Operating on the Elderly
In the Coming Years, Operating on the Elderly Will Become Increasingly Common

**Number of people over age 65**

- Will reach 70 million by 2030, up from 35 million in 2000

**Number of people over age 85**

- Will reach 8.5 million by 2030, up from 4 million in 2000


Today’s Seniors Are Familiar with the Operating Suite

People over 65 account for:

• 40% of surgical procedures
• 50% of emergency operations
• 75% of surgery-related deaths

Aging Carries Inherent Risks

Aging and ...

- **Skin**: Slower to heal; generates weaker scars
- **Heart**: Changes in elasticity of walls, small vessels and large vessels
- **Lungs**: Lose capacity with changes in upper and lower airways; weakening of muscles
- **Kidneys**: Filtering ability drops 10% every decade after age 30

Sources:
Even with Progress in Surgery and Medicine, Surgery Remains Riskier for Older Patients

**Surgery-Related Deaths**

*Older patients* (>65): 5% to 10%

*Younger patients*: 1.5%

Emergency surgery in the elderly: risk of death is 2 to 4 times greater than with elective, planned surgery

Fear of Operating on the Elderly Is Common; Turns Some Cases into Emergencies

Eliminates the possibility of preparing for preexisting conditions

Cardiovascular problems
Respiratory problems
Kidney problems

Increasing the risk of complications

Surgery on the Elderly Requires Careful Evaluation; Decisions Will Be More Common

Evaluation of Elderly for Surgery

- Chronologic age
- Physiologic age
  - How old they look and feel
  - Level of vitality
- Functional status
- Degree of impairment
- Complexity of surgery
- Mutually agreed-upon goal

Assigning degree of risk augments the value of an experienced surgeon with good judgment.

1. “Treat the patient, not the disease.”
2. “Elderly patients will tolerate an operation, but not the complication.”

Choosing the Right Patient

The American Society of Anesthesiologists’ Risk-Classification System

Class 1: Normal
Class 2: Controlled medical problem
Class 3: Medical problem resulting in some functional deficits
Class 4: Poorly controlled medical problem resulting in life-threatening dysfunction
Class 5: Critical medical condition that leaves little chance of survival

Study of patients over 80 years old shows:
Class 2 = < 1% death rate
Class 4 = 25% death rate

What Does All This Mean?

1. Operating on the elderly will be increasingly common

2. It’s better to operate on a stable elderly patient electively
   - Later, problem may explode, require emergency intervention

3. Careful, thorough evaluation of functional and mental status should be standard
   - Including realistic expectations and agreement among all concerned on the risks and benefits of surgery
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