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Focus on Surgical Outcomes That Matter to Older Patients

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Loss of independence is a devastating life change for older adults. Compared with younger individuals, older adults value functional independence over morbidity when rating factors that are important to their general well-being.¹ Although most of the surgical literature focuses on morbidity and mortality as measures of surgical quality, those outcomes do not sufficiently reflect the values of the growing number of older individuals who undergo surgical procedures.

In this issue of *JAMA Surgery*, Berian et al² examine the association between loss of independence (defined as a decline in functional status, deterioration in mobility, or new requirements for special services, such as new home care or skilled nursing facility needs) and 2 postoperative outcomes, readmission and death after discharge. Using new geriatric-specific variables from the American College of Surgeons National Quality Improvement Program Geriatric Surgery Pilot Project, the authors found that loss of independence occurred in 59.6% of surgical patients older than 65 years; 26.6% of patients demonstrated a decline in functional status, 32.0% demonstrated a decline in mobility, and 46.0% required increased care.² In regression analysis, loss of independence was associated with readmission (odds ratio, 1.7; 95% CI, 1.4-2.2) and death after discharge (odds ratio, 6.7; 95% CI, 2.4-19.3).

Although these findings should be considered within the context of limitations associated with National Quality Improvement Program data (ie, short-term follow-up 30 days after the procedure and the absence of patient-reported outcomes), they do underscore the pervasiveness of loss of independence among older individuals during the immediate postoperative period. As the authors acknowledge, functional recovery continues past 30 days, and the loss of independence observed in this cohort is unlikely to be permanent.² However, even if transient, loss of independence is a substantial burden on patients and caregivers. In addition, while activities of daily living, mobility, and care needs are all important determinants of independence, other factors, such as social support, socioeconomic status, the environment, and the patient's own desires and preferences, also likely influence an individual's ability to maintain independence, and these factors warrant further investigation.

As one of the first studies to use variables introduced by the American College of Surgeons Geriatric Surgery Pilot Project, the findings by Berian et al² represent an important shift in focus about outcomes after surgical procedures among older individuals. Through analyses like these, we can begin to understand surgical outcomes that are highly valued by our older patients and translate these findings to the bedside. Information about expected levels of dependence after surgery is essential to inform surgical consent. Furthermore, increased attention to postoperative function and loss of independence should spur efforts to improve clinical care and functional outcomes in this rapidly growing and unique patient population. New strategies to improve physical function before and after procedures and to preemptively coordinate care transitions will be needed to ensure that more older adults maintain independence after operations.

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