

Older adults may have a higher risk of complications and death after abdominal surgery

December 21 2009

The risk of complications and early death after commonly performed abdominal surgical procedures appears to be higher among older adults, according to a report in the December issue of *Archives of Surgery*.

It is estimated that one in six Americans will be age 65 or older by 2020 and that 15 percent of this population will be older than age 85, according to background information in the article. "Approximately 2 million older Americans undergo abdominal surgical operations each year," the authors note. "For clinicians, patients and families considering abdominal surgical procedures, informed decision making is challenging because of limited data regarding the risks of adverse perioperative events associated with advancing age."

Nader N. Massarweh, M.D., and colleagues at University of Washington School of Medicine, Seattle, examined complication and [death rates](#) of 101,318 adults age 65 or older who underwent common abdominal procedures such as cholecystectomy ([gall bladder](#) removal), [hysterectomy](#) and colectomy from 1987 to 2004. Complications were recorded within 90 days of discharge and deaths were recorded within 90 days of hospital admission.

The 90-day complication rate was 17.3 percent and the 90-day death rate was 5.4 percent. "Advancing age was associated with increasing frequency of complications (65 to 69 years, 14.6 percent; 70 to 74 years,

16.1 percent; 75 to 79 years, 18.8 percent; 80 to 84 years, 19.9 percent; 85 to 89 years, 22.6 percent; and 90 years or older, 22.7 percent) and mortality (65 to 69 years, 2.5 percent; 70 to 74 years, 3.8 percent; 75 to 79 years, 6 percent; 80 to 84 years, 8.1 percent; 85 to 89 years, 12.6 percent; and 90 years or older, 16.7 percent)," the authors note. "After adjusting for demographic, patient and surgical characteristics as well as hospital volume, the odds of early postoperative death increased considerably with each advance in age category. These associations were found among patients with both cancer and noncancer diagnoses and for both elective and nonelective admissions."

"[Older adults](#) may be less able to adapt to the stress of surgery or to the added stress of any postoperative complication, greatly increasing their risk of early [mortality](#)," the authors conclude. "These effects appear to be additive, highlighting the need for interventions to both prevent decline among older patients and avoid postsurgical complications."

More information: Arch Surg. 2009;144[12]:1108-1114

Provided by JAMA and Archives Journals

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