

PERIOPERATIVE CARE FOR OLDER ADULTS



As the population ages, more older adults will undergo surgery. They are more prone to perioperative complications, and have higher mortality and morbidity rates. Surgical outcomes can be improved by targeting complications before, during and after operations.

The health care team can also take this opportunity to begin proactive, postoperative planning, especially with regard to analgesia strategies, minimization of opioids, prevention of functional decline and delirium, and multispecialty/interdisciplinary consultation.

It is important to consider regional anesthesia in the older adult, both for reducing adverse outcomes and improving postoperative pain control. Other considerations that should be made include approaches to perioperative analgesia, postoperative nausea and vomiting risk stratification and prevention, and fluid management.

Several postoperative complications are particularly common in geriatric patients, including delirium, pulmonary complications, falls, under nutrition, urinary tract infection (UTI), pressure ulcers, and functional decline.

OLDER ADULTS

PREOPERATIVE

INTRAOPERATIVE

POSTOPERATIVE

DISCHARGE



Patients goals and treatment preferences should be established and documented. Proper provisions such as fasting recommendations and prophylactic medication should be made clear. The team should also begin proactive postoperative planning



Anesthetic medications have broad effects, which may be problematic for older people. Drug effects can be exaggerated, therefore adjustments to medication dosages may be warranted in older adults.

Older adults are sensitive to opioid analgesics, and therefore only minimum doses that achieve analgesia should be used. Opioids can lead to complications such as cognitive dysfunction or delirium.



The health care team should assess the patient's social support prior to discharge and where appropriate, the family and caregivers should be involved with discharge planning. The patient or patient caregiver should be given a complete list of all medications and dosages to continue upon discharge from the hospital and medication changes made during the hospital stay should be emphasized.