

Can We Meet The Challenge?

Cardiac Surgery Patients are Getting Older ... and sicker

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Life expectancy is increasing all over the World, especially in the Western countries. The population is aging, and the high number of “baby boomers”, who enjoyed societies of prosperity and abundance after the Second World War, have reached their sixtieth decade. The number of elderly patients is increasing, and cardiovascular diseases are their most common health problem. The high technical advances in interventional cardiology added to the complexity of such patients referred for cardiac surgery. Our patient population is becoming older and sicker. Are we measuring up to the challenge?

Published reports about cardiac operations in elderly patients over the last 10 years demonstrate fairly good results. Fernandez et al¹ in a single center retrospective study of 2577 patients over 65 years of age, reported a hospital mortality rate of 6.1% after CABG, and 9% after valve operations. Khan et al² also reported good 5-year survival and quality of life in 401 patients 70 years or older after cardiac operations. Their survival rate was 85%, and that was comparable with age and gender-matched population of the same state. Most quality of life scores measured in these patients were similar or better than comparable population in USA. Similar good results were also reported by Nakano et al in Japan³, and by Ghosh et al in Australia⁴.

Published reports about results of cardiac operations in elderly patients are retrospective studies, and generally reflect single center experience, with high possibility of selection and careful screening. However, they show fairly good results in such patients. As the population in the community is getting older, cardiac surgeons should be well prepared for the management of elderly

patients with complex health problems. There will be more re-operations, and elderly patients are expected to have associated diseases and co-morbid conditions. Prolonged ICU and hospital stay, and higher total cost should be expected. Factors such as female gender, hypertension, diabetes, pulmonary diseases, renal insufficiency, depression, cerebro-vascular accidents and congestive heart failure are associated with higher morbidity and mortality.

In this issue, Bose et al present a retrospective report about 68 patients aged 80 years or more, who underwent AVR operation at a single center in UK. The 30 days mortality was 13%, and 2 year survival 78%.

Satisfactory outcome may be expected after cardiac operations in elderly patients. However, increased complications, hospital stay, cost, and mortality should be expected, and should indicate careful pre-operative evaluation and selection. The majority of the survivors are expected to have good long term result, and fairly good quality of life, with low incidence of cardiac-related deaths.?

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