

Table 1. Basic geriatric principles for colorectal surgeons

Geriatric conditions and principles	Relevance to colorectal cancer surgery
Cognitive impairment	Capacity to consent Risk of non-compliance Patient preferences more challenging to assess Increased risk of postoperative delirium Risk of long-term cognitive decline?
Frailty	Increased risk of complications and mortality Competing risk – frailty may limit life-expectancy irrespective of cancer/cancer treatment Surgery may cause long-term dependency Readmission risk higher
Functional impairment, dependency	Increased risk of complications Increased length of stay – discharge planning essential Surgery may cause long-term dependency
Multimorbidity and polypharmacy	Possibility for preoperative optimization? Increased risk of complications Competing risk – serious comorbidity may limit life-expectancy irrespective of cancer/cancer treatment
Atypical presentation of complications	Delirium Falls Incontinence Look for underlying causes such as infection or electrolyte disturbances
Ethical issues	Patient preferences Benefit versus harm Time to benefit versus life expectancy Alternative procedures? End-of-life decisions
Limited evidence-base	Discuss at MDT meeting Include patient preferences Avoid undertreatment Avoid overtreatment

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