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## **Plastic Surgery: How does age factor into decisions about surgery?**

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**Plastic Surgery**

"How old would you be if you didn't know how old you were?"

- Satchel Paige

Groucho Marx said that age was not a very interesting subject.  
"Anyone can get old, all you have to do is live long enough."

The issue of age comes up a lot for surgeons. Every presentation about a patient begins with, "This is a 64-year old ... ." Age is always first. A person's age is a significant "profiler," that is, it speaks volumes about what might or might not be going on with a patient. A 10-year-old is not going to have coronary artery disease, Alzheimer's disease or likely to have a stroke. We make a lot of assumptions based on age.

So, what role does age play in terms of making decisions about surgery? When is someone too old for an operation?

I believe there is a great deal of age prejudice in our society. Certainly Madison Avenue lavishes advertising dollars on youthful images. I see ads in men's magazines for \$400 shirts and \$6,000 suits, and the models look like 20-year-old, sexually ambiguous smack addicts, and I wonder where they would have gotten the money for clothes that middle-age plastic surgeons are too cheap to buy. Or, maybe Madison Avenue doesn't see the point in marketing to cheap middle-aged plastic surgeons. But I digress.

Apart from a youth-obsessed culture, older patients may face a certain degree of patronizing behavior from their children and physicians. I have seen children browbeat their parents into big operations they don't really want, because the kids have this fantasy that mommy and daddy will live forever if only they get that heart valve replaced. Physicians may not consider certain procedures because of the age listed on the chart. Often, older patients are not listened to carefully because they are older, and are judged too feeble to fend for themselves. It may be they are judged so because they don't agree with their children or the doctor.

Here's how I handle the age business. First of all, no matter what your age, you really need to have your wits about you. I have found that even early dementia can be a problem with larger operations. If you or a loved one is a couple of tacos short of a combo, things might get very stressful after surgery. Back in my cardiac surgery days, I found that major heart or lung operations often pushed marginal individuals from independent living to a nursing home. The argument would be made, "Well, without this operation he/she might die!" Well, sometimes there are things worse than death, such as being stuck rotting in the ICU. On the other hand, if a person is sharp, I don't deny them what they want because of a number. If they are 85 with a good heart, clear lungs and an OK from their internist, yeah, I will do a facelift on them if they really want it. But I do believe mental status is critical.

Then there are the basics. A history of heart attack, angina or other coronary artery disease risk factors, including age, have to be evaluated. I worry a lot more about these factors than I do chronological age. If there is doubt, some type of provocative stress testing is appropriate, whether it is breast reconstruction, hip surgery or my latest Brazilian Tush Tuck. Most nonsmoking 80-year-olds do better with surgery than a 60-year-old smoker, both in terms of healing and lung complications. Control of diabetes also has a big impact on the outcome of surgery, regardless of age.

One factor that I think is underestimated in terms of age and surgical risk is social support. Having a supportive spouse, even a fairly useless one, improves outcome after surgery. (It amazes me how

helpless some men get as they age, and how their wives let them do it.) Having children around (as long as they don't hijack the agenda) is obviously helpful. What really bugs me is when the yuppie kids fly in from Denver and Seattle, give me lots of orders, and then bolt on the second postoperative day when the real work begins. (That wasn't a digression, that was a rant. Different.) Having concerned people around, especially during recovery, really improves results in older people.

Bottom line: Don't do anything you don't really want to do. If you don't, in your heart, want to go through something, even if it is life or death, don't do it. Your life, your call. If you are facing a big operation, and there are doubts about your fitness, get your internist or family physician involved to see if you can survive an assault from a knife-happy surgeon like me or one of my home boys (or girls).

Don't get hung up on the age number. Do concentrate on mental status, cardiovascular fitness, medical issues and social support. Again, Satchel Paige: "Age is a case of mind over matter. If you don't mind, it don't matter."

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