**Título:** ELDERLY FRAIL PATIENTS’ SURVIVAL AFTER ELECTIVE INTERMEDIATE AND HIGH-RISK SURGERY

**Autores:**  Diana Fonseca (a), Fátima Gomes (b), Marisa Barros (a), Joselina Barbosa (b), Fernando Abelha (a,b), Joana Mourão (a,b)

**Instituições:** (a) Department of Anesthesiology, University Hospital Center of São João (b) Faculty of Medicine of Porto University

**Área Terapêutica/Tema:** Cuidado perioperatório do Idoso (Perioperative Care of the Elderly)

**Resumo:**

Introduction: Frailty is defined as a biological syndrome of decreased physiological reserve (1). It has been considered an important predictor of surgical morbidity and mortality, namely in older populations (2,3). We aimed to evaluate if elderly frail patients have decreased survival after elective intermediate and high-risk surgeries when compared to non-frail patients.

Methods: A prospective cohort study was conducted between March and November 2020. Patients proposed for non-cardiac intermediate or high-risk surgery, aged ≥ 60 years and with Portuguese nationality were enrolled. Patients proposed for low-risk or urgent/emergent surgery, with admission to Intensive Care Unit and with inability to understand or sign written informed consent were excluded. Frailty was evaluated preoperatively by Clinical Frailty Scale and mortality was assessed at 30day postoperative follow-up. A Kaplan-Meier estimate was used to calculate the survival rate and the log-rank test was performed to compare survival curves.

Results: Of the 31 participants enrolled, 20% were considered frail, 23.3% vulnerable and 56.7% non-frail. The mean age was 70 years. After 30 days of follow-up 2 patients died and survival rate was 93.4%. Frailty had a significant influence on overall survival (p=0.008).

Discussion/Conclusion: In our study, presence of frailty was associated with a decrease in survival at 30days when comparing to vulnerable and non-frail patients submitted to intermediate and high-risk surgeries. These results corroborate the known importance of frailty assessment tools in preoperative risk stratification and point the potential value of routinely performing them to guide perioperative risk modifying interventions and influence this patients’ postoperative outcomes.

References:

(1) Lior Shem Tov and Idit Matot; Frailty and anesthesia; Curr Opin Anesthesiol 2017, 30:409–417

(2) Ali, Tarik Z. et al.Modified Frailty Index Can Be Used to Predict Adverse Outcomes and Mortality after Lower Extremity Bypass Surgery. Annals of Vascular Surgery, Volume 46, 168 – 177.

(3) AC Panayi et al., Impact of Frailty on Outcomes in Surgical Patients: A Systematic Review and Meta-analysis, Am J Surg. 2019 August; 218(2): 393–400.

