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Titel des Beitrags: Use of microvascular flap technique in older adults with head and neck cancer: a persisting dilemma in reconstructive surgery?

Abstract: To compare perioperative problems and outcomes of reconstructive surgery with microvascular flaps of a group of older (>= 70) and younger adults (20-69). Prospective clinical cohort study. Maxillofacial surgical unit of a university teaching hospital in Munich, Germany. Two hundred fifteen people with head and neck carcinoma (older: n = 54, mean age 75.8, range 70-96; younger: n = 161, mean age 55.5, range 20-69) who underwent surgery between 2007 and 2009. Participant characteristics: age, sex, American Society of Anesthesiologists (ASA) status, tumor type, preoperative radiation or chemotherapy, medical comorbidities. Surgical variables: flap type, type of reconstruction (primary/secondary), length of operation (minutes). Postoperative variables: length of stay (minutes) on intensive care unit (ICU), reasons for ICU stay longer than 1,500 minutes (surgical or medical), length of hospitalization (days), and reasons for hospitalization longer than 20 days (surgical or medical). Short-term outcome within 30 days: revisions, flap success, overall complication rate, mortality. Older adults had a higher ASA class (P < .001) and shorter duration of surgery (P = .02). Age as an independent factor prolonged stay on ICU (P = .008) and was associated with a higher complication rate (P = .003) but had no influence on length of hospitalization, flap success, need for
revisions, or mortality. Although higher rates of peri-and postoperative difficulties must be expected when microvascular reconstructive surgery is considered for older adults, careful surgical technique, adequate postoperative surveillance, and immediate management of complications can facilitate outcomes comparable with those for younger adults.