85 Is The New 65: Perioperative Hemodynamic Management Of The Elderly.

“STABLE HEMODYNAMICS IN THE ELDERLY”: WHAT DOES IT MEAN IN THE ELDERLY AND DOES IT MATTER?

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Objective: Discuss the implications of chronic hypertension and pulse pressure on perioperative cardiac morbidity and mortality. Discuss acceptable perioperative hemodynamic parameters and practical monitoring techniques for the elderly.

Any consideration of management of the “super-elderly (> 85 y) takes into account: (1) age and demographics (2) types of surgical procedure and (3) details of anesthetic management for the proposed procedure (technique, pharmacology and monitors). Every indicator for age documents an increasing longevity of patients in the US. As the “Baby Boomer” generation (those born between 1946 and 1957) progresses through the healthcare system, new burdens will be added to peri-operative management which are not only age-related, but also linked to an increase in co-morbidities per patient. Of particular interest to SCA members is the movement to more minimally invasive procedures in cardiac, thoracic and vascular surgery. This paradigm is very evident in clinical practice already with a large increase in endovascular operations, video-assisted thorascopic procedures (VATS) and cardiac procedures such as percutaneous coronary stents and valvular procedures. From an anesthetic management point of view, this will challenge the clinician to provide safe clinical care with a more minimalist monitoring strategy and use of a more targeted pharmacologic protocol. ECG will continue to be the “backbone” for ischemia recognition complemented by imaging techniques such as echocardiography. In terms of hemodynamics, use of current monitors will be enhanced by recognition of additional physiologic signals they can supply. For example, pulse oximetry can now supply information on hemoglobin as well as cardiac output (pulse pressure variation in the optical signals). Pharmacologic strategies must take into account the possibility of drug interactions, genomic issues as well as new and more targeted anesthetics and cardiovascular drugs. Finally, many of us will find ourselves working in a ‘hybrid OR’ where cardiac surgeons and cardiologists work collaboratively.
Bibliography

GENERAL

PRE-OPERATIVE EVALUATION


**SURGICAL PROCEDURES**


**MONITORING**


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