

## Post-Operative Acute Confusional O Delirium Syndrome in the Elderly

Carmen M Sarabia-Cobo\*

Department of Nursing, University of Cantabria, Spain

The overall aging of the population has led to the patient with surgical indication may accumulate more chronic diseases (comorbidities) with a consequent increase in the risk of perioperative complications. One of the most common complications is the acute confusional state or delirium, the consequences are devastating: increased mortality and risk of medical complications during hospitalization and increased risk of functional decline, institutionalization and development of long-term cognitive impairment among others [1,2]. Because of this, in order to optimize surgical outcomes, it is essential to identify patients at risk for delirium for proper prevention and early treatment [3]. In this article, we review the current evidence on the management of postoperative delirium in elderly patients.

Delirium is known for sudden changes in cognitive processes, sensory perception and consciousness. It is the second most prevalent syndrome in the hospital sphere especially in highly preventable/reversible only with time recognize the many factors that predispose, its signs and symptoms [4] postoperative stage. The diagnosis of postoperative delirium is basically clinical, that is where the role of the nurse must take action in order to evaluate all patients undergoing cardiac surgery in search of risk factors for postoperative delirium as a preventive measure and evaluate the appearance thereof [5]. This highlights the importance of educating the nurse for screening, assessment and appropriate management of post-operative delirium (DPO); to help reduce hospital stay, the economic cost, rehospitalization and morbidity and mortality in addition to reducing the risk of physical and mental health staff [6] insecurity.

There are a number of studies examining the negative effects of delirium in elderly patients [7,8]. It has been shown that the development of this complication is associated with an increase in both hospital mortality and long term [9] which could be as high as 40% per year [10]. Furthermore, described increased incidence of urinary incontinence, bedsores and malnutrition in hospitalized patients [11], as well as an increase in their hospital stay, higher requirements for nursing care, need to incorporate nursing homes and, therefore, higher costs associated health [12].

Delirium management is based on four pillars: prevention, identification of the cause or triggers, environmental management or support, and finally the drug treatment. Most of the reviewed studies agree that for the management of delirium is more cost effective when dealing with non-pharmacological measures before pharmacological, besides strict adherence to the scale of CAM and management of patient cognitive status [13,14]. Among the most frequently mentioned we are care, monitoring vital signs, hydration, nutrition, sleep, mobility, assessing the state of consciousness, orientation, oxygenation and pain [15,16].

Because of their consequences, it should adopt a multidisciplinary approach based on prevention; anticipating and identifying patients with increased susceptibility to present with postoperative delirium, thereby detecting specific risk factors such as age, alcohol consumption, mental illness and medical, polypharmacy, etc. All this in order to diagnose delirium, manage and treat it promptly and properly.

### References

1. Samuel M (2015) Postoperative Delirium in Older Adults: Best Practice Statement from the American Geriatrics Society. *JMAGSEP* 220: 136-149.

2. Hempenius L, Slaets J, Van Asselt D, Schukking J, de Bock G, et al. (2014) Interventions to prevent postoperative delirium in elderly cancer patients should be targeted at those undergoing non-superficial surgery with special attention to the cognitive impaired patients. *The Journal of Cancer Surgery* 6: 1-6.
3. Lingehall HC, Smulter N, Engström KG, Gustafson Y, Olofsson B (2013) Validation of the Swedish version of the Nursing Delirium Screening Scale used in patients 70 years and older undergoing cardiac surgery. *J Clin Nurs* 22: 2858-2866.
4. Taguchi T (2013) Bright light treatment for prevention of perioperative delirium in elderly patients. *Journal of Nursing Education and Practice* 3: 10.
5. Rahmatullah H, Ambrose W (2015) Postoperative Delirium in Patients Undergoing Total Joint Arthroplasty: A Systematic Review. *J Arthroplasty* 30: 1414-1417.
6. Thomas E, Smith J, Forrester A, Heider G, Jadotte Y, et al. (2013) The effectiveness of non-pharmacological multi-component interventions for the prevention of delirium in non-intensive care unit older adult hospitalized patients: a systematic review protocol. *The JBI Database of Systematic Reviews and Implementation Reports* 11: 361-374.
7. Inouye SK, Westendorp RG, Saczynski JS (2014) Delirium in elderly people. *The Lancet* 383: 911-922.
8. Milisen K, Lemiengre J, Braes T, Foreman MD (2005) Multicomponent intervention strategies for managing delirium in hospitalized older people: systematic review. *J Adv Nurs* 52: 79-90.
9. Witlox J, Eurelings LS, de Jonghe JF, Kalisvaart KJ, Eikelenboom P, et al. (2010) Delirium in elderly patients and the risk of postdischarge mortality, institutionalization, and dementia: a meta-analysis. *Jama* 304: 443-451.
10. Bellelli G, Mazza P, Morandi A, Bruni A, Carnevali L (2014) Duration of Postoperative Delirium Is an Independent Predictor of 6-Month Mortality in Older Adults After Hip Fracture. *J Am Geriatr Soc* 62: 1335-1340.
11. Fong TG, Jones RN, Marcantonio ER, Tommet D, Gross AL, et al. (2012) Adverse outcomes after hospitalization and delirium in persons with Alzheimer disease. *Ann Intern Med* 156: 848-856.
12. Hu F, Jiang C, Shen J, Tang P, Wang Y (2012) Preoperative predictors for mortality following hip fracture surgery: a systematic review and meta-analysis. *Injury* 43: 676-685.
13. Milisen K, Lemiengre J, Braes T, Foreman MD (2005) Multicomponent intervention strategies for managing delirium in hospitalized older people: systematic review. *J Adv Nurs* 52: 79-90.
14. Wofford K, Vacchiano C (2011) Sorting Through the Confusion: Adverse Cognitive Change After Surgery in Adults. *AANA Journal* 79: 339-342.
15. Hempenius L, Slaets J, van Asselt D, de Bock GH, Wiggers T, et al. (2013) Outcomes of a Geriatric Liaison Intervention to Prevent the Development of Postoperative Delirium in Frail Elderly Cancer Patients: Report on a Multicentre, Randomized, Controlled Trial. *PLoS One* 8: 864-834.
16. Cole MG, McCusker J, Bellavance F, Primeau FJ, Bailey RF, et al. (2002) Systematic detection and multidisciplinary care of delirium in older medical inpatients: a randomized trial. *CMAJ* 167: 753-759.

\*Corresponding author: Carmen M Sarabia-Cobo, Department of Nursing, University of Cantabria, Spain, Tel: 34 942 202 239; E-mail: [carmensarabiaco@gmail.com](mailto:carmensarabiaco@gmail.com)

Received December 03, 2015; Accepted December 10, 2015; Published December 17, 2015

Citation: Sarabia-Cobo CM (2015) Post-Operative Acute Confusional O Delirium Syndrome in the Elderly. *J Perioper Crit Intensive Care Nurs* 1: e101. doi:10.4172/2471-9870.1000e101

Copyright: © 2015 Sarabia-Cobo CM. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.