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Impact of postoperative delirium on outcome following major hepatobiliary-pancreas surgery

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Background : Postoperative delirium is getting more attention because of its increasing incidence in elderly patients and association with worse outcome after major abdominal surgery. However, frequency, risk factors and outcome of postoperative delirium following major hepatobiliary-pancreas surgery have not been studied. The aim of this study is to elucidate the real impact of postoperative delirium on outcome with prospective setting.

Methods : From June 2018 to December 2018, a total of 150 patients who underwent elective major hepatobiliary surgery were enrolled. All patients were interviewed daily using Nursing Delirium Screening Scale (Nu-DESC) for screening up to 7 days after surgery. Patients classified as the delirium group at screening were confirmed by the psychiatrist. Those who had the delirium \geq two days or had the delirium-specific medications were defined as Clinically Relevant Postoperative Delirium (CR-POD).

Results : Forty-five (30.0%) of 150 patients were diagnosed with postoperative delirium with Nu-DESC screening. And 26 patients (17.3%) were classified as CR-POD. The CR-POD group showed a higher complication rate (34.6% vs 12.1%, $p=0.008$) and longer hospital stay (26.96 vs 15.51 days, $p=0.009$) than the control group. In the multivariate analysis, age ≥ 75 (OR=13.19, $p<0.001$), heavy smoking (OR=7.36, $p<0.001$), and the ICU stay period ≥ 4 days (OR=8.60, $p=0.029$) were analyzed as risk factors for CR-POD.

Conclusions : High-risk patients such as age ≥ 75 and heavy smoker may require preemptive intervention including preoperative interview by psychiatrist and medications. In addition, care should be taken to reduce the length of stay in the ICU.

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