

Preface



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Guest Editor

This issue of *Anesthesiology Clinics*, focused on problems encountered in geriatric patients, comes at an interesting and exciting time in modern anesthesia practice. The practices of anesthesiologists in North America are becoming progressively populated by aging patients. Longevity seems to be increasing steadily, and the expectations of a vital elderly population include quality medical care. The quality and diversity of information regarding the perioperative care of the elderly has increased significantly, as can be noted at national meetings, in scientific journals, and by the creation of the subspecialty Society for the Advancement of Geriatric Anesthesia (SAGA). It is a paradoxical irony that the current primary reimbursement system for the elderly surgical patient undervalues anesthesia services at a time when we are encouraging fellow anesthesiologists to spend more time and effort learning about the details of aging patients and their care.

This issue presents a problem-based approach to elderly patients. These problems tend to be complicated, with age-related homeostenosis being an important component. For reviews of the physiology and pharmacology of aging, the reader is referred to recent textbooks on geriatric anesthesiology. In this issue, traditional areas of anesthesia understanding, such as aortic stenosis, atrial fibrillation, and the status of perioperative beta blockade, are attuned to the needs of the elderly patient. Movement disorders tend to manifest in the elderly, making an anesthetic approach to the exciting new technologies used in Parkinson's disease a particularly useful review. Some of our articles address problems that, although not limited to the elderly, such as mesenteric ischemia, delirium, and postoperative cognitive dysfunction, are primarily syndromes of the elderly. Others, such as fat embolism syndrome and diastolic heart failure, may be more physiologically disruptive in the elderly. Some common problems such as polypharmacy, anesthesia for wound care, and postoperative urinary retention are perhaps perceived as problems for other specialties but frequently confront the anesthesiologist in the preoperative holding area, the operating room, and the postanesthesia care unit. The article on issues of informed consent in the elderly is

particularly poignant. Finally, every anesthesiologist who cares for elderly patients has waited a while for some patients to emerge from anesthesia. The article on when it is time to be concerned and how to approach the complication of delayed arousal fills a practical niche.

On behalf of all the authors, I thank you for considering this material. We all believe that there remains significant opportunity to improve the perioperative care of the elderly. Thus we hope that many of you will find this information useful in your practice and that a few of you will be encouraged to explore and develop new knowledge, both of which are essential to our goal of improved care for the elderly.

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