### Surgery in Geriatrics and Frailty

# APEROLD study: acute peritonitis in the oldest nonagenarian patients with acute abdomen. Which is the fate?

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#### SUPPLEMENTARY MATERIAL

## Appendix A. Risk prediction score

### Table 1. ASA Physical Status Classification System.

ASA PS Classification

ASA I	Definition
ASA II	A normal healthy patient
ASA III	A patient with mild systemic disease
ASA IV	A patient with severe systemic disease
ASA V	A patient with severe systemic disease that is a constant threat to life
ASA VI	A moribund patient who is not expected to survive without the operation
	A declared brain-dead patient whose organs are being removed for donor purposes

## Statement on ASA Physical Status Classification System<sup>15</sup>

Developed by: Committee on Economics. Last Amended: December 13, 2020 (original approval: October 15, 2014) https://www.asahq.org/standards-and-practice-parameters/statement-on-asa-physical-status-classification-system

## Table 2. fTRST Screening Tool.

em		Score	e
		Yes	No
1.	Presence of cognitive impairment (disorientation, diagnosis of dementia, or	2	0
	delirium)		
2.	Lives alone or no caregiver available, willing, or able	1	0
3.	Difficulty with walking or transfers or fall(s) in the past 6 months	1	0
4.	Hospitalized in the last 3 months	1	0
5.	Polypharmacy: 5 medications	1	0

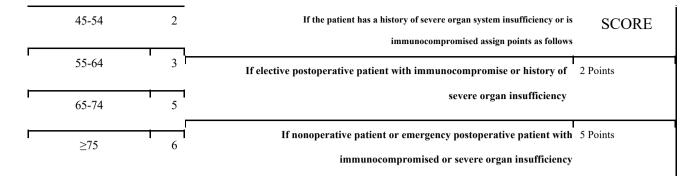
## fTRST Screening Tool<sup>16</sup>

Performance of Two Geriatric Screening Tools in Older Patients With Cancer Cindy Kenis, Lore Decoster, Katrien Van Puyvelde, Jacques De Gre`ve, Godelieve Conings, Koen Milisen, Johan Flamaing, Jean-Pierre Lobelle, and Hans Wildiers 2013 by American Society of Clinical Oncology 0732-183X/14/3201w-19w/\$20.00 DOI:

2013 by American Society of Clinical Oncology 0/32-183X/14/3201w-19w/\$20.00 DO! 10.1200/JCO.2013.51.1345.

## Table 3. APACHE II Score.

Physiological variable A High abnorm			inge			Low abnormal range			
	+4	+3	+2	+1	0	+1	+2	+3	+4
TEMPERATURE - rectal	≥41	39-40.9		38.5-38.9	36-38.4	34-35.9	32-33.9	31-31.9	≤30
MEAN ARTERIAL PRESSURE mmHg	≥160	130-159	110-129		70-109		50-69		≤49
HEART RATE	≥100	140-179	110-193		70-109		50-69	40-54	≤39
RESPIRATORY RATE	≥50	35-49		25-34	12-24	10-11	6-9		≤5
OXYGENATION a) FIO₂≥0.5 record A-aDO₂ b) FIO₂<0.5 record PaO₂	≥500	350-499	200-349		<200 PO2≥70	PO <sub>2</sub> 61-70		PO <sub>2</sub> 55-60	PO2<55
ARTERIAL PH	≥7.7	7.6-7.69		7.5-7.59	7.33-7.49		7.25-7.32	7.15-7.24	<7.15
HCO <sub>3</sub> (mEq/l)	≥52	41-51.9		32-40.9	22-31.9		18-21.9	15-17.9	<15
K (mEq/l)	≥7	6-6.9		5.5-5.9	3.5-5.4	3-3.4	2.5-2.9		<2.5
Na (mEq/l)	≥100	160-179	155-159	150-154	130-149		120-129	111-119	<110
S. Creat (mqm/dl)	≥3.5	2-3.4	1.5-1.9		0.6-1.4		<0.6		
Hematocrit (%)	≥60		50-59.9	46-49.9	30-45.9		20-29.9		<20
TCL (10 <sup>3</sup> /cc)	≥40		20-39.9	15-19.9	3-14.9		1-2.9		<1
GCS			1						1
15 -> 0 12	-> 3	9 -> 6	6 -> 9						
14 -> 1 11	->4	8 -> 7	5 -> 10						
13 -> 2 10	-> 5	7 -> 8	4 -> 11						
			3 -> 12						
Age score	]								
<44 0	I			C	ΠΚUΝΙ	- HEAL	I H POIN	IT APA	CHE II



### **APACHE II Score**<sup>17</sup>

https://www.researchgate.net/figure/Definition-of-each-scoring-system-A-The-APACHE-II-scoring-system-was-defined-in-this fig1 262054481

 Table 4. Charlson Comorbidity Index (CCI).

Items	Т
Prior myocardial infarction	1
Congestive heart failure	1
Peripheral vascular disease	1
Cerebrovascular disease	1
Dementia	1
Chronic pulmonary disease	1
Rheumatologic disease	1
Peptic ulcer disease	1
Mild liver disease	1
Diabetes	1
Cerebrovascular (Hemiplegia) event	2
Moderate to severe renal disease	2
Diabetes with chronic complication	2
Cancer without metastases	2
Leukemia	2
Lymphoma	2
Moderate or severe liver disease	2
Metastatic solid tumor	6
Acquired immunodeficiency syndrome (AIDS)	6

Charlson Comorbidity Index (CCI)<sup>18</sup> https://www.researchgate.net/figure/CCI-Charlson-comorbidity-index-score\_fig3\_301936501

		Physiological score		
	1	2	4	8
Age (years)	≤60	61-70	≥71	
Cardiac signs	No failure	Diuretic, digoxin,	Peripheral edema;	Raised jugular venous
		antianginal or hypertensive	warfarin therapy	pressure
		therapy		
Chest radiograph		•	Borderline cardiomegaly	Cardiomegaly
Respiratory history	No dyspnoea	Dyspnoea on exertion	Limiting dyspnoea (one	Dyspnoea at rest
			flight)	(rate>30/min)
Chest radiograph		Mild COAD	Moderate COAD	Fibrosis or consolidation
Blood pressure	110-130	131-170	≥171	≤89
(systolic) mmHg		100-109		
Pulse (beats/min)	50-80	81-100	101-120	≥121
		40-49		
Glasgow coma	15	12-14	9-11	≤8
score				
Hemoglobin	13-16	11.5-12.9	10-11.4	≤9.9
(g/100mL)				
White cell count	4-10	10.1-20	≥20.1	<del>.</del>
$(x10^{12}/L)$		3.1-4	≤3	
Serum urea	≤7.5	7.6-10	10.1-15	≥15
(mmol/L)				
Serum sodium	≥136	131-135	126-130	≤125
(mmol/L)				
Serum potassium	3.5-5	3.2-3.4	2.9-3.4	≤2.8
(mmol/L)		5.1-5.3	5.4-5.5	≥6

# Table 5. POSSUM - Physiological Score Operative Severity Score.

Electrocardiogram

Normal

Atrial fibrillation

Any other abnormal

rhythm Or 25 ectopics/min

Q waves or ST/T wave

changes

POSSUM - Phsyiological Score Operative Severity Score<sup>19</sup>

https://www.researchgate.net/figure/POSSUM-physiological-score-according-to-Copeland-and-al\_fig1\_262680555

## Appendix B. Case report form (CRF)

Patient selection	Patients aged 90 yea	rs or older at time of hospital admission?	YES [ ] NO [ ]
	Diagnosis of acute se	econdary peritonitis undergoing surgical treatment or non-operative	YES [ ] NO [ ]
	management		
Patient data	Age		
			MELEEL
	Sex		M[]F[]
	Weight		kg
	Height		cm
	BMI		
	Current smoker (with	hin 1 year)	YES [ ] NO [ ]
	Comorbidities	Hypertension requiring treatment	YES [ ] NO [ ]
		Atrial fibrillation	YES [ ] NO [ ]
		Congestive heart failure	YES [ ] NO [ ]
		Myocardial infarction	YES [ ] NO [ ]
		Peripheral vascular disease	YES [ ] NO [ ]
		CVA with mild or no residua o TIA	YES [ ] NO [ ]
		Dementia	YES [ ] NO [ ]
		Hemiplegia	YES [ ] NO [ ]
		Chronic obstructive pulmonary disease (COPD)	YES [ ] NO [ ]
		Diabetes without end-organ damage	YES [ ] NO [ ]
		Diabetes with end-organ damage	YES [ ] NO [ ]
		Prostatic hyperplasia	YES [ ] NO [ ]
		Moderate or severe liver disease	YES [ ] NO [ ]
		Moderate or severe renal disease	YES [ ] NO [ ]
		Peptic ulcer disease	YES [ ] NO [ ]
		Connective tissue disease	YES [ ] NO [ ]
		Cancer without metastasis	YES [ ] NO [ ]
		Metastatic solid cancer	YES [ ] NO [ ]
		Leukemia (acute or chronic)/ Lymphoma	YES [ ] NO [ ]

		AIDS or other immunodeficiency disorders	YES [ ] NO [ ]
		None	YES [ ] NO [ ]
		Unknown	YES [ ] NO [ ]
	Previous abdominal s	urgery	YES [ ] NO [ ]
	Pharmacotherapy	None	YES [ ] NO [ ]
		Warfarin or Direct oral anticoagulants (DOACs)	YES [ ] NO [ ]
		therapy	
		Mono or dual antiplatelet therapy	YES [ ] NO [ ]
		Diuretic, antianginal, digoxin or hypertensive therapy	YES [ ] NO [ ]
		Oral glucose-lowering medications or other anti- diabetic	YES [ ] NO [ ]
		drugs	
		Steroid use for chronic condition	YES [ ] NO [ ]
		Other therapies	YES [ ] NO [ ]
	Functional status	Independent	YES [ ] NO [ ]
		Partially dependent	YES [ ] NO [ ]
		Totally dependent	YES [ ] NO [ ]
	Living situation	Home independent	YES [ ] NO [ ]
		Home with family/ caregiver	YES [ ] NO [ ]
		Residential care	YES [ ] NO [ ]
		Other	
	Activities of daily livi	ing (ADL)	
	Instrumental activities	s of daily living (IADL)	
	Clinical frailty scale (	(CFS)	
Clinical status	Dete of commutering on		
	Date of symptoms on		//
at hospital	Date of hospital admi	ssion	_/_/_
admission	Temperature		°C
	Systolic blood pressur		mmHg
	Mean arterial pressure	8	mmHg
	Heart rate		bpm

	Respiratory rate		b/m		
	Dyspnoea at rest		YES [ ] NO []		
	Glasgow coma scale (GC	CS)			
	Peripheral oedema		YES [ ] NO [ ]		
	Raised jugular venous pr	Raised jugular venous pressure			
	Hypotension with need f	YES [ ] NO [ ]			
	Quick SOFA (qSOFA)	Systolic Blood Pressure <100mmHg	YES [ ] NO [ ]		
	score for sepsis	Respiratory rate>22 b/m	YES [ ] NO [ ]		
		GCS<15	YES [ ] NO [ ]		
		Total points			
	Abdominal rebound	None	YES [ ] NO [ ]		
	tenderness	Light	YES [ ] NO [ ]		
		Medium	YES [ ] NO [ ]		
		Strong	YES [ ] NO [ ]		
Arterial blood	Arterial PH				
gas at hospital	PaCO2		mmHg		
admission	PaO2		mmHg		
	O2 saturation		imiting		
	FiO2				
	PaO2/FiO2 ratio	70			
	НСОЗ		mmol/L		
	Base excess (BE)				
	Lactate (Lac)		mmol/L		
Blood tests at	White blood cell count		x 10 <sup>9</sup> /L		
hospital	Polymorphonuclear leuk	ocytes	%		
admission	Haemoglobin		g/dL		
	Haematocrit		%		
	Platelet		x 10 <sup>9</sup> /L		
	Urea		mmol/L		
	Sodium		mmol/L		

	Potassium	mmol/L
	Creatinine	mg/dL
	PT-INR	
	APTT	
	Total Bilirubin	mg/dL
	Direct Bilirubin	mg/dL
	Lipase	U/l
	GGT	U/l
	GOT	U/l
	GPT	U/l
	C-reactive protein (CRP)	mg/L
	Procalcitonin (PCT)	μg/L
ECG at	Sinus rhythm	YES [ ] NO [ ]
hospital	Atrial fibrillation	YES [ ] NO [ ]
admission	5 ectopic beats/min or Q waves or St/T waves changes	YES [ ] NO [ ]
	Any other abnormal rhythm	YES [ ] NO [ ]
Etiology of	Small bowel obstruction	YES [ ] NO [ ]
secondary acute	Small bowel perforation	YES [ ] NO [ ]
peritonitis	Large bowel obstruction (not malignant)	YES [ ] NO [ ]
	Perforated diverticulitis	YES [ ] NO [ ]
	Perforated peptic ulcer or gastric cancer	YES [ ] NO [ ]
	Acute cholecystitis	YES [ ] NO [ ]
	Acute appendicitis	YES [ ] NO [ ]
	Obstructed abdominal wall hernia	YES [ ] NO [ ]
	Colorectal cancer obstruction/perforation	YES [ ] NO [ ]
	Bowel infarction	YES [ ] NO [ ]
	Splenic abscess	YES [ ] NO [ ]
	If other, what?	
	ASA score	

Scores for	Flemish version of the T	Triage Risk Screening Tool (fTRST)	
prediction of risk	Charlson's Comorbidity		
	APACHE II		
	P-POSSUM score	Physiological score	
		Operative Severity Score	
		Morbidity	%
		Mortality	%
	ACS NSQIP Surgical	Serious complication	%
	Risk Calculator	Any complication	%
		Readmission	0
		Return to OR	 %
		Death	
		Discharge to Nursing or to Rehab Facility	^/``
		Sepsis	/0
		Sepsis	70
Treatment	Patient undergone surge	YES [ ] NO [ ]	
	Patient undergoing non-	operative management?	YES [ ] NO [ ]
Surgery	Date of intervention		_/_/_
	Timing of surgery	<6 hours	[]
		From 6 hours to 24 hours	[]
		>24 hours	[]
	Operative time	min	
	Abdominal approach	Laparotomy	[]
		Laparoscopy	[]
		Robotic	[]
	If initially laparoscopic	YES [ ] NO [ ]	
	Traumatic emergency su	YES [ ] NO [ ]	
	Damage control procedu	ıre?	YES [ ] NO [ ]
	Type of intervention	Small bowel resection with or without anastomosis	YES [ ] NO [ ]
	performed	Colonic resection with primary anastomosis with or without	YES [ ] NO [ ]

	diverting stoma	
	-	
	Hartmann's procedure	YES [ ] NO [ ]
	Stoma without colic resection	YES [ ] NO [ ]
	Total or subtotal Gastrectomy/ Gastric or duodenal resection	YES [ ] NO [ ]
	Gastroenteroanastomosis/ Bowel bypass	YES [ ] NO [ ]
	Gastric perforation repair	YES [ ] NO [ ]
	Cholecystectomy	YES [ ] NO [ ]
	Appendectomy	YES [ ] NO [ ]
	Splenectomy	YES [ ] NO [ ]
	Abdominal wall repair with or without bowel	YES [ ] NO [ ]
	resection	
	Open abdomen	YES [ ] NO [ ]
	If other, what?	
Intraoperative complicat	ions	YES [ ] NO [ ]
If yes, what?		
Operative blood loss	<100 mL	YES [ ] NO [ ]
	101-500 mL	YES [ ] NO [ ]
	500-999 mL	YES [ ] NO [ ]
	>1000 mL	YES [ ] NO [ ]
Peritoneal	No soiling	YES [ ] NO [ ]
Contamination		
	Minor soiling	YES [ ] NO [ ]
	Local pus	YES [ ] NO [ ]
	Free bowel content, pus or blood	YES [ ] NO [ ]
Malignancy status	Not malignant	YES [ ] NO [ ]
	Primary malignancy only	YES [ ] NO [ ]
	Malignancy + nodal mets	YES [ ] NO [ ]
	Malignancy + distal mets	YES [ ] NO [ ]
Intraoperative death	<u> </u>	YES [ ] NO [ ]
Antimicrobial therapy		YES [ ] NO [ ]

Non-operative	If yes, which antibiotic/a	ntifunginal?	
management	Endoscopic procedure		YES [ ] NO [ ]
	Percutaneous drainage		YES [ ] NO [ ]
	Embolization procedure		YES [ ] NO [ ]
	ICU stay		YES [ ] NO[ ]
	If yes, length of ICU stay	,	days
	Palliative care		YES [ ] NO [ ]
Post-operative	Need for a postoperative	Intensive Care Unit (ICU)?	YES [ ] NO [ ]
in-hospital course	If yes, length of ICU stay	,	days
	Post-operative in-hospita	l complications	YES [ ] NO [ ]
	If yes, what?		
	The Clavien-Dindo	Grade I	YES [ ] NO [ ]
	classification of surgical	Any deviation from the normal postoperative course without	
	complications	the need for pharmacological treatment or surgical,	
		endoscopic and radiological interventions Allowed	
		therapeutic regimens are: drugs as antiemetics, antipyretics,	
		analgesics, diuretics and electrolytes and physiotherapy.	
		This grade also includes wound infections opened at the	
		bedside.	
		Grade II	YES [ ] NO [ ]
		Requiring pharmacological treatment with drugs other than	
		such allowed for grade I complications. Blood	
		transfusionsand total parenteral nutrition are also included.	
		Grade III	YES [ ] NO [ ]
		Requiring surgical, endoscopic or radiological intervention	
		- IIIa Intervention under regional/local anesthesia	
		Grade III	YES [ ] NO [ ]
		Requiring surgical, endoscopic or radiological intervention	
		- IIIb Intervention under general anesthesia	

l .	[	Grade IV	YES [ ] NO [ ]
		Life-threatening complication (including CNS	
		complications)* requiring ICU- management	
		- Iva single organ dysfunction (including dialysis)	
		Grade IV	YES [ ] NO [ ]
		Life-threatening complication (including CNS	
		complications)* requiring ICU- management	
		- IVb multiorgan dysfunction	
		Grade V	YES [ ] NO [ ]
		Death of a patient	
	Complications needed for an Intensive Care Unit (ICU)?		YES [ ] NO [ ]
	If yes, length of ICU stay		days
	Complications needed for endoscopic or radiological procedures?		YES [ ] NO [ ]
	If yes, which procedure?		
	Length of hospital stay		days
	Discharge	At home totally	YES [ ] NO [ ]
		independent	
		At home with caregiver	YES [ ] NO [ ]
		Rehabilitation facility	YES [ ] NO [ ]
		Residential care	YES [ ] NO [ ]
L		Other	
Non-operative	In-hospital death		YES [ ] NO[ ]
management in-	Length of hospital stay		days
hospital course	Discharge	At home totally	YES [ ] NO [ ]
		independent	
		At home with caregiver	YES [ ] NO [ ]
		Rehabilitation facility	YES [ ] NO [ ]
		Residential care	YES [ ] NO [ ]
		Other	
	Post-operative post-discharge complications?		YES [ ] NO [ ]

Follow-up	If yes, what?		
(Day 30)	The Clavien-Dindo classification of surgical		Grade
	complications		
	Readmission within 3	YES [ ] [NO [ ]	
	If yes, why?		
Follow-up	Death within 1 year f	YES [ ] NO [ ]	
(1 year)	Readmission between 30 days and 1 year from discharge?		YES [ ] NO [ ]
	If yes, why?		
	Functional status	Independent	[]
		Partially dependent	[]
		Totally dependent	[]
	Activities of daily live		
	Instrumental activities		
	Living situation	Home independent	[]
		Home with family/ caregiver	[]
		Rehabilitation facility	[]
		Residential care	[]
		Other	

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