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Letter to Editor

Delaying Anesthesia Assessment Time Can Put Traumatic Patients at Risk

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Dear Editor

Surgery postponement is an essential issue in trauma patients; it can increase hip fracture complications (1, 2). In patients over 50 years of age, there are several reasons for postponing surgery, such as waiting for routine medical clearance and the unavailability of an operating room or surgeon.

In the world, trauma is one of the leading causes of death. Approximately 5.8 million people worldwide died from trauma in 1998 (3, 4). The operating room is often too small and it is time-consuming for trauma patients to undergo surgery (5). One of the major problems of the elderly is the incidence of trauma and its damage (6-8). Over the last century, fertility and mortality have been reduced in many societies, increasing life expectancy and the elderly population (8, 9).

Jonnalagadda et al. showed that 941 (9.11%) of 7913 scheduled surgeries were canceled on the day of surgery between May 13 and November 15, 2002. Elective surgeries were canceled in 60% of cases because of inadequate beds (15%), the patient's absence (9%), inadequate preoperative preparation (13%), nursing unavailability (11%), and anesthesia causes (8%) (10). Among patients over 50 years old with hip fractures, Orosz et al. found that waiting for routine medical clearance (52%) and being unable to access an operating room or surgeon (29%) were the most common reasons for postponing surgery more than 24 hours (2). The 30-day postoperative mortality rate of acute hip fractures in patients over 50 who were operated on within two days after fracture was 5.8%, according to Rae et al. (11). There was no significant difference in mortality rates among the patients who were operated on more than two days after fracture. Despite this, the mortality rate in the group with postponed surgery was higher than in the group without (12). According to Siegmeth et al., patients aged 60 and older with hip fractures who underwent delayed surgery after 48 hours significantly had higher hospital stays (32.5 vs. 21.6 days) (5). A study by Lefaivre et al. found that postponing surgery for patients with hip fracture could lead to more fracture complications (1).

It has been shown in previous studies that postponing surgery increases hospital stay days, mortality rates, costs, and complications (1, 5, 11-13). In populations over 50 years old with traumatic fractures, few studies have examined the role of anesthesiology services as a preventative measure. Education, anxiety reduction, history taking, and physical examination are all objectives of anesthetic counseling as well as determining paraclinical assessments and seeking advice from other specialists, so that the appropriate anesthetic method and treatments necessary to provide safe anesthesia, which ultimately reduces surgery complications and costs, can be selected (14).

It is possible that the delay in preoperative anesthesia assessment can cause the postponement of trauma surgery and, consequently, increase the rate of complications (1, 5, 11-13). A study by Zarei et al. discovered that the mean of anesthesia assessment time varied significantly depending on the type of trauma, with hip fracture patients having the highest mean of 3.6 days (15). Furthermore, the study found that diagnostic assessments, including echocardiography and myocardial perfusion imaging, which were performed in some patients, did not change the surgery plan, except for one patient who underwent cardio surgery. Nevertheless, it may change the anesthesia plans, which were not considered in the study. Since anesthesia assessment time can delay surgery and increase costs and complications, these diagnostic assessments should be considered in terms of efficacy.

Based on our experience, during the coronavirus disease 2019 (COVID-19) pandemic, surgical postponement increases due to the anesthesia assessment time for some reasons, such as pulmonary assessment, chest computed tomography (CT) scan, and infection service counseling. Some studies reported that elective orthopedic surgeries could not increase the risk of COVID-19 for unvaccinated patients who underwent orthopedic surgeries. As with elective orthopedic surgeries, traumatic patients might not require further evaluation by anesthesia services about COVID-19 (16-19).

The delay in anesthesia assessment time puts patients at risk, such as surgical postponement, increasing mortality and morbidity rates, particularly in older patients with pelvic and hip fractures. According to this report, more anesthesia assessment not only would not change the surgical plan, but also could place elderly patients at risk due to postponing surgery and losing the golden window of opportunity for surgery.

Conflict of Interest

The authors declare no conflict of interest in this study.

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