

Foreword



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The elderly population in the United States is growing in size and importance. According to the United States Census Bureau, the United States population that is aged 65 and older grew rapidly for most of the twentieth century, from 3.1 million in 1900 to 35.0 million in 2000. It comprised over 12 percent of the overall population in 2000. Except during the 1990s, the growth of the older population outpaced that of the total population and the population under the age of 65. Despite this apparent slowdown in the growth of the population aged 65 and older during the 1990s, the older population is on the threshold of a boom. According to United States Census Bureau projections, a substantial increase in the number of older people will occur from 2010 to 2030. The older population in 2030 is projected to be twice as large as in 2000, growing from 35 million to 72 million and representing nearly 20 percent of the total United States population at the latter date.

The specialty of thoracic surgery is focused, in a large part, on elderly individuals. The median age for lung cancer resection patients is 65 years, for esophageal cancer patients it is 64 years, and for patients with benign problems such as empyema, the mean age is 56 years. Therefore, among patients upon whom we perform major operations, as many as half can be classified as elderly. This dictates that thoracic surgeons acknowledge the necessity of becoming educated about the special needs of the elderly in our practices. These needs are related not only to alterations in human physiology as the body ages, but are also associated with changes in mood,

lifestyle, expectations regarding quality of life, and risk-taking behavior in the elderly population.

This issue of *Thoracic Surgery Clinics* provides a thorough overview of concepts that thoracic surgeons must master when dealing with an ageing population. It begins with articles outlining physiologic changes in the elderly patient and appropriately focuses on the evaluation of older patients for operative risk. In addition, one article specifically targets the evaluation of patients for the risk of postoperative delirium, which is a challenging problem that precipitates physiologic complications and prolongs hospital stay. The subsequent articles outline benign esophageal and pulmonary conditions and their special features in the elderly, and surgical management of lung and esophageal cancer as applied to the older population.

The series of articles on pain management, chemotherapy, and radiation therapy in the ageing population will be of great interest to surgeons. Information regarding these subspecialty management challenges will inform our future discussions with elderly patients about the treatment options that are open to them. One particularly valuable contribution concerns quality of life and outlook in the elderly population. Considerations regarding depression and other mood alterations that accompany the ageing process are very important. In addition, invaluable information is provided about current quality of life and how it affects a patient's decision regarding thoracic surgery, and also how thoracic surgery affects postoperative quality of life. Finally, an article is provided

that summarizes important shortcomings in our knowledge regarding the elderly patient and outlines methods for bridging this gap through future data collection and research.

Overall, this issue provides important insights into the assessment and the management of the elderly patient who is a candidate for thoracic surgery. As the number of elderly patients grows in the future, there will be an increasing disparity between their number and the number of available geriatricians to help manage the special challenges this population offers. The information provided in this issue of *Thoracic Surgery Clinics* is one small step towards the “geriatricization” of thoracic surgeons. These surgeons will, of necessity, fill the current gap in care of the elderly thoracic surgery patient, enabling geriatricians to focus on the more problematic older patients who truly require subspecialty care.

A number of people were involved in the bringing this issue of *Thoracic Surgery Clinics* to publication, and I'd like to acknowledge the

efforts of two individuals in particular. Stephen Yang, MD, was responsible for generating the concept of an issue on thoracic surgery in the elderly, and was instrumental in identifying article content and potential authors. Catherine Bewick, Executive Publisher at Elsevier, has been invaluable in her characteristic proactive, organized way. By keeping the manuscript flow moving despite considerable obstacles, she has facilitated publication of this issue, enabling the reader to enjoy information and recommendations that are authoritative and up to date.

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