RAI Predicts Mortality in Patients Undergoing Colectomy for Diverticular Disease at Veterans Affairs Hospitals

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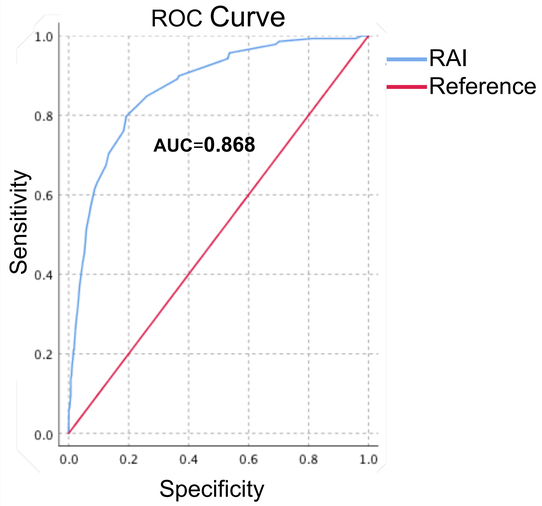
Introduction

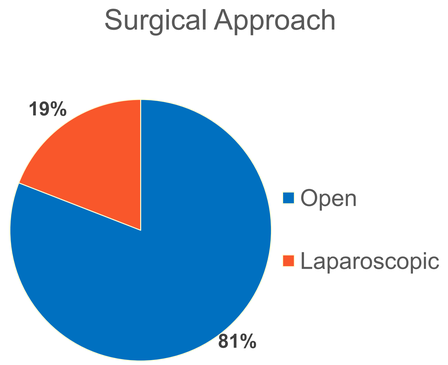
- Diverticular disease is a common condition that sometimes requires surgical management, including colectomy
- Frail patients may not tolerate surgical management of diverticulitis as well as non-frail patients
- The Risk Analysis Index (RAI) is an easily administered frailty score
- We sought to determine if RAI could predict 30-day mortality in veterans undergoing colectomy for diverticular disease

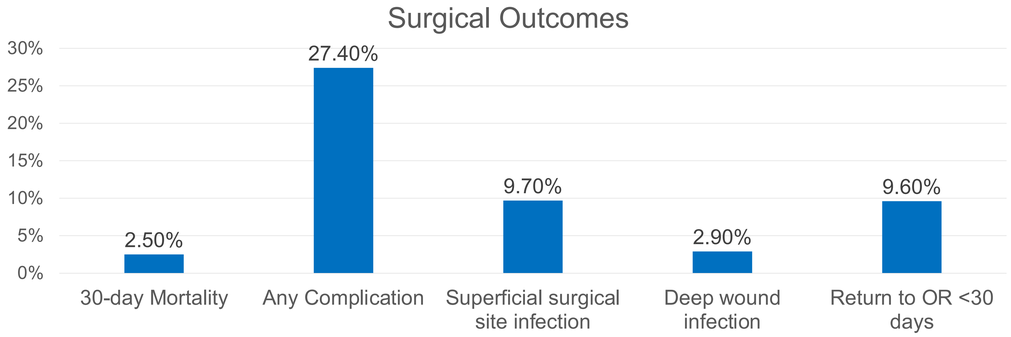
Methods

- Obtained Veterans Affairs Surgical Quality Improvement Program (VASQIP) database from 1999-2019
- 5,517 patients underwent colectomy for diverticulitis
- Demographics, pre-operative characteristics, 30-day mortality, outcomes examined using χ^2 , Student t-test, Receiver Operator Curves

Results







The information contained in this poster is not intended to provide interpretation of Veterans Affairs policy nor specific details about how individual Veterans Affairs Medical Centers operate services within their jurisdiction. The contents do not represent the views of the U.S. Department of Veterans Affairs nor the United States Government.

Results

- 80.9% of cases were performed from an open approach
- 27.4% of cases had at least one complication, most commonly superficial surgical site infection (9.7%)
- 30-day mortality rate of 2.5%
- RAI was a strong predictor of 30-day mortality (C-statistic 0.868, p<0.001)

Conclusions

- RAI is a strong predictor for mortality in patients undergoing colectomy for diverticulitis
- This information may be valuable in counseling frail patients undergoing colectomy for diverticulitis