

# Should we perform colonic polypectomy in patients over 80?

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## Introduction:

Colorectal cancer is common worldwide, and the elderly are disproportionately affected. Increasing age is a risk factor for the development of precancerous adenomas and colorectal cancer BUT Elderly patients are more likely to die of "natural" causes before adenoma develop into cancer Risks of colonoscopy and polypectomy are increased in elderly patients

## Literature Review:

Previous studies highlight the increased risks attendant with colonoscopy in the elderly population; Lin et al: NNT 140-227 in 80-84yo compared to 61-63 in 50-54yp Risk of colonoscopy complications higher than probability of preventing death Case reports and reviews also suggest avoidance of polypectomy; Baker et al: Recommendation that polyps <20 mm in size should be regarded as low-risk polyps and that polypectomy of low-risk polyps are not essential in patients aged 85 years and older

## Aims:

We aimed to assess the outcomes of polypectomy in patients ≥80 at our trust with five years of follow up.

## Areas to investigate:

Analyse polyp size and correlation with histology  
Analyse peri-procedural complication rates  
Analyse morbidity and mortality in patient cohort

## Method:

Colonoscopy data analysed from the endoscopy reports  
Patients aged ≥80  
2011 and 2012.  
Histology reports and patient notes were also reviewed.  
Mortality and cause of death within 5 years of the procedure date were also recorded from the Patient Mortality Coding Database.  
Patients with a synchronous cancer at index procedure were excluded from 5 year mortality analysis.

## Results:

Total Patients = 180  
Overall total No of Polyps Removed = 313

Size of Polyp	Total Known Sizes
<10mm	224
10-19mm	58
>20mm	20
unknown	11

<10 mm histology		10-19mm histology		>20mm histology	
LGD	183	LGD	44	LGD	13
HGD	2	HGD	8	HGD	6
Cancer	0	Cancer	3	Cancer	1
pseudo polyp	1	lost polyp	1		
hyperplastic	19	serrated	1		
normal	19	hyperplastic	1		
Total	224	Total	58	Total	20

Figure 1

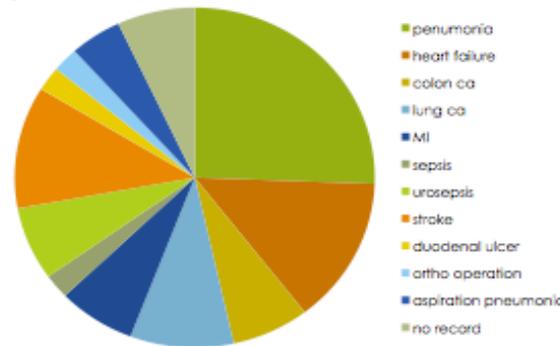


Figure 1: 5 year Mortality Causes of death  
Figure 2: Co-morbidities in patient cohort

## Peri-procedural complications:

There were 3 (1.6%) peri-procedure complications identified (desaturation and bleeding post polypectomy) none requiring admission.  
3 admissions within 8 days  
17/180 inadequate bowel prep

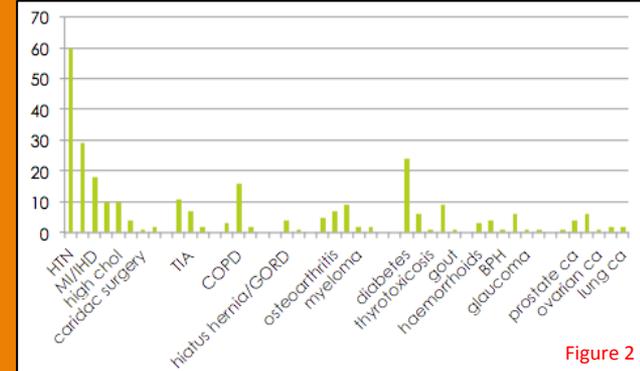


Figure 2

## Mortality:

5 year mortality causes: 42 Deaths (23%) The Top 3 causes:

1. Pneumonia (11)
2. Heart Failure (6)
3. Stroke (5)

CRC was the cause of death in 1 patient (0.6%) and in this case the index polypectomy was a polyp cancer

## Analysis:

W day et al raised that completion rate and risk of complications will be higher in the elderly. From our study completion rate was very high (133/137) and complications very low (3/180). For polyps <10mm there were 0 cancers and 0.9% HGD The 5 year mortality was 23%

## Our Recommendation:

1. Polypectomy should be avoided for polyps <10mm in patients ≥80
2. Polypectomy of polyps >10mm should only be considered after documented deliberation with the patient