

As the population ages, we face the challenge of increasing numbers of **complex frail patients** undergoing surgery. Our group have established that 15% of elective surgical patients and 33% of emergency surgical patients in our hospital are frail. Furthermore, surgical inpatients over 65 years have a mean number of 4 co-morbidities. Frail patients with **complex multi-system disease** are at **higher risk of post operative complications** and **prolonged hospital stays**. We realised we needed to gain greater insight into the issues facing frailty elderly patients to further develop a **perioperative service**.

METHOD

We performed a retrospective review of inpatient referrals to medicine for the elderly (MFE) over a six-month period, excluding those to the established ortho-geriatrics service. Referrals, routinely conducted via email, were screened for mention of key geriatric domains from the Edmonton Frailty Scale (1). Pareto analysis was used to identify the most common features.

RESULTS



Of **84** email referrals to MFE over a six month period, **57** concerned surgical inpatients.



The **mean age** was **83** years (range 64-97).



Polypharmacy was identified as an issue by MFE in **58% (n=33)** of patients but only in **7% (n=4)** by surgeons.

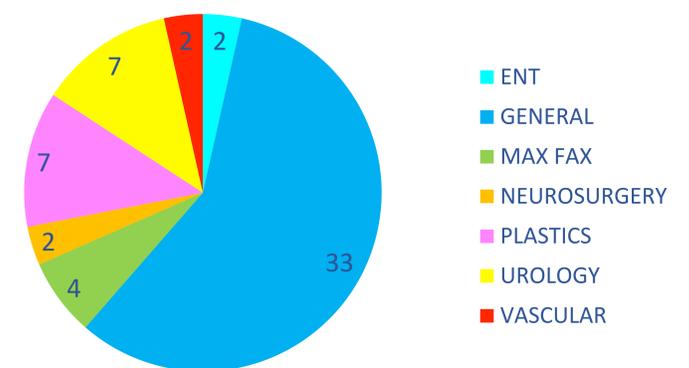


25% (n=22) of patients were referred to an organ-specific specialty prior to MFE.

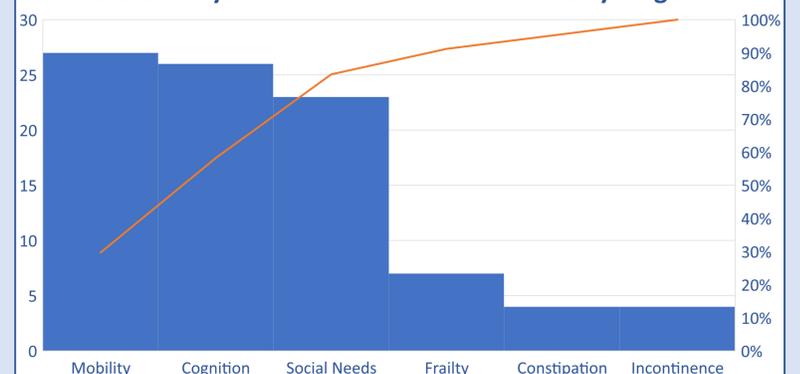


Incontinence and **constipation** were probably under reported at the time of referral to MFE (**7%, n=4**). These issues are often only found on review of nursing notes.

Number of referrals to MFE by surgical specialty



Pareto analysis - causes for referral to MFE by surgeons



CONCLUSION

- Our study demonstrates under-reporting and under-recognition of certain frailty domains, necessitating a **proactive MFE approach**.
- **Comprehensive Geriatric Assessment**, delivered by the established POPS (Proactive Care of Older Person Undergoing Surgery) service, have demonstrated fewer postoperative medical complications, less of a delay to mobilisation and a reduced length of hospital stay (2,3).
- **Multi-disciplinary partnerships** between clinicians and allied health professionals are essential to improve pathways of clinical care and to ensure resources are targeted optimally.



REFERENCES

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