

Frailty can affect how well older adults fare following emergency surgery

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Frailty is the medical term for becoming weaker or experiencing lower levels of activity/energy. Becoming frail as we age increases our risk for poor health, falls, disability, and other serious concerns. This can be especially true for older people facing surgery, up to half of whom are classified as frail.

Studies show that frail people may have a higher risk of complications, [longer hospital stays](#), and a higher risk for death within 30 days of their [surgery](#). This is a special concern when frail older adults face emergency surgery for abdominal conditions such as bleeding ulcers and bowel perforations (the medical term for developing a hole in the wall of your intestines). This is because there is no time to help someone facing emergency surgery get stronger before their procedure.

Right now, experts have information on how well frail people do within 30 days of surgery. However, they don't yet know how well frail older adults do 30 days later and beyond. This information is important so that [healthcare providers](#) can inform patients about risks and help them set expectations for recovery after surgery.

A new study in the *Journal of the American Geriatrics Society* sought to gain more information about how frailty affects older adults in the months after surgery. The research team wanted to test their theory that these people would have a higher risk for death a year after surgery, have higher rates of being sent to long-term care facilities rather than to their homes, and have poorer health one year after surgery.

The research team used Medicare claims to measure frailty in patients 65 years old or older who had one of five types of emergency abdominal surgeries associated with the highest risk for death. These surgeries included emergency colon removal or surgical treatment of a bleeding stomach ulcer. The researchers assigned the

patients to one of four groups: non-frail, pre-frail, mildly frail, and moderately to severely frail.

The researchers studied 468,459 older Medicare beneficiaries who underwent the surgeries. Of these patients, 37 percent were pre-frail, 12 percent were mildly frail, and 4 percent were moderately to severely frail. Patients with mild and moderate to severe frailty were older, mostly female, and white; one-fifth were admitted to the [hospital](#) from another healthcare facility.

Overall, almost 16 percent of all participants died within 30 days of surgery. Twenty-five percent died within 180 days, and 30 percent had died at one year following surgery. People with moderate to severe frailty had the highest rates of death, followed by those with mild frailty and pre-[frailty](#), compared to non-frail patients.

The study found that frail older patients spent six to 14 fewer weeks at home after being discharged from the hospital compared to non-frail patients. The researchers also noted that frail older adults who had abdominal surgery experienced four to six times more hospital encounters (such as an emergency department visit or a hospitalization) after they were discharged from the hospital post-surgery.

According to the researchers, these findings suggest that the initial hospitalization for emergency surgery is the best time for surgeons (and non-surgeons who are part of the frail patient's care team) to discuss patients' expectations about their future following surgery. Since these patients are at high risk of death or needing future hospital care, it is important for the healthcare team to have conversations about their care preferences during hospitalization and before surgery. This can also help make sure that any post-operative treatments are in line with the patients' preferences.

More information: Katherine C. Lee et al, The

Impact of Frailty on Long-Term Patient-Oriented Outcomes after Emergency General Surgery: A Retrospective Cohort Study, *Journal of the American Geriatrics Society* (2020). DOI: [10.1111/jgs.16334](https://doi.org/10.1111/jgs.16334)

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