Post-operative management of the older adults with cancer

The role of the Geriatrician

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Post-operative management of the older adults with cancer

The heterogeneity of patients

Cancer Diagnosis (or suspicion)
- Preoperative Comprehensive Geriatric Assessment
- Neoadjuvant Treatment
- Elective Surgery
- Prostatic
- Colorectal
- Curative

No Cancer Diagnosis
- W/O Preoperative Comprehensive Geriatric Assessment
- Urgent / Emergency Surgery
- Bladder
- Gastric
- Palliative

Neoadjuvant Treatment
- Curative

The heterogeneity of patients
Post-operative management of the older adults with cancer

The heterogeneity of patients

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The heterogeneity of patients

Different patients... Different scenarios...

<table>
<thead>
<tr>
<th>Robustness / Frailty</th>
<th>Chronic conditions</th>
<th>Geriatric syndromes</th>
<th>Age-related changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy</td>
<td>Type of cancer, staging and prognosis</td>
<td>Type of surgery &amp; physiological &amp; functional implications</td>
<td>Treatment complications</td>
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<tr>
<td>Previous &amp; Next Treatments Goals</td>
<td>Social &amp; Economic Support</td>
<td>Expectations (patient, family, oncologist, surgeon)</td>
<td>QoL and symptoms</td>
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The heterogeneity of patients

COMPREHENSIVE GERIATRIC ASSESSMENT

INDIVIDUALIZE

The role of the Geriatric Interdisciplinary Team

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The heterogeneity of patients

COMPREHENSIVE GERIATRIC ASSESSMENT

ACUTE COMPLICATIONS

CHRONIC DISEASES

QUALITY OF LIFE

Acute Complications

CARDIOVASCULAR
- Heart Failure
- Myocardial infarction
- Arrhythmia
- Hypotension

HYDROELECTROLYTIC
- AKI (prerenal)
- Hypovolemia
- Hypokalemia
- Hyponatremia

THROMBOEMBOLISM

ANEMIA

RESPIRATORY
- Atelectasis
- Hypoxia / Hypercarbia
- Pneumonia

INFECTIONS
- Surgery wound
- Respiratory
- Urinary
- Sepsis

CONSTIPATION

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Acute Complications

GERIATRIC SYNDROMES

- Delirium
- Malnutrition
- Pain
- Immobility

Prevalent Underdiagnosed Undertreated

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Acute Complications

**DELRIMUM**

- Post surgery prevalence 10-80%
- Challenging diagnosis to untrained healthcare professionals (hypoactive)
- Underlying medical condition
- Several predisposing factors in older people
- Several precipitating factors in post surgery
  - Use of physical restraints
  - Immobilization
  - Malnutrition
  - Respiratory failure
  - Dehydration
  - Uncontrolled pain
- Predictor of poor surgical outcome, morbidity and mortality
- Post operative (Irreversible) Cognitive Dysfunction
Acute Complications

PAIN

- Cause of delirium and respiratory complications
- Challenging diagnosis in depressed and cognitive impaired patients
- Consider age-related changes in pharmacokinetics and pharmacodynamics on analgesics prescription and drugs interactions (polypharmacy)
- Prescription of non pharmacological interventions
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Acute Complications

MALNUTRITION

- Cancer and surgery as risk factors
- Predictor of poor surgical outcome, postoperative complications, functional decline, morbidity and mortality
- Predictor of chemotherapy intolerance and treatment side effects
- Nutritional Intervention

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Acute Complications

IMMOBILITY

- Negative impact on several organ systems
  - Malnutrition and muscle wasting
  - Delirium
  - Orthostatic hypotension
  - Respiratory complications
  - Pressure ulcers
  - Deep Venous Thrombosis
  - Functional decline
  - Gait impairment

- Early Physiotherapy and Occupational Therapy

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Planning discharge…
Preparing future…

- Restart / Review chronic medication
- Assessment & Management of Geriatric Syndromes
  - Motor & Functional Rehabilitation
  - Optimize Nutritional Status and Mood (Depression)
- Education about new conditions (catheters, ostomies, …)
- Palliation of disturbing symptoms (QoL)
- Prepare transitions of care
- Provide nurse care, social services and financial support
- Prepare for future treatments (compensation of chronic diseases, anticipation of complications and toxicities, education of patient and caregivers)
- Clarify patients expectations
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TAKE HOME MESSAGES

The role of the Geriatric Interdisciplinary Team

- To understand heterogeneity and vulnerability of the surgical oncologic older patient
- To individualize care
- To anticipate, prevent and treat Acute Complications
- To detect previous or new Geriatric Syndromes
- To plan rehabilitation to restore previous functional status
- To plan discharge and transitions of care
- To prepare for future treatments
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Thank You for Your attention!

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The Geriatrician philosophy

Diagnosis

CURATIVE TREATMENT
(=disease-specific, life-prolonging, restorative)

PALLIATIVE CARE
(=supportive, symptom-oriented)

Death