

Operative Procedures in the Elderly in Low-Resource Settings: A Review of Médecins Sans Frontières Facilities: Reply

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We would like to thank Dr. Patel for his interest in our article presenting the operative experience of Médecins Sans Frontières-Operational Centre Brussels (MSF-OCB) for elderly patients in low-resource settings [1]. As alluded to in this paper, the surgical needs of the elderly may differ significantly from younger patients. In a recent review of the global burden of surgical emergencies, age was associated with a distinct surgical epidemiology, decreased diagnostic accuracy, and poorer outcomes [2].

Furthermore, our article provides evidence that elderly patients may disproportionately succumb to their surgical diseases prior to presentation to the hospital in lower-resourced settings. A 2012 population-based household survey in Sierra Leone revealed a prevalence of surgical disease of over 60 % in the elderly [3]. In settings with limited surgical capacity, such a high prevalence may be expected to be associated with a high rate of emergency procedures and poorer outcomes. Yet, in our study, the proportion of urgent procedures and the intra-operative mortality in this patient population both remained remarkably low. As pointed out by Dr. Patel and highlighted in our paper, this is likely due to a survival bias, which delineates important targets for action, including improved pre-hospital transport and education.

We wholeheartedly agree with Dr. Patel that education is a critical and oft-forgotten component; not only must laypersons understand that advanced age should not automatically preclude surgical treatment, healthcare professionals should also be sensitized to the specific needs of the elderly. As increasing attention is brought to the role of surgery as an essential component of public health—for all ages—we must capitalize on this opportunity to ensure that the needs of the growing elderly population are met.

Médecins Sans Frontières (MSF), as stated in its founding charter, provides assistance in areas of conflict and disaster, often in remote locations—settings that are particularly challenging for the elderly to seek surgical care. As such, MSF's facilities may not be representative of local institutions. To move forward, we encourage the global surgery community to include age-disaggregated data in future efforts; only through a better understanding of their needs will we be able to end the neglect of the elderly surgical patient.

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Conflict of interest No relevant conflicts of interest to declare.

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