

## A Family Caregiver's Guide to Surgery for Older Adults



Beyond surgery itself, you may be concerned about what will happen later on-- such as whether your family member will walk again or be able to live alone.

---

Did a doctor recommend surgery for your family member?

Perhaps this is for a hip or knee replacement, heart bypass, or other type of surgery. Many older adults (people age 65 or over) have surgery. It may be inpatient surgery that includes at least one night in the hospital. Or it may be outpatient or "same-day" surgery, when patients go home after spending some time in the recovery room.

**There always are risks with surgery.** Often, these risks have to do with anesthesia and infection. For older adults, there are extra concerns. Here are some ways that you, as the family caregiver, can help.

**Talk to the surgeon about what to expect from surgery. This includes:**

- ▶ **Treatment goals.** What does the doctor expect will happen as a result of this surgery?
- ▶ **Anesthesia.** What type of anesthesia will be used? What are common side effects from this anesthesia?
- ▶ **Recovery.** How long is your family member expected to be in the recovery room?
- ▶ **Pain.** How much and what kind of pain might your family member have? How long should it last? What are ways to manage this pain?
- ▶ **Physical limitations.** Will your family member be able to lift, climb stairs, and do other activities he or she did before surgery?

Learn more about making the hospital experience as stress-free as possible in the *Next Step in Care* guide [Hospital Admission: How to Plan and What to Expect During the Stay](http://nextstepincare.org/Caregiver_Home/Hospital_Admissions), at [http://nextstepincare.org/Caregiver\\_Home/Hospital\\_Admissions](http://nextstepincare.org/Caregiver_Home/Hospital_Admissions).

**Discuss with the surgeon where your family member will go after surgery.**



If you must do complex tasks like wound care and medication management then ask for training and someone to call when you have questions.

---

- ▶ Ask what to expect if your family member is going home after surgery. Find out about the type of help your family member will need now, and later. Be clear about how much help you can provide and what kind of support you need. Ask if your family member is eligible for home care services.
- ▶ Many patients (especially those having hip or knee replacement surgery) go from the hospital to short-term rehabilitation (“rehab”) programs at skilled nursing facilities. These programs provide physical therapy and other types of therapy and treatments, along with medical care. Learn more about such short-term rehabilitation programs in the *Next Step in Care* guide [Planning for Inpatient Rehabilitation \(“Rehab”\) Services](http://www.nextstepincare.org/Caregiver_Home/Rehab_Complete) at [http://www.nextstepincare.org/Caregiver\\_Home/Rehab\\_Complete](http://www.nextstepincare.org/Caregiver_Home/Rehab_Complete).



Talk with the surgeon’s office staff to find out ahead of time about paying for your family member’s treatment and care.

---

**Learn about what the surgery will cost.**

Many people find it confusing to deal with surgery bills. This includes surgeon’s fees as well as other bills for hospital and health care services. Be aware that usually the anesthesiologist will bill separately. Make sure you know what Medicare or other health insurance will pay for. You can learn more about Medicare by going to [www.medicare.gov](http://www.medicare.gov).

**Make sure important paperwork is up to date.**

Is your family member’s “advance directive” up to date, and does it name someone as his or her “health care proxy”? Has that person reviewed the advance directive and your family member’s wishes with him/her? Learn more about these important legal papers in *Next Step in Care’s Advance Directives: A Family Caregiver’s Guide*, at [http://www.nextstepincare.org/Caregiver\\_Home/Advance\\_Directives](http://www.nextstepincare.org/Caregiver_Home/Advance_Directives).

## Best Practices Guideline: A Checklist to Assess Older Patients Before Surgery

The American College of Surgeons National Surgical Quality Improvement Program and the American Geriatrics Society recently developed a “best practices” guideline for surgeons and their staff to use when assessing older patients before surgery.<sup>1</sup> These guidelines should be used along with a complete medical history and physical examination.



These guidelines can also be helpful to you. Review all the items below and talk with the surgeon or a member of the surgeon’s staff about any items of extra concern. Be sure to tell the surgeon if your family member has any of these specific problems.

---

- ▶ Has your family member’s cognitive ability and capacity to understand and consent to the surgery been assessed? Doctors should assess each patient’s understanding and memory. This should be done early because if the patient has trouble understanding or remembering clearly, it may affect all the tests that follow.
- ▶ Has your family member been screened for depression? It is important for doctors to know if a patient is depressed or has been feeling sad for a long time. Studies show that depression can affect a person’s risk of infection and response to pain medication.
- ▶ Does your family member have risk factors for developing delirium (short-term confusion) after the operation?
- ▶ Has your family member been asked about alcohol or drug use or dependence? Doctors need to know if patients are dependent on alcohol or drugs. Being dependent can affect the patient’s response to anesthesia and pain medication.
- ▶ Has a cardiac (heart) evaluation been performed, even if the surgery does not involve the heart?

---

<sup>1</sup> The checklist questions in this guide have been adapted, with permission, from Warren B. Chow, Ronnie A. Rosenthal, Ryan P Merkow, et al., “Optimal Preoperative Assessment of the Geriatric Surgical Patient: A Best Practices Guideline from the American College of Surgeons National Surgical Quality Improvement Program and the American Geriatric Society,” *Journal of the American College of Surgeons*, 2012; 215(4): 453-466.

## Surgery for Older Adults

- ▶ Has your family member's risk factor for pulmonary (breathing and lung) complications been assessed, and are there plans on how to deal with these complications if they occur?
- ▶ Has your family member's history of falls and functional status (ability to get out of bed, take a bath, make meals) been assessed?
- ▶ Was your family member's baseline frailty (lack of strength, weakness) determined? Doctors need to know whether a patient is strong or weak. This can affect how quickly and completely your family member will recover from the surgery.
- ▶ Has your family member's nutritional status been established, and if he or she is underweight or overweight, are there plans to deal with that problem? A person's weight can affect how he or she will recover from surgery. Patients who are very thin or underweight may lack the strength needed to recover. Patients who are very heavy may have heart or other problems.
- ▶ Has a detailed medication history been taken, with a special focus on polypharmacy (use of many drugs)? Are over-the-counter drugs like aspirin or vitamins included?
- ▶ Has adequate support for your family member been arranged? It is best to plan ahead for all the support that your family member will need after surgery. This often includes someone to get prescriptions, help the person get up from a chair, bathe, fix meals, and accompany the person to the doctor for follow-up.
- ▶ Have diagnostic tests appropriate for elderly patients been ordered? The doctor may want to do some blood tests before a patient has surgery. For older adults, these tests often are for anemia as well as kidney and liver function.

Surgery can improve your family member's health and quality of life. But it can also be stressful. A good way to help is by asking questions and making plans for surgery and follow-up care.