Background: The Pre-operative Assessment Clinic (PAC) is run by the Anaesthetic Department and assesses older patients undergoing elective orthopaedic surgery. The aim of this study was to examine how PAC currently assesses older patients and how effective it is in assessing for likelihood of postoperative complications and requirement for rehabilitation.

Methods: A single-centre, retrospective study that received approval from the local ethics committee. Data were collected on all patients post elective orthopaedic surgery admitted to the on-site specialist rehabilitation unit for older persons, between 1st May 2020 and 31st December 2021. Data were collected from hospital Information Technology platform, Blueprints.

Results: Seventy-six patients (58 female; median age 80 years) were included. Median time from PAC to surgery was 95 days. Functional assessment was completed in 63.16% of cases, formal cognitive assessment was done in 13% of cases. Number of falls in the preceding year was recorded in 31% of patients. Baseline mobility was recorded in 93% of cases. Whilst smoking and alcohol history was recorded in 96% of cases, number of units was not calculated. 45% (n=34) of patients were correctly identified as likely to require post-operative inpatient rehabilitation. PAC did not record sarcopenia, polypharmacy or delirium risk factors. From our dataset, at least 13% had sarcopenia, 80% had polypharmacy and 23% required opiate medications. Post-operatively, 16% of patients developed a delirium and 12% had an acute kidney injury.

Conclusion: In its current format, PAC fails to optimally risk stratify frail older patients. Attention concentrates on fitness for surgery rather than optimisation of patients. Failure to record frailty, sarcopenia, cognitive impairment and risk factors for delirium is leading to missed opportunities in terms of delirium prevention, and peri-operative optimisation of older patients as well as discharge planning before surgery. Collaboration with specialist geriatric services at PAC should improve patient outcomes.