



EP-023

Safety Of Laparoscopic Cholecystectomy In Extremely Elderly Patients

Hee Ju SOHN^{*1}, Seung Eun LEE¹, **Yoo Shin CHOI**¹, Suk-Won SUH¹, Sanggyun SUH¹, Sun-Whe KIM¹, Ji Woong HWANG¹

¹Dept. Of Surgery, 중앙대학교병원, REPUBLIC OF KOREA

Background : Recently, the incidence of gallbladder disease is increasing and particularly, the number of people who underwent laparoscopic cholecystectomy (LC) has increased in extremely elderly patients, older than 80 years. The purpose of this study is to investigate the safety and efficacy of LC in extremely elderly patients.

Methods : We retrospectively reviewed a total of 476 elderly (more than 70 years) patients who underwent LC between 2017 and 2021. Perioperative data were compared between octogenarian (n=134, 28.2%) and younger patients (n=342, 71.8%). A subgroup undergoing LC for acute cholecystitis (n=97, 20.4%) was further analyzed.

Results : In octogenarian, more patients had ASA scores of 3 or 4 (49.3% vs 33.9%, p=0.002) and preoperative PTGBD (30.6% vs 17.0%, p=0.001) than younger patients. Significantly more patients were diagnosed as acute cholecystitis (27.6% vs 17.5%, p=0.014) and gallbladder cancer (6.0% vs 2.3%, p=0.001) in octogenarian. The length of hospital stay was longer (4.8 vs 6.5 days, p=0.005), and more patients took care in the intensive care unit immediately after surgery in octogenarian. However, there were no significant differences in operating time, open conversion rate, severe postoperative complication rate, and mortality between two groups. A subgroup analysis for acute cholecystitis showed the same results with the whole group analysis. Multivariate analysis for risk factors on severe complication (more than CD grade 3a) demonstrated existence of preoperative PTGBD (odd ratio: 6.17) and admission via emergency room (3.84) were significant, but age (>80 compared to 71-80 age) was not significant.

Conclusions : Although acute cholecystitis was more common in octagenarians, the postoperative clinical outcome was comparable between octogenarian and younger patients groups. If sufficient preoperative assessment and systematic postoperative management would be performed, LC could be safely performed in extremely elderly patients.

Corresponding Author : **Hee Ju SOHN** (generalheeju@gmail.com)