

4. EXAMINATION OF THE GERIATRIC SURGICAL PATIENTS

The general examination of geriatric patients is the most important aspect of arriving at the correct diagnosis and patient care. It will reveal not only the status of their health, but also the presence of other morbidities not connected with the present illness. The general condition should be thoroughly assessed before planning the correct treatment. The details of physical and general examination are provided vide supra (P. 7). The physical finding in relation to disease / condition and associated risk are furnished below in table 3.

Table 3 Physical findings, disease / condition and risk

System	Finding(s)	Disease/Condition	Risk
Eyes	Jaundice	Liver disease	Bleeding, encephalopathy
Skin	Pallor Lesions Scars	Anemia Dermatosis Prior surgery	Heart failure Infection Adhesion, altered anatomy
Nails	Clubbing Koilonychia Cyanosis	Lung disease Anemia Lung disease	Respiratory reserve reduced Heart failure
Heart	Hypertension Hypotension Bradycardia Tachycardia Murmur Bruit	Multiple etiologies Multiple etiologies Coronary artery disease CAD, hyperthyroidism Valvular disease Atherosclerosis	Heart failure
Lung	Rales Wheezing	CHF, COPD Pulmonary fibrosis Infection COPD, Asthma	Respiratory reserve reduced
Abdomen	Hepatomegaly Mass Lymphadenopathy	Liver disease Cancer, infection Cancer, infection	Encephalopathy Delayed healing
Musculoskeletal	Stiff neck Restriction of movements	Arthritis Arthritis	Falls
Gait	Unsteady	Alcoholism	Increased fall
Nervous	Sensory impairment Focal deficits	Multiple etiologies CVA, others	Injury Paralysis, convulsion

General Examination

In chronic cases, one should always examine the general condition of the patient before proceeding to local examination. In acute cases, this procedure may be shortened/ postponed to save valuable time. Even in acute or acute on chronic cases, thorough examination is required mainly for the following purposes

- To diagnose and to identify co-morbid conditions
- To determine the modalities of treatment
- To plan for the nature of surgery
- To decide the type of anaesthesia
- To predict the prognosis

The following examination should be done

- Record vital signs like temperature, pulse, respiratory rate and blood pressure
- Eyes, oral cavity, neck for nodes, spine for mobility, gait, etc.,

Systemic examination

Examine all the systems and assess the level of activity

- Central nervous system
 - mini mental state examination
(Cognitive function, the ability to absorb, store, integrate and utilize information)
 - vision and hearing

- The chest, respiratory movements, heart sounds
- Abdomen including back, perineum and digital rectal examination
- Genitourinary, renal, endocrine and hematological system
- Range of movements of various joints, muscle power and the gait

➤ The level of activity (Activities of Daily Living and Instrumental Activities of Daily Living) has to be assessed. (Activities of Daily Living eg. toileting, bathing, dressing, praying, eating, transferring, continence, etc., and the Instrumental Activities of Daily Living eg. meal preparation, housework or handyman work, laundry, taking prescribed medications, shopping, getting to places beyond walking distance, managing own finances, using telephone, etc.)

Local examination

- ◆ Detailed inspection, palpation, percussion, movements and auscultation etc., should be done
- ◆ Thorough local examination of the lesion should be done and in case of ulceration, mass lesion, or malignancy, the regional lymphnodes should be examined
- ◆ In case of lymphnode enlargement it is mandatory to examine the draining areas
- ◆ All these examinations should be done as per the convenience of the patient sometimes in a phased manner