



Preoperative Assessment in the Elderly

Mark R. Katlic, M.D., M.M.M., F.A.C.S.

Director of Thoracic Surgery
Geisinger Wyoming Valley Medical Center
Wilkes-Barre, Pennsylvania

Chronologic vs. Physiologic Age

- Problems with chronologic age

- There is great heterogeneity among the elderly
- Therefore, it is inappropriate to base medical decisions purely on chronologic age. This is often done (can lead to prejudice based on age, or “ageism”)

However:

- Problems with physiologic age

- There is no biomarker of physiologic age
- There is no evidence-based simple, reliable test or tests of physiologic age (and thereby operative risk); most are too complex, others not proven

What do we do to assess preoperative risk in the elderly?

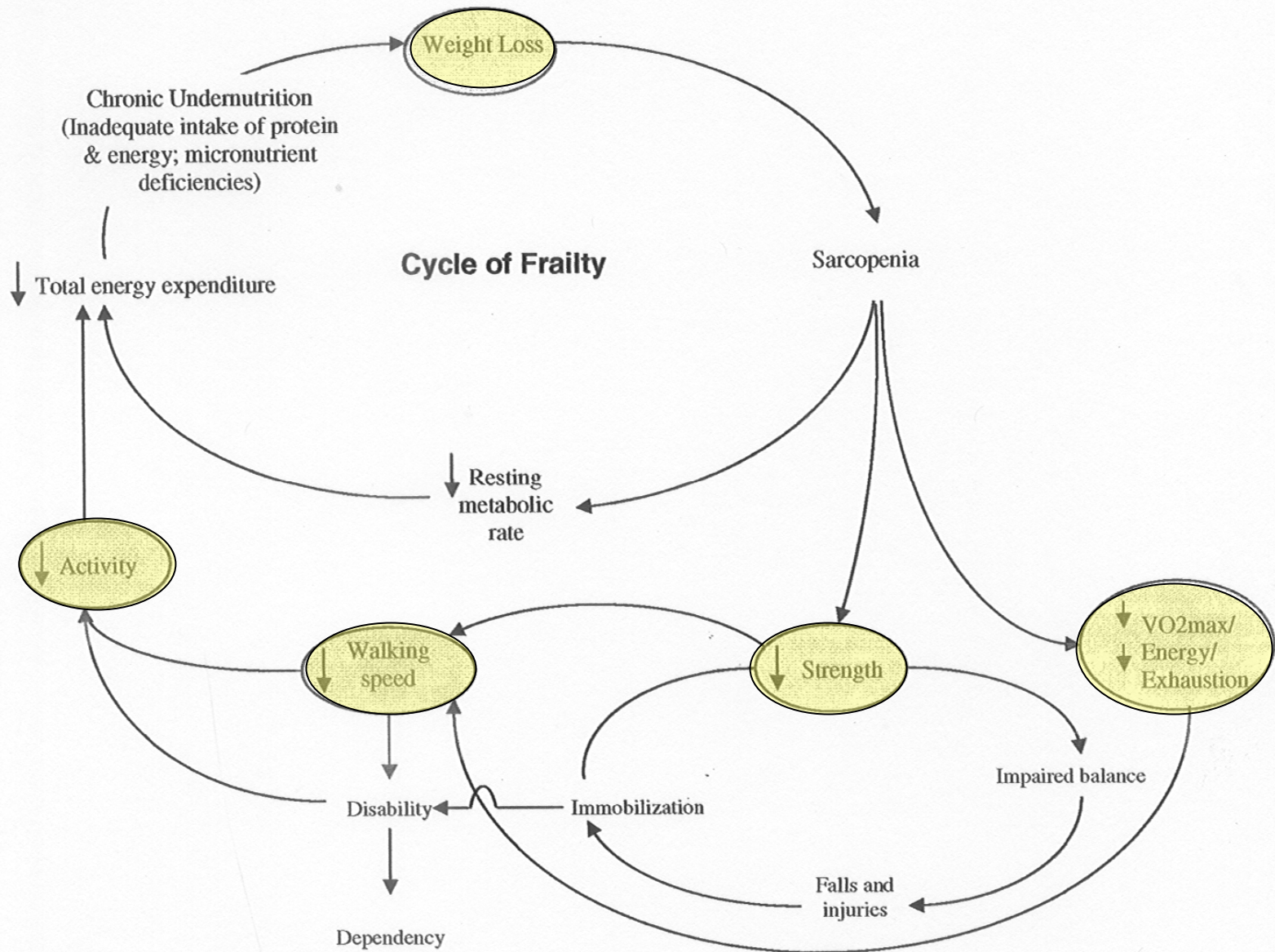
At present

- Assume that \uparrow chronologic age = \downarrow reserve
- Assume that \uparrow chronologic age = \uparrow risk of co-morbidities

In the future, biomarkers of physiologic age may be identified

In the future, concept of frailty holds promise

- But, some tests of frailty are too complex
- But, some tests of frailty are too limited
- But, few tests of frailty have been rigorously evaluated



Gap in Knowledge

Evidence-based clinical evaluation tools to
assess operative risk in the elderly

- Biomarkers of physiologic age
- Simple, reliable, clinical examination scheme to determine physiologic age