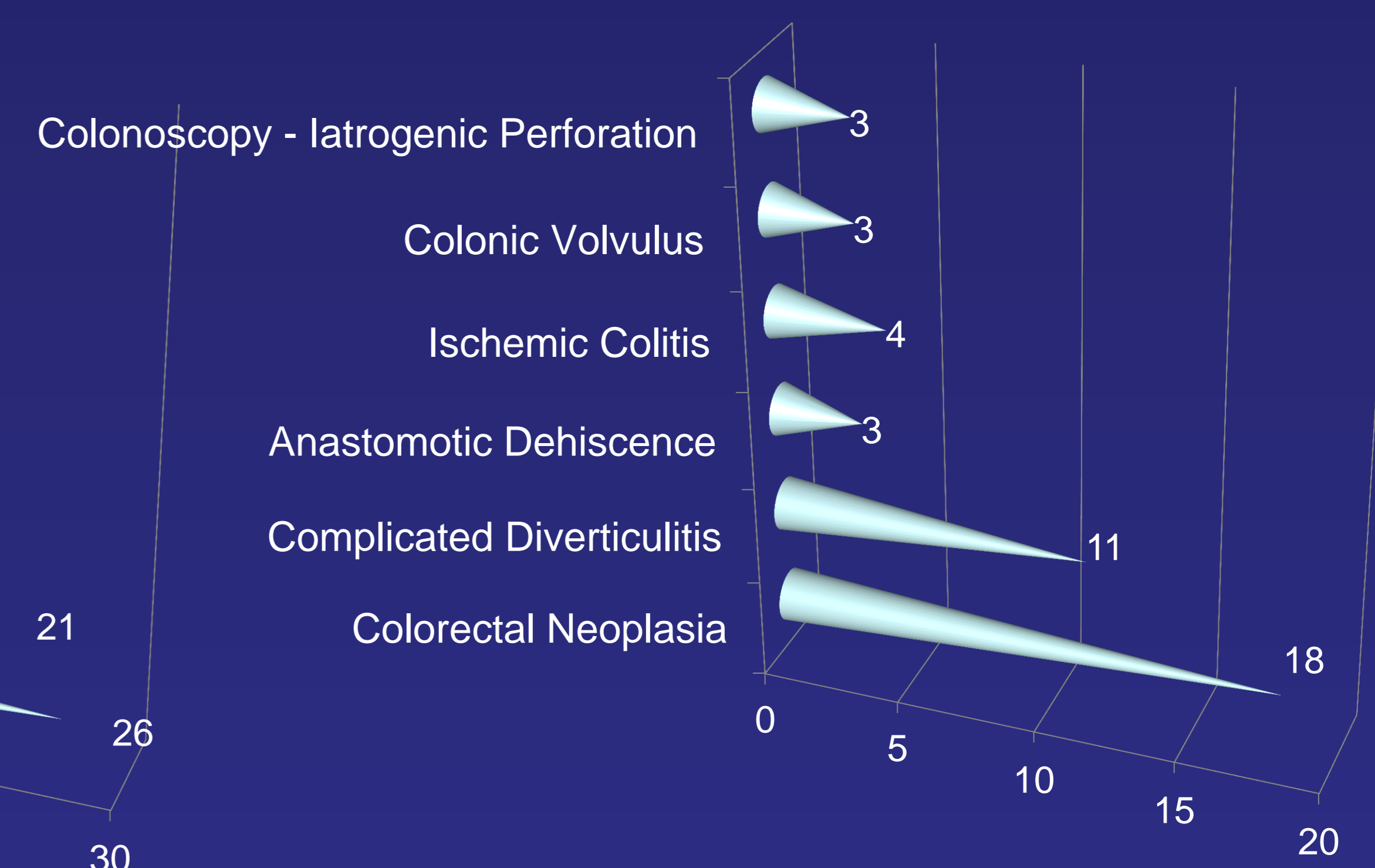
	65-80	≥80	p
n	65	40	-
Sex	F: n=28 (46,1%)	F: n=25 (62,5%)	p>0,05
	M: n=37 (53,9%)	M: n=15 (38,5%)	
Age	72,8 ± 4,13	86,19 ± 5,49	-
COPD	n=18 (27,7%)	n=9 (22,5%)	p>0,05
CHF	n=39 (60%)	n=31 (77,5%)	p>0,05
DM	n=21 (32,3)	n=13 (32,5%)	p>0,05
CKD	n=6 (9,2%)	n=15 (37,5%)	p<0,05

COPD – Chronic Obstructive Pulmonary Disease; CHF – Chronic Heart Failure; DM- Diabetes Mellitus; CKD – Chronic Kidney Disease

Diagnosis 65-80



Diagnosis ≥80



- Both groups were homogeneous in terms of comorbidities, except for CKD, which is more frequent in the very old group (p<0,05)
- Diagnosis leading to Hartmann's Surgery weren't statistically significant different between groups

	65-80	≥80	p value
n	65	40	
Hospital stay (days)	median = 13 (3-108)	median =12 (1-120)	p>0,05
ICU stay (days)	5,55 ± 2,1	4,38 ± 2,3	p>0,05
Medical Morbidity	n=16 (25%)	n=18 (45%)	p<0,05
Surgical Morbidity	n=10 (15%)	n=4 (10%)	p>0,05
30-day Mortality	n=8 (12,3%)	n=18 (45%)	p<0,01
Bowel Reconstruction	n=26 (40%)	n=4 (10%)	p<0,05

- Regardless of diagnosis, clinical presentation was of perforation (58% in 65-80 vs 53% in ≥80), obstruction (23% vs 35%), anastomotic dehiscence (15% vs 7,5%) and colonic ischemia (3% vs 5%).

- Perforation was associated with higher mortality rate (6% vs 22%), p<0,05.

- The most frequent medical morbidities were Nosocomial Pneumonia and Septic Shock.

- Most frequent surgical morbidities were intra-abdominal collections, evisceration and colostomy ischemia.

CONCLUSIONS:

- Medical comorbidities weren't significantly different, except for CKD, in both groups.
- Age over 80 was founded to be an independent risk factor for medical morbidity and for mortality after Hartmann's procedure, with substantially higher rates of Nosocomial Pneumonia and Septic Shock.
- Bowel Reconstruction rate was significant higher in the younger group of patients.
- Clinical presentation as colon perforation were associated with higher mortality rates.
- Further studies are useful to understand higher morbidity and mortality rates in the very old patients despite similar comorbidities, maybe analyzing patients performance status and pre operative frailty.