Preoperative evaluation
-the point of view of the geriatrician

Siri Rostoft, MD, PhD
Oslo University Hospital
Norway

srostoft@gmail.com
Mrs B, aged 94

- Admitted to the acute geriatric ward because of fatigue and dizziness
- Work up revealed severe iron-deficiency anemia
- Colonoscopy revealed right sided large tumor with ulcerations, narrow passage
- Transferred to the surgical ward

- Phone call from surgeon....
When does the surgeon refer patients?

- All older patients – not in my hospital
- Random
- Treatment decision – surgeon
- Age of patient
- Medical comorbidities
- Dementia
- (Functional impairment)
Preoperative considerations

- Shall we operate?
- What are the risks of operating?
- What are the risks of not operating?
- What does the patient want?
CRUCIAL

Avoid emergency procedures
Nursing home residents – rectal cancer
(47% urgent/emergent)

• High operative mortality
  – 18% after proctectomy with permanent stoma
  – 13% after sphincter-sparing proctectomy

• 1-year mortality
  – 51% and 40%

Geriatrician´s tool: geriatric assessment

• Comorbidity
• Polypharmacy
• **Functional status**
  – objective: Gait speed
  – self-report: ADL/IADL, falls
• **Cognitive function**
• **Nutritional status**
• Emotional function – depression
• **Social network (care planning)**
Falls and postoperative complications

Figure 2. Prior Falls and Postoperative Complications in Colorectal Operations


srostoff@gmail.com
GA can answer...

• Is the patient frail?

• What is the remaining life expectancy for this patient (approximation)?

• Is the patient at risk for complications?

• Keep in mind that frailty indicators most likely need to be individualized for different organ systems and operations.
Can the patient be optimized?  
-the answer is always “yes”

– comorbidities – most important factor?
– polypharmacy (NB – atrial fibrillation, anticoagulation
  – newer drugs)
– nutritional status
– functional status – prehabilitation
– assessing risk of delirium, preventive measures
– depression?

srostoft@gmail.com
Mandatory knowledge preoperatively

• Cognitive function
  – informed consent
  – delivery of information to patient
  – risk of delirium

• Needs to be tested
Conclusions

• Geriatricians may assist in preoperative evaluations

• Gait speed as a screening of whom to refer?

• Geriatric assessment is a useful tool to identify areas that may be optimized pre-operatively

• Frailty indicators need to be individualized (organ, type of surgery)

• Cognitive dysfunction should not be underestimated

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