

Emergency Surgery in the Elderly, What Particularities

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Abstract : Introduction The rate of use by the elderly of emergency departments, operating rooms and intensive care units has increased worldwide. Emergency surgery is a context where evaluation is often insufficient, with incomplete information gathering. The aim of this work is to shed light on the frequent use of emergency surgeries by the elderly and their characteristics, as well as on the lack of geriatric assessment scores in the emergency room. Material : Prospective, observational and descriptive, monocentric study. Patients aged 65 and over, admitted for emergency surgery in the operating room, were counted. Emergency operating room including visceral surgery, urology, traumatology and neurosurgery. Parameters studied: Patient characteristics, degree of autonomy, type of surgical pathology, operative management times, preoperative evaluation, postoperative outcome Results : 192 patients were identified over 12 months, from 09.01.2017 to 08.31.2018 Age from 65 to 101 years, 79.81 years +/- 8.38. With predominance of the age group between [65-75 years] 41.1% Female predominance, Sexratio = 0.81 Elderly subjects with total motor autonomy are in the majority at 57.8% Subjects without pathological ATCD represent 12.5% of cases Those who are on only one type of medication or without any treatment are at 36.9% Discussion : The emergency operative care of the elderly patient for a surgical or traumatological pathology is characterized by many specificities linked first to the emergency context, where the evaluation is often insufficient, besides the fact that the elderly patient has particularities requiring reception in centers with experience in the care of this category of patient, or, failing that, a center which uses the minimum of geriatric evaluation scores which are simplified for the emergency departments. In our hospital, we have not yet made this evaluation routine in the emergency room and this delay in the introduction of these scores can be directly attributed to the covid 19 pandemic. Besides the standard preoperative assessment, only 43.2% of patients were assessed in the preoperative period by an anesthesiologist. Traumatological emergencies come first 68.2% followed by visceral emergencies 19.2% (including proctological, urological emergencies), neurosurgical emergencies 7.8% and finally peripheral emergency surgery all acts combined 4.7%. Hospital stay at 9.6 +/- 16.8 days, average operability time of 4.5 +/- 3 days. Death rate at 7.29% Conclusion This work has demonstrated the major impact of emergency surgery, which remains curable for the most part, on the elderly patient despite total motor and cognitive autonomy preoperatively. The improvement of the preoperative evaluation, the reduction of the operating time and enhanced recovery after surgery, with personalized protocols, are the only guarantee for the resumption of preoperative autonomy in these patients.

Keywords : emergency surgery, elderly patients, preoperative geriatric scores, curable emergency surgical pathologies

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