Clinical Outcomes for Endoscopic Submucosal Dissections in the Elderly

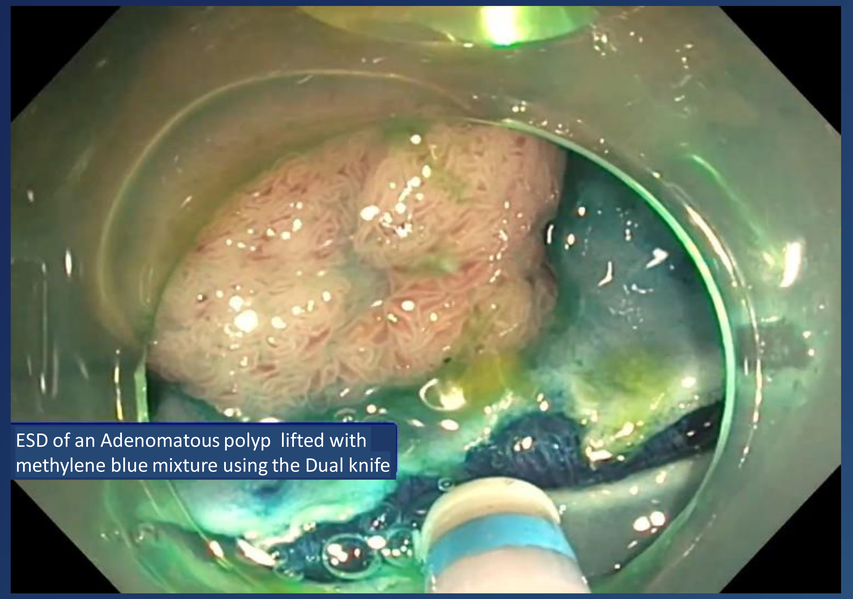
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Introduction

- Despite the advances in technology with minimally invasive surgery and extensive research to prevent anastomotic leaks, the risk of colonic anastomotic leak is between 2- 7% and even up to 19-24%.
- **Endoscopic Submucosal Dissection (ESD)** and **Combined Endoscopic Laparoscopic Surgery (CELS)** have been shown to be an effective tool to avoid colectomies.
- We sought to determine the **safety and efficacy of ESD** performed in the elderly for a single institution experience.

Methods

- Retrospective review
- Inclusion Criteria:
  - 3 Colorectal Surgeons ESD & CELS procedures
  - 2016 – 2022
  - Patients Older than 65 years
  - Reviewed patient comorbidities, frailty score, polyp information, success rate, complication rates, mortality rates, post-operative admissions, 30-day readmissions, 30-day ER visit rates, and more.



ESD of an Adenomatous polyp lifted with methylene blue mixture using the Dual knife

Table 1: Mean Difference between Polyp Size and Case Outcomes

Total Cases	122	Mean Polyp Size
Successful	84 (68.9%)	20.77mm
ESD	68	
CELS	16	
Unsuccessful (converted to colectomy)	38 (31.1%)	31.64mm
Mean difference in polyp size between two groups P Value = 0.002		

Results

- N = 122 patients
  - 46.7% were female
  - 56.5% were older than 75 (oldest =100years)
  - 31.1% of patients had a BMI >30

- Median length of the ESD procedure was 67 (range: 28-294) minutes (min) & CELS 124 (43-300) min.
- Length of stay in our practice for a laparoscopic colectomy is 2-5 days whereas ESDs are Same day procedures
- There was a significant difference in polyp size for successfully completed ESD/CELS procedures and those that were converted to open (Table 1).
- 2 cases out of the 84 had pathology that came back as adenocarcinoma and subsequently required further treatment of those successfully completed with ESD & CELS, there were no deaths, readmissions, or ER visits.
- There were no differences in outcomes between those younger or greater than 75.

Conclusion

- In our practice we have found that ESD and CELS used to remove large colon polyps not amenable to standard endoscopic removal techniques are safe and efficacious in patients older than 65.