Surgical Treatment of Elderly and Senile Patients With Gallstones Disease

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ABSTRACT

The subject under analysis is the data of treatment of 127 patients of elderly and senile age with cloelithiasis having been operated through mini-access with the help of an originally constructed universal retractor. All patients were distributed into 3 groups. The basic group included 41 (32,3 %) patients, who underwent laparoscopic cholecystectomy (LCE), and 40 (31,5 %) patients through mini-access with elements of “open” laparoscopy. Control group made 46 (36,2 %) patients who had traditional cholecystectomy (TCE) through upper-median laparotomy.

The conversions were not observed. The postoperative complications were examined at 1 (2,5 %) patient who had postoperative pneumonia, which was adequately treated by antibiotics.

Key words: , cholecystectomy through mini-access, traditional cholecystectomy.

INTRODUCTION

Nowadays there is a steady increase in number of patients with gallstone disease (GSD). So, at mass surveys the concrements of cholic pathes are registered at 8-16 % of the adult population in Europe and North America [1-4]. With the increase of stone-carriage the hazard of complications is considerably enlarged at the disease. With the age Gallstones Dieses (GSD) is met oftener and at 70-74 it is observed at 27,7 % of people [5-8]. Only in the USA over 1 million patients undergo Cholecystectomias annually. [9,10]. The sharp growth in number of patients of elderly and senile age with severe concomitant diseases and high scale of operational hazard demands the new approaches to GSD treatment.

The patients of elderly and senile age make 1/3 of all patients with acute cholecystitis [11-15].

According to the forecasts of the universal statistics till 2010 the amount of the elderly people in the world will reach 1billion 100 million people [16]. It is known, that the lethality after immediate surgeries concerning acute cholecystitis makes about 6 %, and at patients over 60 years old increases up to 15-26 %, among patients over 80 it reaches 40-50 %.

The application of mini-invasive technologies diminishes the percentage of postoperative complications and lethality [17].
MATERIAL AND METHODS

We made analysis of clinical examination and treatment of 127 patients of elderly and senile age with GSD and its complications who had been in clinic of the Semipalatinsk state medical academy during February 2005 till April 2008.

All patients were distributed into 3 groups. The basic group included 41 (32,3 %) patients, who underwent laparoscopic cholecystectomy (LCE), and 40 (31,5 %) patients through mini-access with elements of "open" laparoscopy (tab. 1). In the monitoring group there had been 46 (36,2 %) patients who had traditional cholecystectomy (TCE) through upper-median laparotomy.

The total number of operated - 127 patients, 107 (84,2 %) of them – women patients, 20 (15,8 %) – male patients. The correlation of male and female patients in all groups compounded 1:5. The patients of elderly age (60-73 years) prevailed, they compounded - 93 (73,2 %), among them male patients - 12 (12,9 %), women patients - 81 (87,1 %). The amount of the patients of senile age (over 74 year old) compounded - 34 (26,7 %), among them male patients - 8 (23,5 %), women patients - 26 (76,5 %).

All patients hospitalized with acute cholecystitis were provided with a complex of clinical and intraoperational examinations with the use of invasive and non-invasive methods of examination.

At all stages of clinical treatment of the patients, the method of ultrasonic examination of abdominal cavity and retroperitoneal area was the basic and obligatory, which was explained by its simplicity, high informativeness, safety, possibility of repetition in doubtful cases, and also for monitoring the dynamics of medical process in the postoperative period at suspicion of possible complications.

Out of 127 patients operated on acute cholecystitis catarrhal changes of walls of gall bladder were observed at 34 (26,7 %)

Table 1 – Aspects of operative measures

<table>
<thead>
<tr>
<th>Age</th>
<th>Basic group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Laparoscopic cholecystectomy</td>
<td>Open laparoscopic cholecystectomy*</td>
</tr>
<tr>
<td></td>
<td>M F</td>
<td>M F</td>
</tr>
<tr>
<td>60 – 73</td>
<td>6 30</td>
<td>4 26</td>
</tr>
<tr>
<td>74 and elder</td>
<td>- 5</td>
<td>3 7</td>
</tr>
<tr>
<td>Abs</td>
<td>6 35</td>
<td>7 33</td>
</tr>
<tr>
<td>In total %</td>
<td>4,72 27,56</td>
<td>5,52 25,98</td>
</tr>
</tbody>
</table>

*Notice: the patients, subject on open laparoscopic cholecystectomy, operated with usage of wound-retractor of own construction.
patients. The phlegmonous changes of gall bladder prevailed and were detected at 69 (54,3 %) patients. The gangrenous changes of gall bladder were observed at 24 (18,9 %) patients.

At study of frequency and gravity of concomitant diseases at the patients of elderly and senile age it was determined that the number and gravity of concomitant pathology increases in direct proportion to patient’s age. In the given groups there were the following frequent concomitant diseases as cardiovascular diseases, especially at elderly aged - 100 %, in particular: hypertension - 100 %, stenocardia (IHD) - 92 (72,4 %), athero- and cardiosclerosis - 90 (70,8 %), chronic obstructive lung disease (ChOLD) - 74 (58,2 %), chronic bronchitis - 108 (85,0 %), pulmonary emphysema - 63 (49,6 %). It is necessary to note, that 7 (5,51 %) patients from the group of the patients, operated through mini-access had in an anamnesis the transferred insult, 5 (3,93 %) patients had transferred myocardial infarction, two of them had a combination of the transferred insult and myocardial infarction.

The other diseases were diseases of kidneys (chronic pyelonephritis, chronic renal failure), diseases of thyroid gland, varicose phlebectasia of the inferior extremities, obesity of different degrees, chronic diseases of stomach and duodenum and some other diseases. In the majority, the patients of all three groups had not an isolated concomitant disease, but several, the combination of these diseases frequently renders mutually grave effect.

**RESULTS AND DISCUSSION**

Out of the total number of operated patients – 12 (9,4 %) were brought to hospital within the first 6 hours of the disease development, 14 (7,8 %) – within 24 hours and 18 (14,2 %) patients over 72 hours.

The lateness of address for medical aid was the main reason of late hospitalization at 64 (50,3 %) patients, at 48 (37,7 %)
patients took place the long-term observation and self-treatment at home. 40 (31.5%) patients of the total number of patients of elderly and senile age were operated through mini-laparatomy access with application of general-purpose wound-retractor, designed in clinic of hospital surgery at the SSMA (patent № 19779).

The application of general-purpose wound-retractor has allowed in 100% of cases to execute cholecystectomy without conversion of access on wide laparotomy. Traditional cholecystectomy executed from upper-median laparotomy the complication were observed at 7 (15.1%) patients. Basic complications were - pneumonia 3 (6.5%) patients, bleeding - 2 (4.3%) cases and wound fever - in 2 (4.3%) cases.

After OLCE by the device of an own construction at 1 (2.5%) patient developed a postoperative pneumonia, which was adequately treated by antibiotics. Other complications were not observed. All patients were discharged in a satisfactory state after the removal of sutures.

**CONCLUSIONS**

Thus, OLCE at the patients of elderly and senile age is a method of choice. Its basic virtues are early activation of the patients, earlier refuse from analgetics, decrease of frequency of postoperative complications and lethality. And, the acute cholecystitis is not a contraindication to performance of operation through mini-access.

**REFERENCES**


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