Incidence and Persistence of Postoperative Delirium

The incidence of postoperative delirium varies significantly, depending on the patient’s age and preoperative status, whether the surgery is elective or urgent, the type of surgery, and the development of postoperative complications. In general, elderly patients who undergo emergency or long, complicated surgeries have a higher frequency of delirium. At least 2 of 3 cases of delirium develop in the first 2 postoperative days, with the peak incidence on postoperative day 1 and the peak prevalence on postoperative day 2.7. Later-onset delirium is often associated with either a major postoperative complication or side adverse effects of alcohol or sedative withdrawal. In this article, we report describe a patient who experienced delirium after surgery, a somewhat unique occurrence.

We managed a female patient older than 70 years of age who experienced confusion on postoperative day 3 shortly before she developed sepsis due to her anastomotic leak. After the operation, the patient was transferred to the intensive care unit, where her confusion occurred. She was then referred to the psychiatry department for evaluation. After psychiatric evaluation the patient was diagnosed with delirium, which cleared slowly as her medical condition stabilized. She went to a skilled nursing facility and then home, where no further delirium was noted.

Once discharged, patients who have experienced postoperative delirium need both acute short- and chronic-long-term follow-up. Mental status should be monitored closely for recurrence, and intensive rehabilitation efforts should be initiated to reverse the cognitive and functional declines typical in these patients. Patients whose conditions are not improving should receive a comprehensive evaluation from their primary care physician or from a geriatrician or rehabilitation specialist.

The terms acute and chronic are most often preferred for descriptions of symptoms, conditions, or diseases; they refer to duration, not severity. Avoid the use of acute and chronic to describe patients, parts of the body, treatment, or medication (11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

Adults are persons aged 18 years and older and should be referred to as men or women (11.5, Age and Sex Referents, p 410 in print).

With the phrases older than and younger than, the phrase of age is redundant (11.2.1, Redundant Words, pp 405-406 in print).

A case is a particular instance of a disease. A patient is a particular person under medical care (11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).

The term provider can mean a health care professional, a medical institution or organization, or a third-party payer. If the usage refers to 1 specific provider (eg, physician, hospital), use the specific name or alternative name for that provider (eg, pediatrician, tertiary care hospital, managed care organization), rather than the general term provider (11.1, Correct and Preferred Usage of Common Words and Phrases, pp 381-405 in print).