

HOW DO WE ASSESS THE OPERATIVE RISK OF HEPATOBILIARY-PANCREAS SURGERY IN ELDERLY PATIENTS: RETROSPECTIVE ANALYSIS USING COMPREHENSIVE FRAILTY ASSESSMENT

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Background : In an aging society, as the age of patients undergoing hepatobiliary-pancreas surgery increases. Frailty, as a biological age, is an independent prognostic factor for postoperative morbidity and mortality. This study aims to investigate the impact of frailty on the occurrence of postoperative complications in hepatobiliary-pancreas surgery.

Methods : From June 2021 to April 2024, we retrospectively analyzed 188 patients who underwent comprehensive frailty assessment among patients who underwent hepatobiliary-pancreas surgery at Asan Medical Center. Demographics, clinicopathologic, and surgical data were retrieved for analysis.

Results : Frail patients with a 50-item frailty index (FI) greater than 0.15 had higher 90-day mortality (10.6% vs. 2.5%, $p = 0.042$) compared to robust patients. Other perioperative outcomes were not significantly different. In logistic regression, FI of 0.15 was an independent predictor of 90-day mortality (OR 11.42, $p = 0.008$), along with operation type.

Conclusions : Despite similar complication rates, the recovery capacity after the same surgery appears to differ depending on frailty. Therefore, patients with a 50-item FI greater than 0.15 should be carefully considered before undergoing hepatobiliary-pancreatic surgery, as they are likely to experience high morbidity. Incorporating frailty assessments into preoperative planning may optimize care for high-risk patients.

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