

Invited Commentary

The Costs of Postoperative Delirium

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Those of us who study and teach in the expanding world of geriatric surgery have joined geriatricians in loudly proclaiming the human and financial costs of postoperative delirium. However, our proclamations have often fallen on deaf



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ears because it has been difficult to prove with sound evidence that it is worth devoting resources to this surprisingly common surgical complication. The study by Gou et al¹ in this issue documents the initial inpatient hospital costs of an episode of postoperative delirium (\$20 327), the yearly cumulative costs (\$44 291), and the total costs to our health care system of the 700 000 such annual delirium episodes in the Medicare population (\$32.9 billion).

Postoperative delirium is the single most compelling complication for our national surgical community to address through initiating hospital-based quality improvement programs. What makes delirium so important? First, delirium is the most common postoperative complication in older adults (incidence in older adults is 15%-25% following inpatient operations and 50% with intensive care unit admission).² Second, postoperative delirium is closely associated with global poor patient outcomes (increased complications, prolonged hospitalization, loss of functional independence, and higher mortality).³ And finally, up to 40% of all delirium can be prevented by simple bedside supportive measures,⁴ a fact that makes postoperative delirium an ideal candidate for quality improvement efforts.

One cannot quantify the terrible human costs of postoperative delirium. Families are often as disturbed by delirium as they are by complications typically considered “surgical,” such as bleeding or surgical site infection, for it is as if some alien presence has inhabited their loved one. The often-uncalculated cost of delirium is the fact that patients with delirium often do not regain their baseline mental and physical function, requiring longer-term family and caregiver support.

The results of the Gou et al study¹ will specifically help clinical quality groups justify to their hospital administration the resources necessary to build Geriatric Surgery Verification programs. This newest standards-and-verification quality program of the American College of Surgeons (<http://www.facs.org/geriatrics>)⁵ will improve the care of older adults, who comprise the highest-risk surgical patients.⁶ The Gou et al study¹ helps demonstrate that the yearly cost of even the highest Geriatric Surgery Verification commitment level is less than that of 1 episode of postoperative delirium.

A limitation of this study recognized by the authors (the 93% White, English-speaking, educated, urban patient cohort undergoing mostly elective orthopedic surgery) does not diminish the message that postoperative delirium is costly to patients, families, hospitals, and the health care system. The surgical community should be reporting delirium as a surgical complication, no less important than thromboembolic event or return to the operating room, and hospitals should be dedicating resources to optimizing postoperative delirium prevention and management strategies.

ARTICLE INFORMATION

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