

Thoracic Surgery in the Geriatric Patient

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In the early 1980s, the Lung Cancer Study Group published data from several prominent academic centers detailing the, at the time, “modern” operative mortality for lung resections for cancer. These data clearly identified older age as a risk factor for increased mortality in almost all pulmonary resections. This was particularly evident in the patient requiring a pneumonectomy. Since that time thoracic surgery and medicine in general has changed significantly. The ability to evaluate and care for co-morbid conditions as well as the now almost ubiquitous minimally invasive techniques have altered the approach to and the “operability” of the elderly patient with lung cancer. Ironically, the survival figures for operative mortality have not changed dramatically, although the perceived less morbidity of minimally invasive procedures is evident. It is clear that advancing age is no obvious contraindication to pulmonary resection, and each case should be evaluated individually.

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