

Elderly patient

Elderly patients have been considered at higher risk for surgical complications and poor outcomes compared with regular adult patients, and literature across the surgical disciplines supports this notion ^{1) 2) 3) 4) 5)}.

From a chronological viewpoint, medical treatment of the elderly (geriatrics) starts from the age of 65 years old. This definition per se is nowadays certainly not really an adequate definition of an elderly patient and the reason to be treated by a geriatrician. In addition to chronological age, other factors must be considered in order to define the elderly patient. Functional reserves decrease with age, which leads to increased vulnerability. **Frailty** as a term describes this situation and can be defined pathophysiologically by a mainly subclinical inflammatory state. Therefore, in 2007 the German Society of Geriatrics (DGG), the German Society of Gerontology and Geriatrics (DGGG), and the German Group of Geriatric Institutions (BAG) have jointly developed a definition of the geriatric patient ⁶⁾.

Current predictions suggest that the number of persons 65 years of age and older will more than double in the United States during the next 30 years. As a result, the number of elderly Americans could increase from 34 million in 1998 to approximately 69 million in 2030. This increase, combined with the disproportionate rate at which elderly patients use medical resources, will require that primary care physicians become increasingly knowledgeable about the needs of geriatric patients and increasingly efficient in the evaluation and management of concerns unique to these patients.

The value of performing a comprehensive geriatric assessment appears to be equivocal. Simple screening instruments can be helpful in identifying patients at risk for common health problems and in improving the clinical assessment of a disease course.

They are sometimes considerably disabled due to **lumbar degenerative spondylosis** and may need major spine surgery.

Neurosurgery disease in elderly patients

[Idiopathic normal pressure hydrocephalus](#)

see [Glioblastoma in elderly patients](#)

Malignant MCA infarction

Less than one-tenth of candidates with malignant MCA infarction in Japan underwent decompressive surgery, and the vast majority of patients were elderly. Age was not found to be an independent factor for immediate mortality in this study, and performing surgery in the elderly may be justified based on additional evidence of functional improvements ⁷⁾.

Coil embolization

Endosaccular [coil](#) embolization is safe and feasible for elderly patients with asymptomatic UIAs. Old age itself should not be a contraindication ⁸⁾.

1)

St-Louis E, Sudarshan M, Al-Habboubi M et al (2016) The outcomes of the elderly in acute care general surgery. *Eur J Trauma Emerg Surg* 42(1):107–113. <https://doi.org/10.1007/s00068-015-0517-9>

2)

Berry AJ, Smith RB, Weintraub WS et al (2001) Age versus comorbidities as risk factors for complications after elective abdominal aortic reconstructive surgery. *J Vasc Surg* 33(2):345–352. <https://doi.org/10.1067/mva.2001.111737>

3)

Livingston EH, Huerta S, Arthur D, Lee S, De Shields S, Heber D (2002) Male gender is a predictor of morbidity and age a predictor of mortality for patients undergoing gastric bypass surgery. *Ann Surg* 236(5):576–582. <https://doi.org/10.1097/00000658-200211000-00007>

4)

Daubs MD, Lenke LG, Cheh G, Stobbs G, Bridwell KH (2007) Adult spinal deformity surgery: complications and outcomes in patients over age 60. *Spine* 32(20):2238–2244. <https://doi.org/10.1097/BRS.0b013e31814cf24a>

5)

Deyo RA, Mirza SK, Martin BI, Kreuter W, Goodman DC, Jarvik JG (2010) Trends, major medical complications, and charges associated with surgery for lumbar spinal stenosis in older adults. *JAMA* 303(13):1259–1265. <https://doi.org/10.1001/jama.2010.338>

6)

Sieber CC. [The elderly patient—who is that?]. *Internist (Berl)*. 2007 Nov;48(11):1190, 1192–4. German. PubMed PMID: 17934704.

7)

Suyama K, Horie N, Hayashi K, Nagata I. Nationwide survey of decompressive hemicraniectomy for malignant middle cerebral artery infarction in Japan. *World Neurosurg*. 2014 Jul 18. pii: S1878-8750(14)00674-3. doi: 10.1016/j.wneu.2014.07.015. [Epub ahead of print] Review. PubMed PMID: 25045787.

8)

Oishi H, Yamamoto M, Nonaka S, Shimizu T, Yoshida K, Mitsunashi T, Arai H. Treatment results of endosaccular coil embolization of asymptomatic unruptured intracranial aneurysms in elderly patients. *J Neurointerv Surg*. 2014 Jul 17. pii: neurintsurg-2014-011305. doi: 10.1136/neurintsurg-2014-011305. [Epub ahead of print] PubMed PMID: 25034903.

From:

<https://operativeneurosurgery.com/> - **Operative Neurosurgery**

Permanent link:

https://operativeneurosurgery.com/doku.php?id=elderly_patient

Last update: **2020/01/19 21:55**

