



Geriatric and Bariatric Care: A growing sub-specialty with special considerations

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The advancement of technology and specialized services has contributed to patients living longer. The co-morbidities associated with the aging population are especially evident and challenging in the morbidly obese individual. Historically, the options for weight loss surgery have been limited to those 18-65 years of age. However, our aging population is seeking a higher quality of life/health to live more active and independent life. Bariatric surgery is a realistic option. After several discussions between the Bariatric Coordinator and NICHE coordinator, it was decided further investigation was warranted. Through retrospective chart review we discovered that Kennedy University Hospital has performed over 90 bariatric surgeries on patients over the age of 65 from 2008 to 2015. The average age was 67 with a range of 65 to 78.

A literature review on OVID and Pubmed revealed a limited amount of research on the effects of bariatric surgery on the older adult. The abstract will provide a literature review, insurance and regulatory guidelines, Kennedy's pre-operative process and opportunities for future research with a brief overview of the pathophysiology of the aging obese adult

Key Points

Why Bariatric Surgery in the elderly?

- Quality of life...enjoy retirement, chase grandchildren, activities, travel
- Reduced number of medications
- Longevity
- Ability to have orthopedic surgery

Why is the elderly bariatric patient different?

- Polypharmacy
- Lower reserves
- Mobility/arthritis issues
- Change in cognitive function
- Old injuries affecting mobility and stamina

Physiologic changes:

- Decreased cardiac output
- Creatinine clearance decreases
- Atrophic gastritis
- Altered hepatic drug metabolism
- Osteoporosis, atherosclerosis
- Decrease in lung vital capacity and impaired flow rates
- Decrease skin tone and elasticity

- Lean body mass declines
- Loss of muscle mass
- Medications metabolize differently

Coincident medical conditions:

- HTN, Beta blockers, Blood thinners with hx of a.fib/cardiac disease
- Age and “reserves”
- Nutritional stores
- Volume status and “reserves”
- Arthritis

Postoperative Patient:

- Get them up and moving
- Breathing exercises
- Restart appropriate meds
- Careful of polypharmacy
- IV access issues

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