



Perioperative Care in Orthogeriatrics

David S Lim*

Eastern Health, Melbourne, Victoria, Australia

“Orthogeriatric care is medical care for older patients with orthopaedic disorders that is provided collaboratively by orthopaedic services and aged care or rehabilitation services” [1]. A concept that was initially coined in the 1950s [1] but has only gathered momentum in the last couple of decades, orthogeriatric care represents evidence-based practice for improved patient outcome. Despite this, it remains poorly understood and under-appreciated by some. This article provides a brief overview of its role and importance in medicine today, particularly from a nursing perspective.

Fractures in the elderly are common given the increasing prevalence of osteoporosis, falls and general frailty in this age group. It increases mortality and morbidity rates, and contributes to a growing economic burden on respective healthcare systems. The model of orthogeriatric care varies from institution to institution, what more country to country. There are no universal guidelines given the unique local needs of varying centres. Renowned nation-specific guidelines include “The Care of Patients with Fragility Fracture” by the British Orthopaedic Association [2], “Management of hip fracture in older people” by the Scottish Intercollegiate Guidelines Network [3], and “Position Statement 5 - Orthogeriatric care” by the Australian and New Zealand Society for Geriatric Medicine [1].

The cornerstone of orthogeriatric care is the comprehensive assessment and management of the elderly patient undergoing orthopaedic surgery, recognising that the sole care of a surgical unit may not be fully equipped to manage complex medical and psychosocial issues. A multidisciplinary approach with early mobilisation and rehabilitation, full disclosure with patient and family members, and secondary falls and fracture prevention provides better outcomes for all involved. The facilitation to a sub-acute ward following medical stabilisation may be necessary to plan for safe discharge, with further management of ongoing medical issues like delirium, incontinence, falls, etc.

The key aspects of orthogeriatric nursing care include prevention of pressure ulcers, continence care, feeding to ensure adequate hydration and nutrition, and providing physical and psychosocial support for the vulnerable elderly patient. Predisposing factors to pressure sores include poor physical and mental state, immobility including time spent lying on floor at home after the fall, delays in Emergency Department or admission to surgery, hard surfaces that come into contact with skin, poor nutrition and anemia [2]. The use of low pressure patient support systems (i.e., pressure air mattresses), heel wedges and regular body repositioning are proven strategies of prevention. Urinary retention should be treated with use of urinary catheters (ideally intermittent catheterisation to reduce incidence of urinary tract infections), but otherwise catheters should be avoided or removed as early as possible. Feeding should be based on recommended fluid and nutritional requirements, taking into consideration medical comorbidities like cardiac failure, diabetes mellitus or malnutrition.

Functional based nursing to promote physical independence and early mobilisation can help reduce incidences of delirium, pressure ulcers, venous thromboembolism, pneumonia, constipation and depression. Often adequate analgesia is necessary to achieve this, with early recognition of pain being essential for elderly patients, particularly

those with cognitive impairment or communication difficulties (hearing impairment, language barriers, etc.). Longer acting analgesia provides background pain relief, whereas shorter acting agents are used as top-up for breakthrough pain or empirically prior to physical activity when an increase in pain intensity can be expected. Measurement of pain can be particularly challenging in the elderly patient with dementia, and tools such as the Abbey Pain Scale are brief, informative and easy to complete. Since doctors rely heavily on such pain charts to assess and further manage analgesic requirements, it is imperative that accurate and up to date documentation is completed by nursing staff for each patient.

Perioperative care in orthogeriatrics involves a multidisciplinary team approach, with nurses playing a vital role in the care of the elderly patient. The quality of nursing care provided has a direct impact on mortality and morbidity, length of stay in hospital and client (patient and family) satisfaction. Ongoing training and education is necessary for nurses involved in orthogeriatric care to stay abreast with latest research and clinical guidelines, ensuring optimal care is provided on a regular basis.

References

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*Corresponding author: David S Lim, MBBS, Eastern Health, Melbourne, Victoria, Australia; Tel: 6 1300 342 255; E-mail: davidlimsernaun@yahoo.com

Received December 19, 2015; Accepted January 20, 2016; Published January 27, 2016

Citation: Lim DS (2016) Perioperative Care in Orthogeriatrics. J Perioper Crit Intensive Care Nurs 2: 102. doi:10.4172/2471-9870.1000102

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