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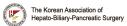
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Estimation Of Physiologic Ability And Surgical Stress (E-PASS) Predicts Postoperative Major Complications After Hepato-pancreato Biliary Surgery In The Elderly

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Background : As society ages, an increasing number of elderly patients require hepato-pancreato-biliary (HPB) surgery. We investigated the risk factors for complications in elderly patients undergoing HPB surgery using surgical risk scoring models.

Methods : We retrospectively investigated elderly patients ≥65 who underwent HPB surgery, including the liver, pancreas, bile duct, and/or gallbladder resection, with exemption to simple cholecystectomy between January 2017 and December 2019. The surgical risk scoring models used included the Estimation of Physiological Ability and Surgical Stress (E-PASS), Physiological and Operative Severity Score for the enUmeration of Mortality and Morbidity (POSSUM), and Geriatric 8 (G8). We evaluated the correlations between the scores and severe complications. Complications were classified as severe (Clavien–Dindo classification [C-D] ≥III) or non-severe (C-D ≤II). The same analysis was performed for patients ≥75 and for patients ≥65 who had undergone highly invasive surgery (hepatic lobectomy, pancreatoduodenectomy, and total pancreatectomy).

Results : A total of 184 were collected, and complications occurred in 78 (24 C-D ≥III, 54 C-D ≤II). Preoperative risk score (PRS), surgical stress score (SSS), and comprehensive risk score (CRS) were significantly higher in patients with C-D ≥IIIa than in those with C-D ≤II. Multiple logistic regression analysis revealed that PRS (P=0.01) and SSS (P=0.04) were independent predictive factors for severe complications. However, the POSSUM and G8 models showed no significant correlations to severe complications. In the subgroup analysis, E-PASS was effective, and pancreatic surgery additionally was an independent factor.

Conclusions : E-PASS is a useful model for predicting complications in elderly patients undergoing HPB surgery.

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