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Abstract of Conference Report

Geriatric disease and Day Surgery

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According to the latest census conducted by the Italian Statistics Bureau (2001), the elderly, i.e. individuals over 65 years of age, account for 18.7% of the total population, whilst individuals over the age of 75 account for 8.4%. Moreover, it has been estimated that between 2002 and 2003 the percentage of over 65 year-olds rose to 18.9% of the total population, with a parallel increase in the number of people over 80 years of age, who now represent 4.6% of the total Italian population. The Statistics Bureau also reliably predicts that, in the absence of radical new developments, by 2050 over-65 year olds will account for 34% of all Italians. It is natural and obvious that a progressively aging population will have to tackle a new set of problems, granting equal dignity to all members of society and safeguarding their rights regardless of age. In the field of medicine, the elderly represent a significantly large proportion of the patient population, frequently requiring health care services for chronic degenerative conditions and cancer, both of which commonly affect geriatric age patients. Because of these demographic and epidemiological reasons, there is an increasingly felt need to develop and apply diagnostic and therapeutic protocols which, based on the specific needs of the elderly patient and by means of a multidisciplinary approach, take into account the relevant pathophysiological, psychological and social aspects. Hospitalized elderly patients take up approximately 47 percent of all available resources, with a dramatic increase in the proportion of non-emergency admissions, which cost over three times more than in-patients aged between 45 and 64. The data therefore clearly indicate that the higher costs associated with older patients can be attributed to non-emergency admissions in absolute terms and as regards rate of cost increase. The higher costs associated with the elderly may be due to the increasing frequency of disease, or to the fact that the specific diseases of the elderly are associated with more expensive treatments; or perhaps it is a combination of both factors. Day Surgery (DS), i.e. surgical procedures on patients admitted to a Day Hospital (DH) aims to reduce these costs. This type of surgery doubtless represents a cultural dimension affecting all the stakeholders in the National Health System, whether they are managers, operators or users. Day Surgery requires a suitable organization and protocols that strictly comply with safety standards not only as high as those already achieved in in-patient hospital facilities, but even higher as regards the treatment of elderly patients in a Day Hospital setting. Doubtless, the combination of new technologies with lower anesthesological and surgical trauma and less stress means faster functional recovery, and this in turn permits earlier patient discharge. However, regardless of whether procedures are performed in a Day Hospital environment or in an in-patient facility, the technical aspects of the surgery cannot differ significantly. The treatment is in fact identical, and the technical alternatives available to the surgeon depend not on the type of setting, but rather the patient's clinical conditions. What does vary is the pre- and post-operative care, i.e. patient selection and protected discharge. The criteria for choosing Day Surgery are all the more stringent for elderly patients, for whom a shorter hospital stay also means lessening the psychological impact of hospitalization. There are numerous surgical indications for Day Surgery among the elderly population, particularly in general surgery (inguinal hernia, melanoma, hemorrhoids, varicose veins, etc.), surgical endoscopy (polypectomy, ERCP, place-

ment of gastric implants, etc.), urology (prostate biopsy, etc.), ophthalmology (cataract, etc.) and gynecological surgery. It is, however, essential to note that the reduced compliance of the elderly patient requires greater attention and a more cautious clinical approach compared to younger patients. The general clinical picture of the older patient needs to be very carefully evaluated pre-operatively, and the indications for safe Day Surgery must be set out clearly and reliably. Moreover, particular care must be devoted to analyzing the patient's post-operative condition, especially in higher-risk patients, before allowing the patient to be discharged.

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