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Title: Preoperative Assessment of the Older Adult Having Surgery for Cancer: Information to Improve Postoperative Care

Purpose: The single most important risk factor for cancer is age. The number of persons 65 years and older in the United States is rapidly growing. This expanding older adult population with its associated increased cancer risk creates a demand for oncology care, including surgical oncology. There is a paucity of data on what nurses perceive as necessary preoperative information about the older adult having surgery for cancer to provide individualized, quality care.

Objective 1: Identify risk factors for cancer in the older adult population and the need for expanded cancer care.

Objective 2: Describe what nurses perceived as important information to care for the older surgical oncology patient.

Abstract:

A quality improvement project was implemented using an established tool to help translate important preoperative information for nurses. Thirty patients, 65 years and older, having elective surgery for hepatobiliary and pancreas cancer were administered the Preoperative Assessment of Cancer in the Elderly (PACE) tool. Results were provided to the nurses caring for the patients postoperatively. A nursing questionnaire was administered to each nurse who cared for a patient to assess information identified as necessary for providing care, instituting safety measures, and aid in discharge planning. A total of 30 questionnaires were obtained either at the time of or after the patient's discharge. Knowledge of the older patient's preoperative performance status was perceived by nurses as significant in order to provide appropriate and adequate postoperative care (Pearson correlation 0.01). Nurses perceived the following information as helpful or necessary to provide care: activities of daily living (96.8%), current medications (96.8%), and family involvement in care (96.8%). Identification and documentation of an older patient's preoperative performance status using a valid tool should become hospital policy.