



Comprehensive Care for Dementia Patients Facing Colorectal Surgery

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DESCRIPTION

Colorectal surgery is a common procedure in the medical field, addressing various conditions such as colorectal cancer, diverticulitis and inflammatory bowel disease. However, for individuals with dementia, particularly Medicare beneficiaries, the outcomes and healthcare burdens associated with colorectal surgery are notably complex.

Understanding dementia and its impact on healthcare

Dementia is a progressive condition that affects cognitive function, memory and behaviour. It is often seen in elderly individuals, many of whom are enrolled in Medicare due to their age. The challenges of caring for individuals with dementia are profound, as the disease impairs the patient's ability to make decisions, understand medical information and follow post-surgical instructions.

Medicare beneficiaries, who are typically over the age of 65, often experience multiple comorbidities, including dementia. For these individuals, colorectal surgery can introduce additional complexities, both in terms of preoperative evaluation and postoperative care. Dementia patients may have a higher risk of postoperative complications, longer recovery times and poorer overall surgical outcomes compared to individuals without cognitive impairment.

Surgical outcomes in dementia patients

Colorectal surgery in patients with dementia presents distinct challenges. Studies indicate that these individuals are at an increased risk for complications such as infection, delayed wound healing and longer hospital stays. These adverse outcomes can often be attributed to the cognitive decline associated with dementia, which can make it more difficult for patients to understand their condition, adhere to medication regimens, or cooperate with post-operative care instructions.

Postoperative complications: Patients with dementia often experience longer hospitalizations due to complications arising from their cognitive impairment. For instance, these patients may have difficulty communicating symptoms of distress or pain, making it more difficult for healthcare providers to address issues promptly. Additionally, dementia can interfere with the ability to perform activities of daily living, such as feeding, dressing and bathing, which are essential for recovery.

Moreover, individuals with dementia may face a higher likelihood of developing delirium after surgery, which is a temporary but serious condition characterized by confusion and changes in alertness. Delirium can exacerbate the challenges of managing dementia and increase the risk of negative surgical outcomes.

Surgical mortality: Research has shown that dementia patients undergoing major surgeries, including colorectal procedures, experience a higher rate of mortality compared to individuals without cognitive impairment. The cognitive decline associated with dementia can affect the body's ability to recover from surgery and manage complications effectively. This is particularly concerning for older adults, who may already be at a higher risk due to frailty and multiple chronic conditions.

Healthcare burden of colorectal surgery for dementia patients

The healthcare burden of colorectal surgery for Medicare beneficiaries with dementia is substantial. The increased complexity of care for these patients, combined with the higher rates of complications, results in higher healthcare costs. This burden is felt by both the healthcare system and families of the patients, who often play a central role in providing care.

Extended hospital stays: Due to complications such as infections, delayed recovery and the need for additional support, dementia patients often experience extended hospital stays after colorectal surgery. This not only increases the cost of care but also leads to a greater strain on healthcare resources. The need for specialized nursing care to manage both dementia and

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surgical recovery often requires additional personnel and resources, further adding to the financial burden.

Postoperative care needs: After colorectal surgery, patients typically require a significant amount of follow-up care to monitor their recovery and prevent complications. For patients with dementia, the need for intensive follow-up is even more pronounced. These individuals may require additional support from caregivers, home health aides, or rehabilitation services to ensure that they adhere to post-surgical protocols and manage their recovery effectively.

Strategies to improve surgical outcomes for dementia patients

Given the complexities of colorectal surgery in dementia patients, it is essential to consider strategies that could improve surgical outcomes and reduce the healthcare burden. Some of the key areas where interventions could be made include preoperative evaluations, surgical techniques and postoperative care.

Minimally invasive techniques: Minimally invasive colorectal surgical techniques, such as laparoscopic surgery, can reduce the trauma associated with traditional open surgery. These procedures tend to result in smaller incisions, reduced blood loss and shorter recovery times, which can be especially beneficial for patients with dementia. By minimizing the physical stress of the surgery, these techniques may lead to fewer complications and a faster recovery.

Postoperative monitoring and care: Postoperative care for dementia patients requires a multidisciplinary approach. Healthcare providers should closely monitor these individuals for signs of complications, including infection, delirium and functional decline. Early identification of issues and prompt intervention can help prevent more severe complications and improve recovery outcomes.

Caregiver support: Given the integral role caregivers play in the recovery of dementia patients, providing them with adequate support is essential. This includes offering education on post-surgical care, providing emotional support and connecting caregivers with community resources. Proper caregiver support not only helps improve the patient's recovery but also reduces the emotional and financial burden on families.

CONCLUSION

Colorectal surgery in dementia patients, particularly Medicare beneficiaries, presents unique challenges due to cognitive impairment and associated comorbidities. These patients face higher risks of complications, extended hospital stays, and increased healthcare burdens. Strategies such as minimally invasive surgical techniques, enhanced postoperative monitoring, and robust caregiver support are essential to improve outcomes and reduce the strain on healthcare resources. A multidisciplinary approach that addresses both medical and caregiving needs can help optimize recovery and overall quality of life for these vulnerable patients.