

The banner features a dark blue background with abstract, lighter blue circular and linear patterns. The text is white and positioned on the left side of the banner.

# Health Politics

with  
**Dr. Mike Magee**

Where Healthcare Meets Policy

# Operating on the Elderly

Where Healthcare Meets Policy



# 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

Sources: Richardson JD, Cocanour CS, Kern JA, et al. Perioperative risk assessment in elderly and high-risk patients. *J Am Coll Surg.* 2004;199:133-146.

*Medical Never-Never Land: Ten Reasons Why America is Not Ready for the Coming Age Boom.* Washington, D.C.: Alliance for Aging Research; 2002.

# 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**

# 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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