

Preface

The aging of the population will be the greatest force affecting health care – affecting society as a whole – in our lifetime. Already the elder group is experiencing near-exponential growth, with the most explosive growth in the over 85 years subset. In addition, the conditions that require cardiothoracic surgery (atherosclerosis, lung and esophageal cancer, degenerative valve disease, dysrhythmia) increase in incidence with increasing age. Cardiothoracic surgeons *are* geriatric surgeons.

My own interest in geriatric surgery is over 30-years old. As a surgical resident at the Massachusetts General Hospital I cared for several hundred-year-old patients and retrospectively reviewed the records of several others. All survived operation and lived one or two years, one even taking an around the world cruise. I published these results in 1985 and went on to edit books on geriatric surgery. This is the first devoted to cardiothoracic surgery.

Our chapter authors were encouraged to keep their focus on the elderly and not to simply reproduce a general chapter on cardiac or thoracic surgery. To that end, for example, Cleveland's chapter on Preoperative Evaluation discusses nutrition, delirium, disability, and advanced directives as opposed to cardiopulmonary fitness. Weigel and her coauthors have added elements of Comprehensive Geriatric Assessment to their presurgery routine. Every reader will benefit from chapters on Nursing/Models of Care, Delirium, Ethics, Wound Healing, Neurologic and Cognitive Changes, Medication Usage, Palliative Care, and many others. Despite my study in the field for decades I have learned from each chapter in our book.

Ageism exists in Society, in Medicine, and in Surgery, but not in these pages. Our authors' unflinching reviews of the results of cardiothoracic surgery in the elderly are based on data and not prejudice. No cohorts' physiologic reserve and list of comorbidities varies as much, for a given chronologic age, as our subjects'. In some cases, older patients do experience greater mortality or stay longer in the hospital or cost more than younger counterparts but this is far from universal: many groups have shown that excellent results are attainable with compulsive attention to detail.

A brief note about our logo: the oak tree, like the model from my own yard (Fig. 1a) represents strength and elegance and endurance throughout long life. I asked my neighbor, designer Tracey Selingo, to incorporate a stylized thorax in its branches. The colorful and whimsical heart carved into the trunk was her idea (Fig. 1b). And to my editors at Springer, Executive Editor Paula Callaghan and Developmental Editor Portia Bridges: what a delight it has been to work together, now on two books. Portia, especially, has been the backbone of this project; she is one of the best.



Fig. 1 (a) Katlic oak tree, model for logo; (b) cardiothoracic surgery in the elderly logo

What could be more difficult – and thereby more rewarding – than successfully performing medicine’s most complex procedures on our highest risk patients? A man or a woman who is a consistently good geriatric surgeon is likely to be a consistently good surgeon. So, let us all become good geriatric surgeons.

Wilkes-Barre, PA

Mark R. Katlic



<http://www.springer.com/978-1-4419-0891-9>

Cardiothoracic Surgery in the Elderly

Katlic, M.R. (Ed.)

2011, XXVI, 654 p., Hardcover

ISBN: 978-1-4419-0891-9