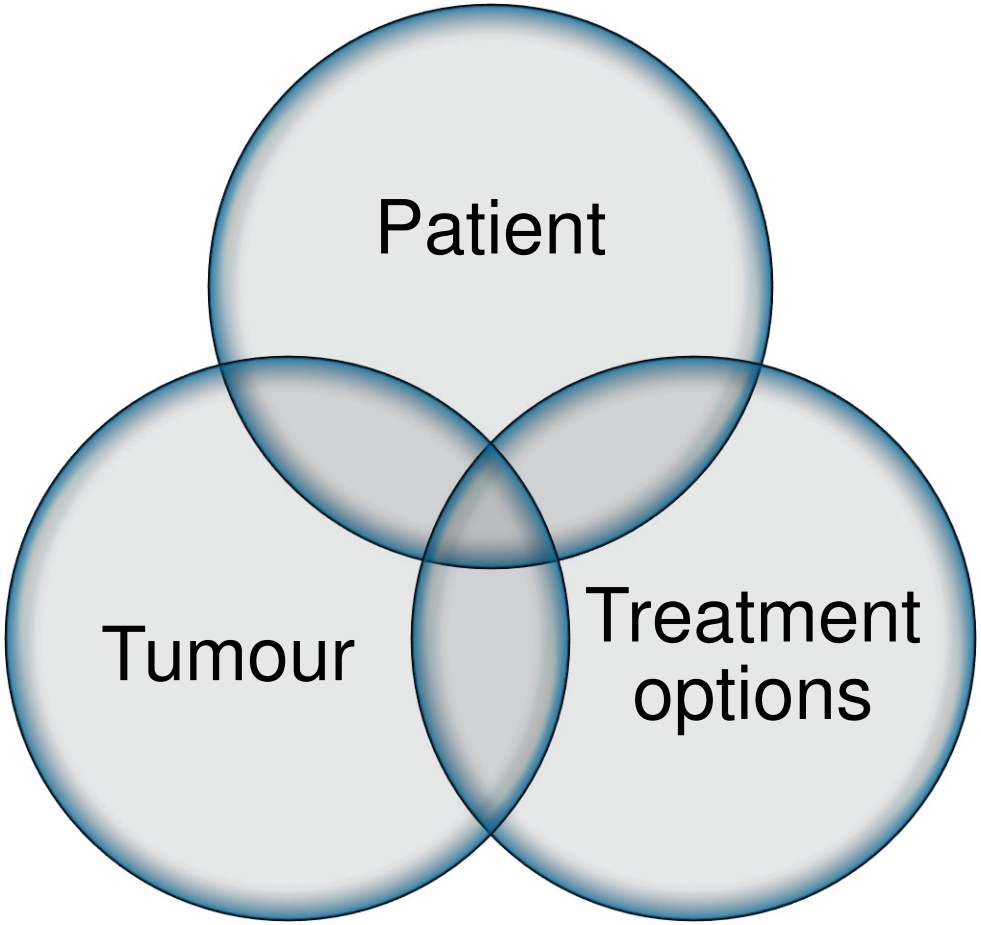
Region Örebro län

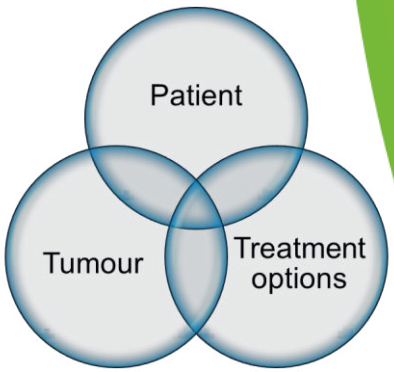
Which patients should not undergo surgery?

Pernilla Sundqvist


Patient
Tumour
Treatment options

Region Örebro län

Patient Preferences



Shared decision-making

Patients who prioritize quality of life or fear surgery's impact may opt for non-invasive approaches. Ensuring that patients are informed about the risks, benefits, and uncertainties of all options is central to personalized care

Barriers to Avoiding Surgery

- **Patient expectations**: Many patients equate surgery with definitive treatment and are hesitant to pursue conservative options
- **Communication gaps**: Discussions often focus on procedural risks, neglecting broader quality-of-life implications
- **Institutional practices**: Hospitals/doctors may incentivize surgery over alternative management strategies

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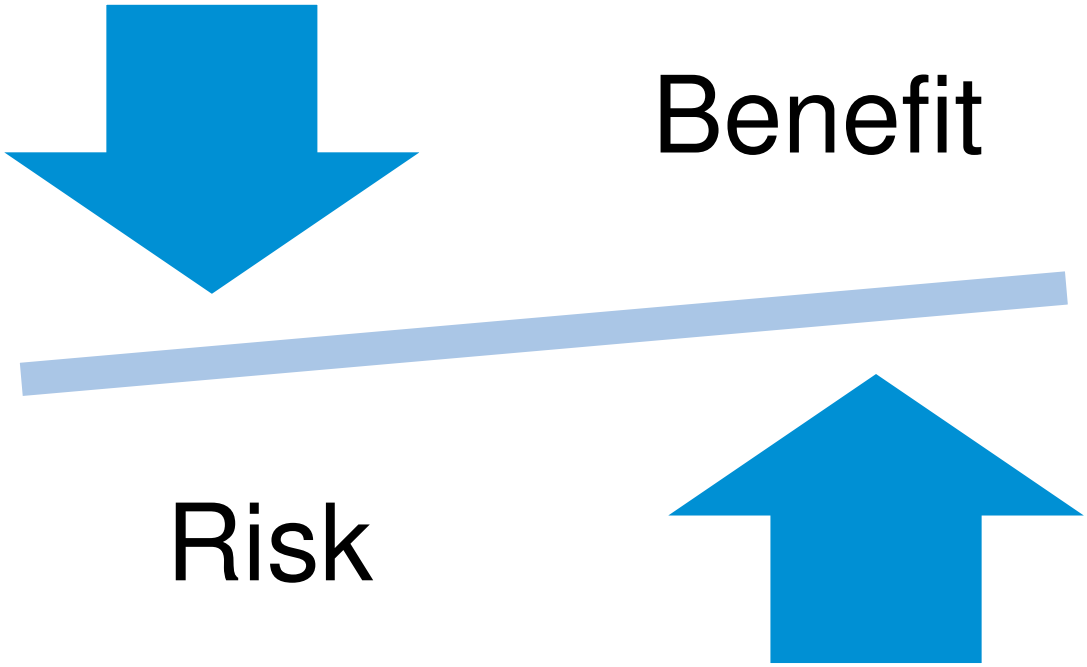
Do no harm?



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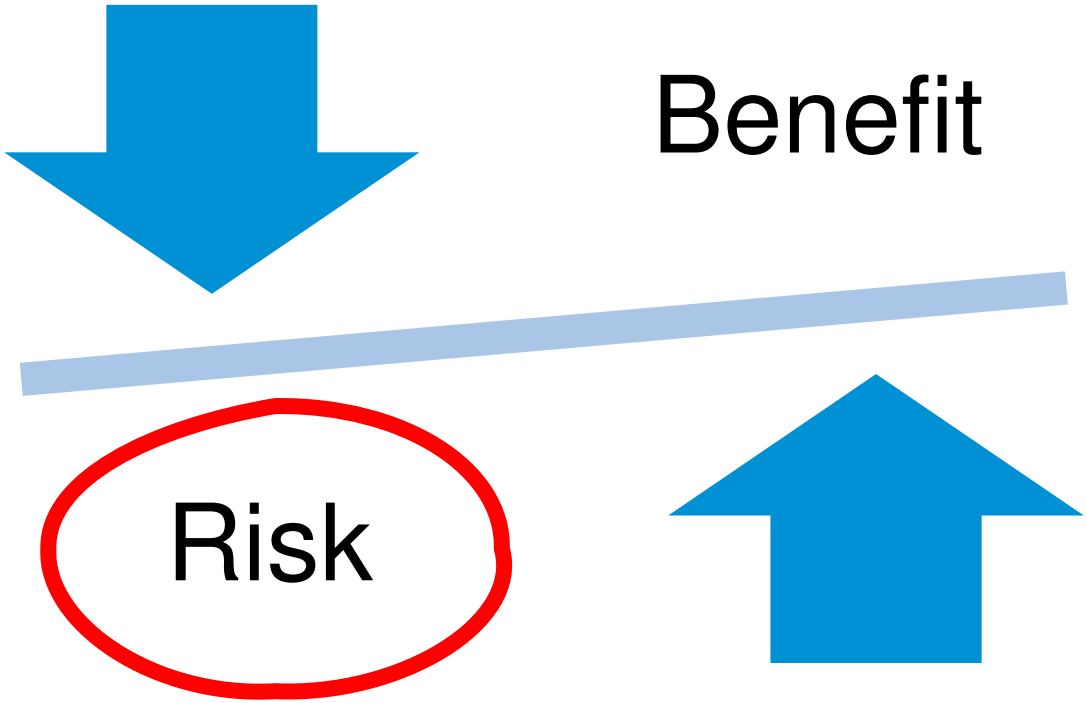
Do no harm?



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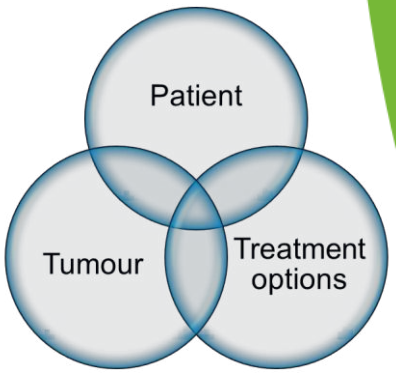

How do you assess high risk patients?

- Talk
  - Alcohol and tobacco use
  - Mental status
  - Diabetes, heart disease
  - Immuno suppression
- Pfysical examination
  - Obesity
  - sarcopenia
- Blood tests
  - kidney function
- Scores
  - Frailty scores

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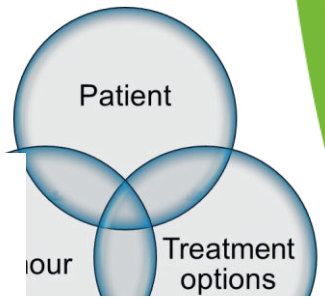
Patient-Related Factors



Impact of frailty on perioperative and oncologic outcomes in patients undergoing surgery or ablation for renal cancer: a sy

Riccardo CAMPI [1, 2] *, Alessandro BERNI [1], Daniele AMPA

Management of frailty: opportunities, challenges, and future directions

Elsa Dent PhD [a b], Prof Finbarr C Martin MD [c], Prof Howard Bergman MD [d], Prof Jean Woo MD [e], Roman Romero-Ortuno PhD [f g], Prof Jeremy D Walston MD [h]

Original article

A new method of classifying prognostic comorbidity in longitudinal studi Development and validation ☆

Mary E. Charlson *, Peter Pompei, Kathy L. Ales, C.Ronald MacKenzie

Prognostic factors of renal cell cancer in elderly patients: a population-based cohort stud

Heini Pajunen[1], Thea Veitonmäki[1], Heini Huhtala[2], Jussi Nikkola[1], Antti Pöyhön
Teemu Murtola[1,4]

Delirium, Frailty, and Fast-Track Surgery in Oncogeriatrics: Is There a Link?

Fiammetta Monacelli[a, d] Alessio Signori[b] Matteo Prefumo[a, d]
Chiara Giannotti[a, d] Alessio Nencioni[a, d] Emanuele Romairone[c]

Clinical-Kidney cancer

The 5-factor frailty index for radical nephrectomy: Simplifying personalized preoperative risk-stratification

Benjamin N. Schmeusser, M.D., M.S.[a,*], Viraj A. Master, M.D., Ph.D.[a,b,*]

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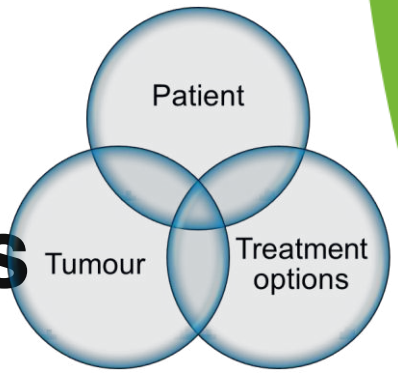
Patient-Related Factors



- Advanced Age
- Frailty
- Sarcopenia and nutritional status
- TUG, Timed up and go-test
- In-hospital care the last 2 years due to medical conditions
- Charlson Comorbidity index, 19 items
- 5-factormodifiedfrailtyindex(5-IFi)

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Clinical skills
Tips and Trix

Region Örebro län

Tips and trix

- For older people (75 years), which years do you think will be the best years in your life; the coming 5 years or the years between 85 and 90?

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Tips and trix

- Chronic pain
- Talk to your patient, and to its spouse/relatives for a true picture
- Functinal status, today (not last summer or during younger years)
  - What du you do during a day?
  - Do you need to rest during the day?
  - How far can you go? Uphill walking? How often do you walk?
- Stairtest, 2 floors, walk with the patient, and add proBNP
- Test: ejection fraction, proBNP, renal split function

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Tips and trix

- Polypharmacy; > 5 drugs
- HbA1c < 60
- Morbid obesity
- Do you easily get hematoma`s?
- Other deseases
  - Hematological malignancies
  - Ehler Danlos
  - Coagulopathies
- Jehova´s wittness
- Previous radiation therapy

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In conclusion

- Learn from your mistakes
- Teach others as not to repeat your mistakes
- Talk to your patient!

- Further research is needed, but studies will not replace clinical skills in balancing risks and potential benefits together with the patient

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The risk of Postoperative Delirium (POD)

- Timed Up and Go (TUG) Test

- **1. Shared Decision-Making (SDM)**
- Shared decision-making is crucial when surgery might not align with a patient's values or when outcomes are uncertain. SDM emphasizes collaboration between clinicians and patients to weigh benefits, risks, and alternatives. Research shows that patients often lack sufficient opportunities to engage in discussions about non-surgical options, particularly for high-risk surgeries. For instance, patients may prioritize quality of life over extended survival, particularly when faced with debilitating complications post-surgery. Effective SDM helps patients understand their choices beyond technical details, fostering informed consent and avoiding unnecessary interventions (e.g., surgery for palliative care settings) (sources: BMJ Open, JAMA Surgery).
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- **Shared Decision-Making (SDM)**
- **High-Risk Patients and Alternatives**
- **Ethical and Legal Considerations**