IT IS FEASIBLE TO IMPLEMENT AN ERAS PROGRAM IN RADICAL CISTECTOMY IN OCTOGENARY PATIENTS?

G. Nohales, R. Rodriguez-Malatesta, M. Sadurni*, A. Vicens, G. Delgado, L. Cecchini, M. Corcoy*

Urology Department; Anesthesiology Department*. Hospital del Mar. Parc de Salut Mar. Barcelona

Objectives

The incidence of muscle invasive bladder cancer (MIBC) increases with age. With increased life expectancy the number of elderly MIBC patients is expected to increase.

The reviewed literature considers older patients to be those over 70 years of age. However, we consider that the subgroup of octogenarian patients (≥80 years) should receive special treatment. On numerous occasions, the fact of being octogenarians constitutes an argument for not considering them candidates for elective surgery, either with curative or palliative intent. This is sometimes an undertreatment of the patient.

To demostrate wheter octogenarian patients can be included in ERAS programs in radical cystectomy.

Methods

We designed a observational retrospective study of patients > 70 years, scheduled for radical cistectomy between 2015 and 2022. We divided the patients in two groups: Group 1 >70 years and group 2 > 80 years.
All patients were managed following the standard ERAS protocol including prehabilitation in our hospital.
We collected demographic variables (gender, age, BMI, ASA status, Rocwood clinical frailty scale) and intraoperative data (type and duration of surgery).

We analized lengh of stay (LOS), incidence of postoperative complications mesured by Comprehensive Complication Index (CCI), readmisions and mortality after 30 days comparing both groups.

Stadistical analysis: Man- Whitney U test for LOS and CCI, chi squared for readmisions and 30 days mortality.

Results

We identified 69 patients suitable for analysis, 51 group 1, 8 female (16%) and 43 male (84%) and 18 group 2 (7 female (39%), 11 male (61%). The median age was 75 years (SD 2,7) in group 1 and 81 (SD 2,09) in group 2. (Figure 1)

We perform a curative or palliative cystectomy. The selection for one or other procediment depends to the performance status or/and the clinical situation. Sometime the surgery procedure was determinate for anemazyng haematuria
No stadistical differences found between groups in demographic or intraoperative data.

The median range LOS in group 1 was 10 days (5-52) while in group 2 was 9 (7-60) (p=0,7)

Octogenari group had slightly higher median CCI 36,2 (0-100) compared with group 1, 29,6 (0-100) but without stadistical significance (p = 0,37) 38% of patients of group 2 and 25,4% of group 1 need hospital readmission within 30 days of hospital discharge (p=0,32) Mortality at 30 days of discharge was 17% in group 1 to while 8% in group 2 not stadisticaly significance (p=0,28) (Figure 2)

Figure 1. Patient groups

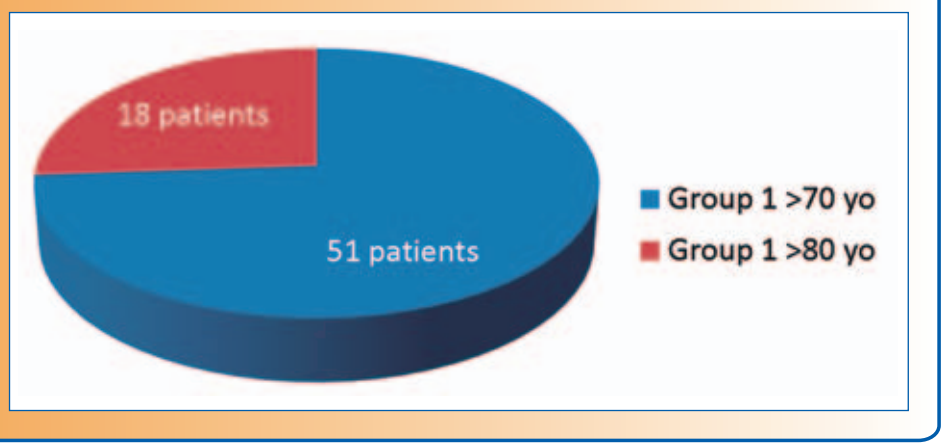

Figure 2

	GROUP 1	GROUP 2	p
Hospital Readmission	25,4%	38%	P= 0,32
Comprehensive Complication Index (CCI)	29,6 (0-100)	36,2 (0-100)	P= 0,37

Conclusions

The implementation of an ERAS protocol in the group of older patients over 80 years of age (≥80 years) is feasible and safe for the patient, achieving a mean hospital stay and rate of complications and readmissions superimposable to the results reported for patients of ≥70 years. This subgroup of older-80's patients should not be excluded from radical surgical treatment, the prior implementation of a multimodal prehabilitation protocol being mandatory.

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