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Fast-track surgery and the elderly

Editor—We read with interest the paper by Krenk and colleagues¹ reporting postoperative delirium (PD) after fast-track surgery joint arthroplasty. As the authors mention and reference,² age and length of stay are very important independent variables associated with PD. Therefore, a fundamental question is: how effective is fast-track surgery in the elderly? We can find no published data in this area.

We have prospectively collected data on 211 patients undergoing fast-track laparoscopic colorectal resections from two randomized controlled trials (one already published)³ and sub-analysed data on those patients 80 yr old or more ($n=35$) and compared this with patients aged <80 yr old ($n=176$). This is an older age group than Krenk and colleagues' study (mean 70 yr). All our patients received oral carbohydrate loading, goal-directed fluid therapy, and early mobilization.

There was no difference in diagnosis between the two age groups. Compared with their younger counterparts, the elderly had significantly more co-morbidity, as reflected by higher ASA scores ($P<0.0005$) and median P-POSSUM scores (29 vs 25; $P<0.0005$). The median duration of surgery was lower in the elderly age group (80 vs 100 min; $P=0.036$) possibly related to a lower median BMI (26 vs 24; $P=0.002$). The median time fit for medical discharge was not significantly longer in the elderly group (2.8 vs 2.6 days; $P=0.336$), although time to actual discharge was longer (3.1 vs 2.8 days; $P=0.027$). There was no difference in major complications or readmissions between the two age groups.

In spite of elderly patients having a reduced physiological reserve and more co-morbidity, they appear to benefit from fast-track surgical programmes like their younger counterparts. A reduction in PD, as demonstrated here by, is surely one more reason why elderly patients should be recruited to these programmes for the benefits they confer.

Declaration of interest

None declared.

A. Day
W. J. Fawcett*
M. J. P. Scott
T. A. Rockall

Guildford, UK

*E-mail: wfawcett@nhs.net

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Reply from the authors

Editor—We thank Drs Fawcett and colleagues for their comments on our study.¹ We agree with their comments and appreciate their excellent results in fast-track laparoscopic colorectal surgery. However, despite these excellent results, we are not aware of any specific data regarding postoperative delirium in that setting, although, obviously, this may not have been a clinically significant problem with the short length of stay.

Declaration of interest

None declared.

L. Krenk*
L. Rasmussen
H. Kehlet
Copenhagen, Denmark
*E-mail: lene.krenk@rh.regionh.dk

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Anaesthesia and epilepsy

Editor—I thank the authors for the very informative review of anaesthesia and epilepsy.¹ They mention the potential role of midazolam i.m. awaiting the results of the randomized controlled trial. The results of the recently published RAMPART trial² present a robust way of managing epilepsy in the pre-monitory stage, by using i.m. midazolam to avoid delay in treatment. This is especially useful before arrival to hospital, since it can be quite challenging to gain i.v. access during a seizure.

The use of i.v. diazepam may have increased in the acute management of epilepsy after the prolonged shortage of lorazepam. Midazolam is routinely prescribed for endoscopic procedures and in accident and emergency for procedures such as reduction in joint dislocations. Patients often receive