

Medical and Preoperative Evaluation of the Older Adult

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KEYWORDS

• Preoperative • Geriatric • Older adult • Surgery • Elderly • Function • Frailty

KEY POINTS

- Older adults have increased risks of postoperative complications because of physiologic changes and higher incidence of multiple chronic conditions.
- Comprehensive preoperative evaluation for older adults incorporates components of geriatric assessment, including evaluation of cognition, capacity, medication management, function, and frailty.
- Identified risks should be addressed with a problem-specific management plan to reduce risk.
- Surgical decisions should incorporate patient's preferences and expectations.

INTRODUCTION

Preoperative evaluation serves to identify potential risk and to optimize patients before surgery. Because of age, increased rates of multimorbidity, polypharmacy, functional changes, and cognitive impairment, older adults are at higher risk for perioperative complications. Identifying modifiable risk factors and educating patients and families about what to expect can improve surgical outcomes and satisfaction. Comprehensive preoperative evaluation assesses potential factors that may increase a patient's risk for complications. By 2030, more than 20% of Americans will be older than the age of 65 years and will account for a large number of planned and emergent procedures.¹ In response to these demographic changes, the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP)/American Geriatrics Society (AGS) developed best practices guidelines that focus on the optimal preoperative assessment of the geriatric surgical patient. In contrast to the routine preoperative evaluation that concentrates on cardiac and pulmonary risk evaluation, the optimal preoperative evaluation for older adults addresses the following domains²:

1. Cognition/capacity, including memory and depression screens
2. Screening for alcohol and substance misuse

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3. Delirium risk
4. Cardiac
5. Pulmonary
6. Function
7. Frailty
8. Nutrition
9. Medications
10. Patient counseling
11. Preoperative testing

DISCUSSION

Identification of cognitive impairment may affect the entire preoperative evaluation because of implications around capacity, decision-making, and also strongly predicting postoperative delirium, which is associated with worse surgical outcomes including longer length of stay, mortality and functional decline (**Box 1**).³ For patients without known cognitive impairment, office-based screens, such as the Mini-Cog (three-item recall and clock draw) can quickly assess short-term memory, attention, and executive function.⁴ Patients with identified cognitive impairment or known dementia should be counseled on their increased risk of postoperative delirium, its implications, and ways to mitigate risk.

Symptoms of cognitive impairment can sometimes be a manifestation of depression and depression screening should be included as part of cognitive assessment. Additionally, preoperative depression has been associated with increased mortality after certain cardiac procedures and also with higher pain perception and increased need for postoperative analgesic use.² Office screens can help identify patients who have depressive symptoms, and the Patient Health Questionnaire-2 is one screen consisting of two questions⁵: “In the past 12 months, have you ever had a time when you felt sad, blue, depressed, or down for most of the time for at least 2 weeks?”; and “In the past 12 months, have you ever had a time, lasting at least 2 weeks, when you didn’t care about the things that you usually cared about or when you?”

Answering “yes” to either question suggests the need for additional evaluation and management for depression. Questions are asked by trained members of staff or through a written questionnaire.

All patients should also be evaluated for their capacity to consent to the procedure, especially if there is evidence of cognitive impairment. The patient should be able to demonstrate understanding of relevant information provided, acknowledgment of medical condition, treatment options and likely outcomes, clear indication of treatment choice, and engagement in rational discussion.⁶ For those with evidence of cognitive impairment or diminished capacity, it is important to identify a surrogate

Box 1

Cognition/capacity

Assessment: Mini-Cog, Patient Health Questionnaire-2, capacity assessment

Action: educate on associated risks, establish health care proxy, document capacity

Data from Borson S, Scanlan J, Chen P, et al. The Mini-Cog as a screen for dementia: validation in a population-based sample. *J Am Geriatr Soc* 2003;51(10):1451–4; and Li C, Friedman B, Conwell Y, et al. Validity of the Patient Health Questionnaire 2 (PHQ-2) in identifying major depression in older people. *J Am Geriatr Soc* 2007;55:596–602.

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