Is outpatient hand surgery for elderly people possible?

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Introduction

• Ambulatory : Gold standard

• Population over 75 : 9% of french People in 2016
  « GREY TSUNAMI »

Ambulatory development

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Dangerous curve
Benefit vs risks
Ambulatory as Main Care

Goal
Patient over 80 in 2016
Hand pathology or injury
Outpatient mode

Feasibility in this fragile population?
Care

Ambulatory center H12

Loco regional anesthesia

Patient able to walk

Patient folder/ next day’s call/ emergency line

Hospitalization in case of complication

Patient inclusion
  • None or few cognitive problems (except…)
  • Able to walk with or without help
  • Present and reactive environment
Materials & méthodes

- Age, sex, pathology
- Care mode
  - Emergency / Scheduled operation
- Life style
  - Single, couple, institution
- ASA’s score
  - 1 to 5
- Next day’s call
  - Pain, dressing, last night quality
- Analgesic treatment
  - Step 1, 2 or 3
- Hospitalization ?
  - Transfert, secondary hospitalization

ASA class

<table>
<thead>
<tr>
<th>ASA class</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Healthy patient</td>
</tr>
<tr>
<td>II</td>
<td>Patient with mild systemic disease</td>
</tr>
<tr>
<td>III</td>
<td>Patient with severe systemic disease</td>
</tr>
<tr>
<td>IV</td>
<td>Patient with severe systemic disease that is a constant threat to life</td>
</tr>
<tr>
<td>V</td>
<td>Patient not expected to survive the next 24 hours with or without surgery</td>
</tr>
</tbody>
</table>
Results

- 200 patients: 108 🌟 92 🌟
- 213 interventions, 4,9% 2016 operations
  - 13: contro lateral side, material removal
- Mean age: 84,85 (81-101)
- 154 Scheduled interventions (73,3%)
- 59 emergencies (27,7%)
Scheduled surgery

- Carpal tunnel
- Trigger finger

86%

Scheduled intervention

- CTS
- Trigger F
- Benign T
- Malignant T
- Dup
- DeQ
- Material R

77%
Emergencies

Infections 15
- Arthritis: 33%
- Other phlegmon: 40%
- Tendon Sheat Phlegmon: 13%
- Synovitis: 7%
- Osteitis: 7%

Wounds 38
- Simple: 53%
- Extensors: 16%
- Nerve: 10%
- Open fracture: 5%
- Multiple w: 5%
- Amputations: 3%
- post trauma necrosis: 3%
- Flexor: 16%
Lifestyle & comorbidities

**Lifestyle**
- Couple: 13%
- Single: 46%
- Institutions: 41%

**ASA Score**
- ASA 3: 12%
- ASA 2: 3%
- ASA 1: 1%
- ASA 4: 84%
Next day’s call

94% none or few pain
No complications
No confusion
No transfert - No hospitalization

Next day’s call

- No pain: 48%
- Light pain: 6%
- Mild pain: 0%
- Heavy pain: 46%
- Hospitalization: 0%
Pain

Step 1: 58%
No NSAIDs

Moderate Step 2

6% Mild pain

No significative difference with analgesic step

Analgesic treatment

- Step 1: 58%
- Step 2: 42%
- Step 3: 0%
Discussion

Feasibility / ASA 3 +++

INSEE 2016: 9% French population > 75 ans

2030: 12%

2050: 15%

Regional disparity

Ambulatory – hand surgery

- Patient is able to walk
- Fixing
Literature

- Few article/0: hand surgery
- Which patient and pathology?
- Pain analysis +++

- LRA +++
- AVOID benzodiazepin
- Hypothermy prevention
- Post operative pain prevention
Good balance – Good selection – Good relay

Pathologies
Comorbidities
Autonomy +/-

Comprehension
Entourage
Pain management

Structure organization – safeguards

Active Caregiver
Thank you