

Clinical Practice Guidelines: (1/2) Periop Eval & Management of Frailty Among Older Adults

Treatment recs should consider patients' degree of **frailty (i.e., physiological age)** rather than chronological age. **1A**



vs.



Ambulatory **frailty screening** identifies vulnerable and frail, older adults. **1A**



Treatment plans for frail, older adults should **align with patients' goals of care** based on realistic outcomes. **1C**



Cognitive function in frail patients should be assessed pre-operatively. **1C**



Frail pts should be **screened for postop delirium** and treated appropriately. **1B.**



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Clinical Practice Guidelines: (2/2) Perioperative Management of Frailty Among Older Adults

Frail older adults may benefit from **preoperative, multimodality optimization** (ie. prehabilitation). **1B**



Frail pts should be **screened for social vulnerabilities** and offered support. **1C**



Frail pts should be managed with **ERAS protocols** (with modifications as needed) **1A** and **MIS approaches** should be considered. **1B**



Frail patients benefit from **MDT approach** to perioperative care including geriatric provider. **1C**



Patient-centered functional outcomes should be considered in addition to traditional post-surgical outcomes. **1B**



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