

Meeting abstract

Emergency abdominal surgery in the elderly: a ten-year experience

G Costa*, G Nigri, SM Tierno, F Tomassini, GM Varano and L Venturini

Address: Department of Surgery, St. Andrea Hospital, Sapienza University of Rome, Italy

* Corresponding author

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Introduction

The mean age of the population is increasing in the western countries. In particular, in Italy 14% of the population are over 70 years old. The rising of the older population is associated to the increase of the number of emergency abdominal surgical procedures. Postoperative morbidity and mortality are strictly dependent on comorbidities. The aim of this study was to analyze morbidity and mortality in older patients who underwent emergency abdominal surgery.

Materials and methods

We retrospectively analyzed a single surgeon's (G.C.) 10-year experience. Between 1997 and 2008, 361 patients underwent emergency abdominal surgery. Trauma and rupture of the abdominal aorta were not included. The patients were divided in two groups. Group A included patients aging between 70–79 (258 pts) and group B included patients over 80 year-old. Univariate analysis was used to evaluate age, the interval between onset of symptoms and admission, the interval between admission and surgery, the diagnosis, the type of surgical procedure and the presence of comorbidities.

Results

The overall mortality was 21.6% (78 pts, 19.7% in group A and 26.2% in group B, $p = ns$). Morbidity was 38% (138 pts, 36.8% in group A and 40.7% in group B, $p = ns$).

Conclusion

The study shows that the age does not influence morbidity and mortality in older patients who underwent emergency abdominal surgery. Morbidity and mortality,

instead, are strictly associated to the delay in diagnosis and to the presence of comorbidities.