

Background

By 2050, 1 in 4 people in the UK will be aged over 65 [1].

In 2010, the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) identified that only 36% of patients over 80 years old received care that the advisors could describe as 'good' [2].

In 2014, the Association of Anaesthetists of Great Britain and Ireland (AAGBI) published a safety guideline for the perioperative care of the elderly aimed at improving patient care [3]. The AAGBI published a further guideline in 2019 specifically regarding peri-operative care in people with dementia [4].

The aim of this project was to assess whether perioperative care of patients aged 75 and over in Scotland adhered to the AAGBI guidelines.

Method

- Each anaesthetic department was contacted to identify an appropriate individual to send a survey to.
- Ten questions were sent out via SurveyMonkey. Responses were either polar or on a Likert scale.

Results

- 25 of 27 Scottish centres responded (92.6%)
- In 64%, the 'majority' of caseload involves patients over 75 years.

The principle AAGBI recommendations are shown below in blue.

'Elderly patients undergoing surgery should have specialist pre-operative geriatric assessment'

- 20% of centres have access to a geriatric specialist when coordinating peri-operative care.
- 20% operate specialist pre-assessment services

'Each department of anaesthesia should have a lead anaesthetist for cognitively impaired adults'

- One department has a lead clinician for elderly perioperative care.

'Pre-operative assessment should identify people with cognitive impairment, frailty should be estimated using a validated score and risk of peri-operative cognitive change should be communicated'

- 60% of departments use recognised clinical frailty scores
- 48% screen adults over 75 for cognitive impairment.
- 76% did **not** routinely provide patients and/or carers with information regarding the risk of post-operative delirium.

'Carers or relatives should be invited to accompany a person with cognitive impairment into the operating department'

- 44% invite carers or relatives 'frequently' or 'nearly always'
- 24% do this 'never or very rarely'

'All relevant staff should receive training in the assessment and treatment of pain in people with cognitive impairment'

- Education sessions had occurred in 56% of departments in the past 2 years

Conclusions

- Adherence to AAGBI guidance across all areas is **poor** with significant room for improvement, particularly access to geriatric services.
- The lack of access to geriatric services pre-operatively highlights a fundamental barrier to good multi-disciplinary care.
- Being a larger department did not equate to better adherence to guidelines. Whilst in smaller hospitals resources may be the limiting factor, lack of specialist services in tertiary centres is harder to explain.
- A significant gap in our data was created by the non-participation of the largest anaesthetic department in Scotland.
- Further work could address specifically the adherence to guidelines on the management of post-operative pain and delirium in the elderly cohort.

References

- [1] Office for National Statistics. Overview of the UK Population: January 2021. Office for National Statistics. Released 14.01.2021. Accessed 29.03.2021. Available at <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/articles/overviewoftheukpopulation/january2021>
- [2] National Confidential Enquiry into Patient Outcome and Death. Elective and Emergency Surgery in the Elderly: An Age Old Problem. 2010. http://www.ncepod.org.uk/2010report3/downloads/EESE_fullReport.pdf (accessed 29/10/2021)
- [3] Association of Anaesthetists of Great Britain and Ireland. Peri-operative care of the elderly 2014. Anaesthesia 2014;69:81-98
- [4] White S, Griffiths IR, Baxter M et al. Guidelines for the peri-operative care of people with dementia. Anaesthesia 2019;74:357-372