

Pre-operative optimization (geriatricians, hospitalists, anesthetists)

Philippe Chassagne

Pr Philippe Chassagne. MD, Ph D. Department of Geriatrics. Lausanne Switzerland

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ABSTRACT

The number of surgical procedures that will be performed in 2020 in people aged 65 years or older is expected to totalize 14 to 47% of all procedures according to specialties in 2020. In addition, aged people gather specific characteristics such as low physiological reserves, polymorbidity, higher risk of functional decline, higher prevalence of cognitive disorders or frailty (prevalence: 20% over 80 years old). When complex old patients are referred for an elective surgery additional geriatric assessment based on comprehensive geriatric assessment (CGA) is now recommended like it is commonly done in oncology or for some specific cardiovascular interventions (“Heart team”).

Randomized control studies (especially conducted with elective procedures) have demonstrated the benefits of a pre-operative geriatric assessment with individualized specific recommendations. Thus, systematic CGA is associated with a reduced number of post-procedure complications and length of hospital stay.

When procedure are unplanned like in traumatology, orthogeriatric teams have been designed during the last decade to specifically target hip fracture patients. The objective this team, composed by surgeons, anesthetists, geriatrician, and nurses, is to build an interdisciplinary co-management during the pre-, peri-, and post-operative period. Studies have demonstrated that the implementation of such interdisciplinary team through in-hospital orthogeriatric pathway was associated with a significant decrease of 30-day post-operative complications, loss of functional independence, and incidental delirium.