

Multidisciplinary Geriatric & AWR Clinic Facilitates Preoptimization

Alexis Holland MD, S. Kerr MD, A. Wiley MD, H. Wilson MD, W. Lorenz MD, G. Scarola MS MBA, M. Devane DO, V. Augenstein MD, B.T. Heniford MD
 Carolinas Medical Center, Charlotte, NC, USA
 Endeavor Health, Evanston, IL, USA

Aim: Age is considered a non-modifiable risk factor for postoperative complications and increased length-of-stay (LOS) after abdominal wall reconstruction (AWR). We aimed to preoptimize patients and improve outcomes by incorporating Geriatric Medicine into a multidisciplinary AWR clinic.

Methods:

- Prospectively maintained hernia database
- Tertiary hernia center in USA
- Patients ≥ 65 years old who saw a Geriatrician in our AWR clinic
- Open ventral hernia repair
- 7/2020 – 8/2024
- Descriptive study of preoperative characteristics, intraoperative details, and postoperative outcomes

Results:

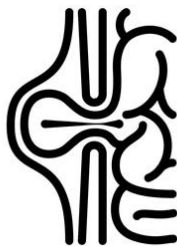
Demographics

100 patients seen by a Geriatrician
Average age: 73.0 ± 5.0 years
 62.0% female
of comorbidities: 5.1 ± 2.5
 BMI: 29.0 ± 4.7 kg/m²
18.0% with diabetes
 1.0% current smokers
78.0% ASA classification III/IV



Hernia & Operative Characteristics

Defect size: 201.1 ± 168.1 cm²
 54.0% recurrent hernias
23.0% contaminated wound class
 74.0% synthetic mesh
87.0% preperitoneal mesh location
 37.0% component separation



Surgical & Medical Outcomes

Average LOS: 5.0 ± 5.3 days
 0.0% venous thromboembolism
0.0% UTI
 0.0% sepsis
3.0% admission to ICU
 1.0% reintubation for respiratory failure
3.0% reoperation
 5.0% readmission
6.0% wound complications

Conclusions:

- Geriatric patients were comorbid with complex, large hernias
- Rates of surgical and medical outcomes were low and did not reflect the increased risk associated with advanced age
- A comprehensive geriatric assessment incorporated into a multidisciplinary AWR clinic may help preoptimize older patients before OVHR and improve short-term outcomes