

Researchers say frailty, not just surgery type, is a major determinant of postoperative outcomes in older adults

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A new study of Medicare beneficiaries aged 65 and older undergoing non-cardiac surgeries has revealed that frailty is a significant predictor

of postoperative outcomes, regardless of the type of surgery performed. Frail patients faced notably higher mortality rates at 30 and 365 days post-surgery, increased readmission rates at 30 days, and substantial home time loss over a year compared to their robust counterparts after major and minor surgical procedures.

Published in *Anaesthesia*, the [study](#), "Impact of peri-operative frailty and operative stress on post-discharge mortality, readmission and days at home in Medicare beneficiaries," found:

- Higher mortality rates: Patients with greater frailty experienced significantly higher mortality at both 30 days and 365 days post-surgery.
- Increased readmissions: Frail patients had higher [readmission rates](#) within 30 days of their procedures.
- Substantial home time loss: Frail patients lost more home time over the course of a year after surgery, primarily due to extended stays in skilled nursing facilities and increased days lost to death.

The study evaluated a nationwide retrospective cohort study that included Medicare fee-for-service beneficiaries who underwent 565 non-cardiac surgical procedures defined by the Operative Stress Score (OSS) from 2015 to 2019 for various levels of operative stress.

Researchers found that the variation in postoperative outcomes due to frailty was much greater than by operative stress category. Incremental home time loss associated with frailty was mainly attributed to more days spent in skilled nursing facilities and days lost to death.

According to Chan Mi Park, MD, MPH, a clinical investigator at the Hinda and Arthur Marcus Institute for Aging Research at Hebrew SeniorLife, and lead researcher for the study, "Our findings indicate implications for [health care providers](#) before patients undergo surgery:

- First, frailty assessments should become a standard part of pre-operative evaluations for [older adults](#) to better predict and manage postoperative risks.
- Second, a multidisciplinary care team should develop a peri-operative care plan for each patient.
- Third, the medical team should have detailed with patients and their families about expected postoperative courses, especially concerning home time loss."

The study's findings are consistent with previous research from the United States Veterans Administration Surgical Quality Improvement Program, reinforcing that frailty, rather than surgical stress, plays a critical role in postoperative outcomes. Notably, [frailty](#)'s impact was evident even in traditionally "low-risk" surgeries, challenging conventional views on surgical risk in older, [frail patients](#).

More information: Chan Mi Park et al, Impact of peri-operative frailty and operative stress on post-discharge mortality, readmission and days at home in Medicare beneficiaries, *Anaesthesia* (2024). [DOI: 10.1111/anae.16301](#)

Provided by Hebrew SeniorLife Hinda and Arthur Marcus Institute for Aging Research

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