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## Preoperative And One-year Postoperative Frailty Status Changes And Risk Factors In Elderly Patients Undergoing Pancreatectomy

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**Background** : Although many studies evaluated short-term postoperative outcomes of elderly patients undergoing pancreatectomy, there have been few studies on long-term postoperative frailty status of those patients. In this study, we investigated postoperative changes of frailty status at one year after pancreatectomy in elderly patients and risk factors for aggravated frailty status.

**Methods** : A total of 99 elderly patients (65 years or older) who underwent partial pancreatectomy (pancreaticoduodenectomy, 82; distal pancreatectomy, 17) from 2019 to 2021 were prospectively enrolled. Frailty status was assessed preoperatively and one year after surgery using comprehensive geriatric assessment (CGA) and multidimensional frailty score (MFS). The patients were divided into low MFS and high MFS groups with a cutoff level of 5 and aggravation of MFS was defined when low preoperative MFS changed to high MFS at postoperative one year.

**Results** : There was no significant difference between preoperative and postoperative one-year MFS. Postoperative MFS as compared with preoperative level remained in 73 (73.7%; low, 51.5% and high, 22.2%), improved in 13 (13.1%), and aggravated in 13 (13.1%) patients. In the aggravated group, gait speed, grip power, mini-nutritional assessment (MNA), body mass index, mid-arm circumference, and calf circumference decreased significantly at postoperative one year. In the postoperative CGA, the aggravated group had significantly lower mini-mental state examination ( $P = 0.002$ ), MNA ( $P = 0.012$ ) and albumin ( $P = 0.033$ ) than the stable or improved groups. In the multivariable analysis, preoperative creatinine (HR, 18.037;  $P = 0.014$ ) and EBL (HR, 1.004;  $P = 0.004$ ) were risk factors for aggravation of frailty status, but operative indication, type of operation, combined resection and postoperative complications were not.

**Conclusions** : The frailty status maintained at postoperative one-year in most of elderly patients who underwent partial pancreatectomy. Aggregation of frailty was related to decreased mental and nutritional status, and preoperative creatinine and intraoperative blood loss were risk factors.

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