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According To The Modified Frailty Index, Postoperative Outcomes After Minimal Invasive Distal Pancreatectomy For Left-sided Pancreatic Tumor

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Background : The aim of this study was to compare the postoperative outcomes according to modified frailty index (mFI) after Minimally invasive distal pancreatectomy for left-sided pancreatic tumor.

Methods : Between 2005 and 2019, 2212 patients underwent planned MIDP. This study analyzed the postoperative outcomes including postoperative complication according to the mFI by two groups, Frail group (n=79) and non-Frail group (n=2133).

Results : Overall complication ≥ grade 3 was statistically significant with 26.6% in Frail and 8.5% in non-frail. Also, when compared with readmission, the proportion of all complications before readmission was higher in the Frail group: ≥ grade III (4.2% vs. 25.3%, P<0.001), ≥ grade IV (0.3% vs. 6.3) %, P < 0.001). Among all readmitted patients, there were more ≥ grade IV patients in the frail group requiring intensive care unit treatment (0.3% vs. 2.5%, P=0.026). The 90-day mortality was 1.3% in the frail group, with a statistically significant difference (P=0.021). In uni- and multi-variate logistic regression analysis, extended pancreatectomy (OR 1.528, 95%CI 1.042-2.242, P = 0.031), Body mass index ≥ 30 (kg/m2) (OR 2.135, 95%CI 1.076-4.235, P = 0.031, Modified Frailty Index ≥ 0.27 (OR 3.231, 95%CI 1.889-5.523, P < 0.001), Male (OR 1.631, 95%CI 1.206-2.204, P = 0.001) and malignancy (OR 1.604, 95%CI 1.143-2.249, P = 0.006) were the risk factors of the Clavien–Dindo classification ≥ grade 3.

Conclusions : In conclusion, mFI is thought to have potential as a screening tool to predict severe postoperative complications in patients who have undergone MIDP. Through a prospective study, it seems necessary to further study the value as a factor that can help reduce postoperative complications by predicting the risk group before surgery and correcting correctable parts in advance.

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