

# Frailty associated with increased risk of complications following common, outpatient operations

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Frailty was associated with an increased risk of complications among patients who underwent outpatient hernia, breast, thyroid or parathyroid surgery, with the findings suggesting that surgeons should consider frailty rather than age when counseling and selecting patients for elective ambulatory surgery, according to a study published by *JAMA Surgery*.

Frailty is a measure of decreased physiological reserve that is associated with illness and death in major elective and emergency general [surgery](#) operations, independent of [chronological age](#). The association of frailty with outcomes in ambulatory general surgery has not been established. Carolyn D. Seib, M.D., M.A.S., of the University of California, San Francisco, and colleagues conducted a study that included 140,828 [patients](#) (average age, 59 years) who underwent ambulatory and 23-hour-stay hernia, breast, thyroid, or parathyroid surgery.

Of these patients, 2,457 (1.7 percent) experienced any type of perioperative complication and 971 (0.7 percent) experienced serious perioperative complications. The researchers found that frailty was associated with an increased odds of complications at 30 days. Although complication rates were low overall, the relative risk of complications was increased, with patients with 2 to 3 frailty traits having more than two times the odds of serious complications.

Several limitations of the study are noted in the article, including those

inherent to the use of large administrative databases.

"Our findings contribute to the expanding literature highlighting the relevance of frailty rather than chronological age in preoperative decision making and preparation. Informed consent should be adjusted based on [frailty](#) to ensure that patients have an accurate assessment of their risk when making decisions about whether to undergo surgery," the authors write.

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