Preface

As geriatric surgeons, we are in the midst of dramatic changes in the demographic structure of the United States. Currently, almost 25 % of the population is over the age of 65 years and the fastest-growing cohort within this group will be those people over 75 years. This aging of the US population presents potentially significant challenges to our healthcare system. In addition, it raises the question about whether it can support the needs of older people and enable them to live healthy, independent, and productive lives.

As the population ages, there is a natural enhancement in the development of medical technology which diffuses into many aspects of daily life. This includes all forms of minimally invasive operative technologies, health-monitoring devices, and computers exhibiting artificial intelligence which are being used to perform a variety of tasks, from the most routine to the most complex. To meet these challenges, we may actually have to *redefine* what it means to be "older." So, does *old* mean 65 years or 75 years or even 80 years of age? Newspapers, television, and the Internet are replete with stories about octogenarian triathletes, mountain climbers, and fountain-of-youth aficionados. These elderly individuals are increasingly unwilling to accept a shortened life span, much less the prospect of disability or even inconvenience.

Physicians understand far better than most that the concept of *time on tissue* is a prescription for physical breakdown and deteriorating disease. Having said that, pelvic *surgeons*, as anatomic scientists, like Galileo and Newton before them, are intimately aware of the complications that can occur when one adds *gravity* to time and tissue. Consequently, those physical defects within the anatomic pelvis that ultimately lead to socially unacceptable clinical conditions such as urinary and/or fecal incontinence will be absolutely intolerable to a healthier, more diverse, and better-educated population of centenarians that continue to exhaustively pursue active lives in a fashion unparalleled to the previous generations.

The editors, while surgeons, embody a combined half century of interest in the elderly. One of us (DAG) is fellowship trained and board certified in Pelvic Reconstruction/Neurourology and established one of the first Geriatric Pelvic Medicine fellowships. The other (MRK) published his paper "Surgery in Centenarians" in 1985 and his first book, *Geriatric Surgery*, in 1990. Our chapter authors represent the best of the multidisciplinary spectrum of those focused on the pelvis, from radiology and gastroenterology to urology and colon and rectal surgery. No book to date has brought together in one volume their combined expertise. All of us who care for the elderly—geriatricians, family physicians, surgeons, nurses, and many others—will learn something that will help us care for this burgeoning group. So, read the volume cover to cover or, more likely, read chapters of particular interest. All of our terrific patients, veterans of wars and other intense life experiences, will benefit.

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