Table. The Risk of 30-Day Outcomes after Urgent and Emergency Colectomies Compared to Elective

Variable	Elective	Urgent, AOR (95% CI)	Emergency, AOR (95% CI)
Death	Ref	3.2 (2.8—3.7)	8.7 (7.7—9.7)
Return to operating room	Ref	1.5 (1.4—1.6)	1.8 (1.7—2)
Anastomotic leak	Ref	1.3 (1.2—1.4)	1.2 (1.1—1.3)
Systemic sepsis	Ref	3.4 (3.2—3.6)	5.9 (5.6—6.2)
Septic shock	Ref	3.1 (2.8—3.4)	11.3 (10.4—12.2)
Urinary tract infection	Ref	1.4 (1.3—1.5)	1 (0.9—1.1)
Pneumonia	Ref	2.3 (2.1—2.5)	3.9 (3.6—4.2)
Deep venous thrombosis	Ref	2.3 (2.1—2.6)	2.8 (2.5—3.1)
Prolonged hospital stay	Ref	2.7 (2.4—3.1)	4.8 (4.2—5.4)

AOR, adjusted odds ratio.

Evaluating the Association of the New ACS NSQIP Modified 5-Factor Frailty Index and Outcomes in Elective Colorectal Surgery

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INTRODUCTION: The 5-factor modified frailty index (mFI-5) is a new American College of Surgeons NSQIP-based predictive tool for mortality and postoperative complications. Although studies validated the mFI-5's predictive ability within the NSQIP database, its applicability in institutional databases has not been investigated. Our goal was to assess the association between the mFI-5 and complications in an institutional dataset.

METHODS: A divisional database was queried for elective colorectal resections from January 1 to December 31, 2017. The mFI-5 was calculated based on the variables of: COPD, congestive heart failure, diabetes, hypertensive medication, and functional status. The main outcome measure was the association of the mFI-5 with major and minor complications. Major complications were defined as Clavien Class 3—5; minor were Clavien 1—2. Univariable analysis was performed with the Cochran-Armitage Test. Multivariable logistic regression evaluated the relationship between the mFI-5 and complications, accounting for demographics and preoperative risk factors.

RESULTS: A total of 412 patients were analyzed. The median age was 59, and 52.9% were female; 16.3% had a major complication and 39.1% had a minor complication. The mFI-5 patients were divided into 0 (n = 335), 1 (n = 58), and 2+ (n = 19) groups. Univariable analysis showed a higher mFI-5 was associated with major complications (p = 0.008), but not minor complications (p = 0.192). Multivariable logistic regression showed an association between an mFI-5 of 2 with major but not minor complications

(Major: odds ratio [OR] 3.777,CI [1.294—10.576], p = 0.012; Minor: OR 1.234,CI [0.463—3.312], p = 0.672).

CONCLUSION: The mFI-5 tool is valid for predicting major complications in an institutional dataset for elective colorectal surgery. This predictive ability show the potential to use NSQIP for quality improvement and prospective optimization at the institutional level.

Factors Affecting Short Term Survival in 85 and Older Age Patients Who Underwent Resection for Stage II and III Colon Cancer

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INTRODUCTION: As our population ages, colon cancer among octogenarians is increasing. With perioperative morbidity and mortality also increasing with age, in order to improve care delivery in the future, potentially modifiable factors impacting survival in the oldest members of the population are essential to identify.

METHODS: The New York State Cancer Registry and Statewide Planning Research & Cooperative System were queried for patients 85 years and older who underwent segmental colectomy for stage II and III colon cancer from 2004 to 2014. Bivariate and multivariate Cox proportional hazards analyses of factors associated with 30- and 90-day survival were performed.

RESULTS: A total of 3,779 patients over 85 years of age underwent colectomy for stage II/III colon cancer between 2004 and 2014. Of these patients, 48.4% underwent nonelective colectomy and 27.4% had a major complication. Nevertheless, 89.4% and 83.2% were alive at 30 and 90 days, respectively. Protective factors included discharge to another health care facility (42.4%, 30-day: hazard ratio [HR] 0.14 [0.10—0.18], p < 0.0001; 90-day: HR 0.40 (0.33—0.48), p < 0.0001) and being operated on by a surgeon who performed >13 colon cancer resections per year (30-day: HR 0.52 (0.36—0.73), p = 0.0003; 90-day: HR 0.55 (0.43—0.70), p < 0.0001).

CONCLUSION: Despite a high incidence of nonelective procedures, short-term survival analyses suggest that elderly patients do reasonably well postoperatively, raising the question of whether colon cancer screening should be based on physiologic rather than chronological age. In addition, there appears to be an association among discharge to another health care facility and high surgeon volume and improved short-term survival in this cohort.

Failure of and Recurrence after Nonoperative Management of Acute Diverticulitis with Abscess and/or Extraluminal Air

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