

# 'To Op or Not To Op'

## Changing Decisions in Frail Surgical Patients

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# Introduction

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- Increasing numbers of elderly patients now undergo surgery
- Frailty is associated with poorer post-operative outcomes
- Access to surgery vs. minimising exposure to unhelpful or harmful procedures

# POPS Team

## Proactive care of Older People in Surgery

Enhanced assessment of frailer older patients referred for urological and colorectal surgery

1. to identify and assess the domains of frailty
2. to establish a preoperative baseline and suitability for surgery
3. to optimise post operative care

**Tests include:** Timed Up and Go, Grip strength, Edmonton Frailty Score, Hospital Anxiety and Depression Scale and MMSE

Concerns identified by POPS are discussed within an inter-disciplinary forum

# Questions Discussed

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1. Is surgery needed?
2. What are the risks and benefits of having surgery?
3. Are there any side effects?
4. Are there any simpler options?
5. What would happen if we did nothing?



# Aims

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To review frequency of changes to original surgical plan after enhanced POPS assessment

To establish whether changes to the surgical plan were appropriate, or whether they potentially compromised patient care

# Method

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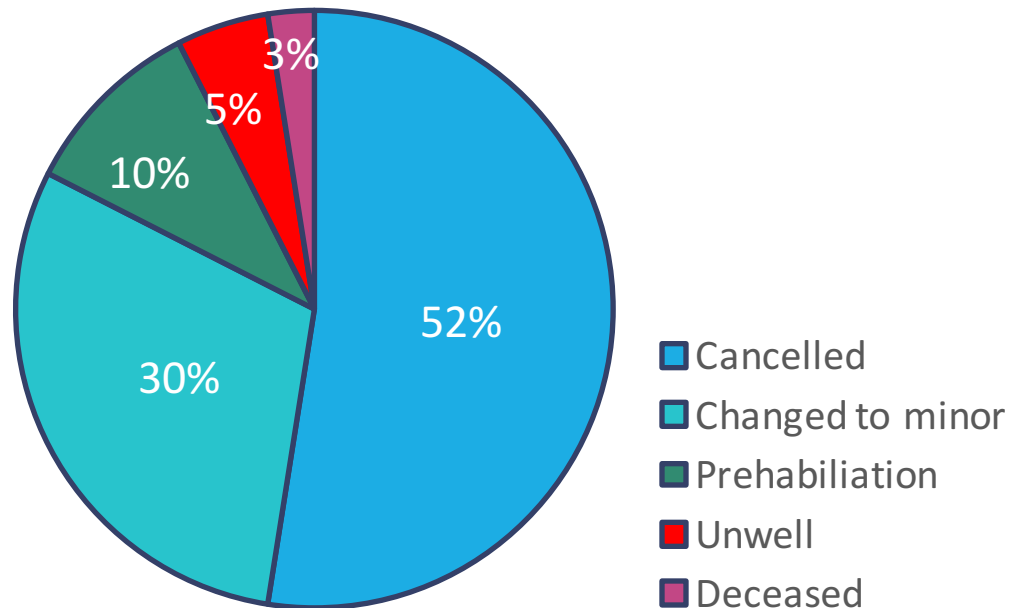
- Prospectively collected data of 145 patients assessed by POPS team at Western General Hospital, Edinburgh
- Validated measures of frailty, cognition and function
- Review of those who had changes to original decision
- Reasons noted and 6-month outcomes reviewed

# Altered decisions

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- Change to original plan in 40/145 patients (28%)
- Mean age 83 years (72-92 years)

## Changes to Surgical Plan



# Reasons for change

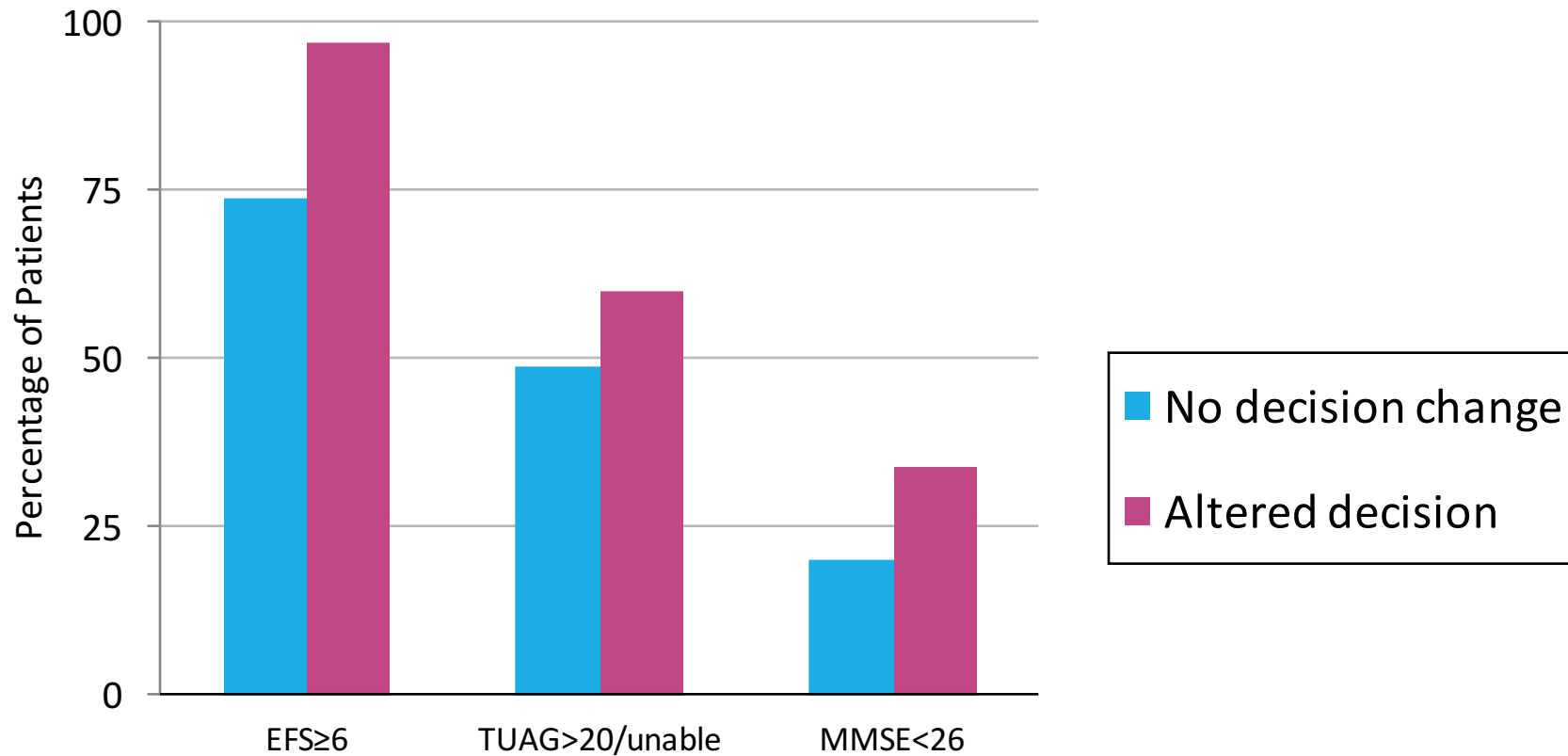
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<b>Main Reason for Change</b>	<b>Patients</b>
<b>Multidisciplinary concerns</b>	53%
<b>Patient/Carer choice</b>	23%
<b>Anaesthetic concerns</b>	9%
<b>Acute illness</b>	8%
<b>Surgical concerns</b>	2%
<b>Disease progression</b>	2%
<b>Died on waiting list</b>	2%
<b>Other</b>	2%



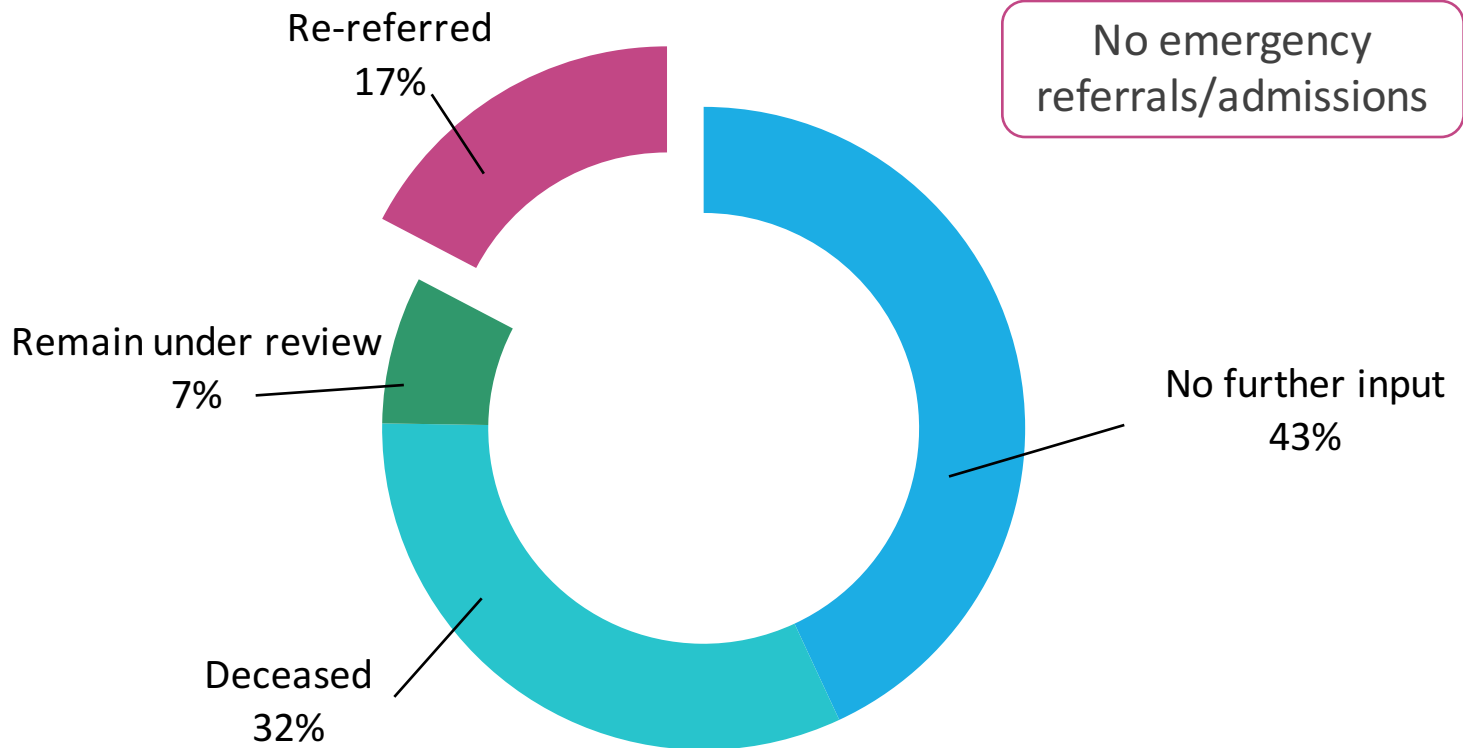
# Patient frailty

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# Outcomes when decision changed

Follow up at 6 months (median 11 months)



# 6 Month Mortality

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- **13 Deaths (32%)** in patients with altered pathway
- All within 6 months of POPS Assessment
- 5 deaths due to progression of surgical disease
  - Would not have been preventable with surgery
- 8 deaths unrelated to surgical disease
  - Most common causes – cardiovascular disease and infections

# Conclusion

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- Significant number of patients had decisions altered after enhanced assessment
- Relatively low 6-month re-referral rate
- High 6-month mortality
- Decisions are complex - should be individualised and informed by patient priorities



From: Chief Medical Officer for Scotland. Annual report 2014-15. Realistic medicine. 2016.

