



Geriatric Medicine and Vascular Surgery

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INTRODUCTION

Treatment is available for a variety of disorders affecting the vascular system, which includes the veins, arteries, and lymphatic system, at CARE Hospitals' Department of Vascular Surgery. Our vascular care centre in Hyderabad has highly qualified and experienced vascular surgeons who are adept at treating various blood vessel issues and abnormalities of the lymphatic system. The vascular surgeons at the CARE Hospitals work to bring the patient back to full health and wellbeing. The team provides each patient with the finest treatment results possible by utilising their knowledge, a multidisciplinary approach, and research. The department provides care for a variety of uncommon vascular conditions, including arm artery disease, abdominal aortic aneurysms, connective tissue disorders, hyperlipidemia, aortic dissection, chronic venous insufficiency, portal hypertension, varicose veins, and more. The team uses cutting-edge therapeutic and diagnostic methods to ensure that every patient receives the best care possible and can recover rapidly. Numerous open and closed operations have been carried out by the hospital's vascular surgeons. To provide the finest care possible for the patients, the specialists employ a variety of cutting-edge open and minimally invasive surgical techniques. OPD, IPD, and emergency services are accessible from the doctors around-the-clock. More than 200 procedures are successfully completed at the facility each year [1].

DESCRIPTION

The complexity of the set unique a present patient surgical geriatric surgical average them to compared, and the functional lowered of interaction]. comorbidities multiple of prevalence higher a with age mean higher a has also patient vascular the, patient older in arise frequently ulcers pressure and, falls, decline functional, delirium as such syndromes Geriatric, and issues psychosocial and psychogeriatric, pharmacy-poly, Surgery for adults is being undertaken at 6 [risk perioperative which, problems these address to try one is consultation geriatric multidisciplinary a having and, progress promising shown has service consultation geriatric A]. [Surgeon General's field of competence an of outside fall may evaluation geriatric comprehensive of trial clinical randomised A] 9,8 patients with trauma and surgery for old colorectal results [2].

Unlike orthogeriatrics, improvements in vascular surgery and

geriatrics have so far grown completely independently of one another, and there are scarcely any overlaps in routine clinical practise. However, in a multidisciplinary setting, geriatric principles may be useful for customised indication, therapy selection, and prognosis in vascular surgery, particularly for patients who are very elderly (85+). Geriatric concepts, such as biological age and functionality, must take into account other organ-specific aspects, such as immunology and the musculoskeletal system, as well as psychological and neurocognitive problems and social context. Age restrictions, vascular status, or geriatric surrogate characteristics like "frailty," to paraphrase, do not accurately describe the functional health status of the elderly [3].

Modern diagnosis and thorough treatment regimens for blood vessel illnesses are provided by the surgeons at the Vascular Surgery Department. For vascular disorders that are life-threatening, the surgeons execute intricate procedures that result in great outcomes and speedy recovery. The complex cardiovascular diseases, neurological disorders, etc. are treated by the vascular surgeons in close collaboration with the other specialists. One of Hyderabad's top facilities for vascular surgery is CARE Hospitals. Blood vessels, arteries, and veins that are harmed or diseased are diagnosed and repaired. In addition, the rate of geriatric patients admitted to the surgical ICU or high dependency unit was examined in our study. At some point during their hospital stay, 87 (19.9%) patients had to be moved to an intensive care or high-dependency facility. Patients who underwent abdominal aortic or peripheral arterial aneurysmal repairs made up the majority of the ICU transfers (69%), followed by carotid endarterectomy (40%) and bypass surgeries (36.5%). Similar to this, the need for optimising a variety of comorbid disorders results in a higher number of specialised consultations being obtained throughout the hospital stay for senior patients [4].

CONCLUSION

Based on hospital diagnoses, comorbidity was calculated using the Charlson Comorbidity Index. In order to reflect the recommended in-hospital care in guidelines, the quality of in-hospital care was defined as meeting eligible process performance measures, such as preoperative optimization, early surgery, early mobilisation, pain assessment, basic mobility, nutritional risk, need for anti-osteoporotic medication, fall prevention, and a post-discharge

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rehabilitation programme. Both (1) an all-or-none composite measure, which is the fulfilment of every pertinent process performance metric, and (2) the individual process performance metric fulfilment were the results. We determined relative risk (RR) for the relationship between comorbidity level and outcomes using binary regression [5].

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