Complex care liaison preoperative assessment clinic: a 1-year review

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Introduction

Due to advances in surgical and anaesthetic techniques, the volume of older people undergoing surgery has rapidly increased.[1] However, this patient group remains vulnerable to adverse postoperative outcomes, in particular to medical complications.[2]

Comprehensive geriatric assessment (CGA) has been demonstrated to improve survival and to increase the chances of living independently following hospital discharge. When applied in a preoperative setting, using CGA for assessment and patient-specific optimisation can lead to a reduction in postoperative complications.[3]

Aims

To describe the patient population attending this clinic and subsequent associated outcomes.

Methods

Clinic format incorporates aspects of CGA, including medical, functional and psychological assessments in addition to the use of risk prediction tools. Standardised action plans are initiated where patient risks are identified, for example nutritional optimisation or delirium prevention measures.

This study was a 1-year, retrospective cross-sectional analysis concerning all patients attending clinic in 2018. Case note review of electronic patient records was performed and data were inputted into Microsoft Excel.

Results and discussion

During 2018, 117 patients attended clinic. Ninety (77%) were male and the average age was 75 years (range 44–94 years). One hundred and two (87%) were referred from our vascular colleagues; these were predominantly referrals regarding patients with abdominal aortic aneurysms (47 (40%)) or critical limb ischaemia (37 (32%)).

Thirty-three of 80 (41%) patients with full datasets had a mortality risk of ≥5% (NSQIP); 10 (30%) of these went on to have surgery and four (40%) were managed postoperatively in intensive care.

Table 1. Patient characteristics: average and range

	Average	Range
Number of comorbidities	7	2–16
Number of medications	8	0–21
Exercise tolerance (METS)	3	1–7
Nutrition (MUST)	1	0–8
Edmonton Frail Scale score	6	0–16
Cognition (MOCA)	23	2–30

Forty-seven (40%) patients underwent surgery. Twenty-one (45%) of these suffered complications and 19 (40%) were admitted to intensive care. Overall average length of stay was 3 days (range 1–48 days) and there were two (2%) inpatient deaths.

Conclusion

This patient group are comorbid, suffer polypharmacy and are vulnerable as measured by the Edmonton Frail Scale. Many have cognitive impairment. This clinic has the potential to identify comorbidities and/or manage pre-existing conditions that pose perioperative risks to patients and to therefore put in place action plans to limit these. It provides an opportunity to support decision-making surrounding surgical intervention and also has potential wider effects with regards to the benefits of shared decision making with patients. ■

References

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