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Thinking Beyond Age for Postacute Care After Major Abdominal Surgery:

A New Surgical Era

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By the year 2030, more than 20% of the population will be aged 65 years or older.¹ Currently, this older population represents more than 35% of all inpatient procedures, accounting for a disproportionate use of health care resources and expenditures.^{2,3} This use of resources often spans beyond the surgical encounter, particularly when patients are discharged to postacute care facilities, with an additional estimated annual cost of more than \$62 billion.⁴ A better understanding of discharge patterns among older individuals undergoing surgery is important not only for resource utilization and planning but also to better counsel patients and families as part of the preoperative decision-making process.

In this issue of *JAMA Surgery*, Balentine et al⁵ examine the roles of age, functional status, and postoperative complications on postacute care use among individuals undergoing major abdominal surgery. This study uses data from hospitals participating in the National Surgical Quality Improvement Program and includes patients undergoing colorectal, pancreas, or liver operations in 2011 and 2012. The authors identified 5325 patients discharged to postacute care facilities and found that while older age was an important predictor of discharge destination, age alone was only part of the story. Baseline functional status and postoperative complications proved to interact with age to make these relationships far more complex. For example, functionally independent patients experienced a stepwise increase in rates of discharge to postacute care facilities with increasing numbers of complications, whereas functionally dependent patients had a much higher percentage of discharges to such facilities regardless of complications.

Withstanding limitations attributable to the use of a preexisting database, this study raises important points about the complexities that older age presents with regard to postoperative outcomes such as discharge destination. In this study, the authors focused on preoperative function and postoperative complications; however, there are many other factors that are important to consider as part of the relationship between age and discharge destination such as socioeconomic status, social support, and the patient's own wishes.

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As the older population rapidly grows, the time is now for surgeons to incorporate these data into daily clinical practice. These goals are in line with the American College of Surgeons Coalition for Quality in Geriatric Surgery Project, which was recently launched to systematically improve surgical care for older adults through (1) setting standards, (2) defining the right infrastructure, (3) collecting rigorous data, and (4) verification.⁶ As surgeons, we currently sit on the precipice of a new surgical era with regard to how we treat and care for older patients. We need to think beyond age to begin to unfold the nuances and complexities of caring for this growing population to improve care and outcomes for our older patients.

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