Anesthesia in the Aging Population: Challenges and Key Considerations for Geriatric Patients

[1]Dr. Taimoor Shahzad, [2]Dr. Ahmed Haroon, [3]Muhammad Athif Akram, [4]Dr. Zamin Abbas, [5]Dr. Marwa Riaz, [6]Dr. Khizer Javed butt

Submission: 10 February 2026 | **Acceptance**: 14 March 2026 | **Publication**: 03 April 2026,

[1]Agha Khan Hospital, Lahore
[2]PIMS Islamabad
[3]Associate Professor Abu Umara Medical and Dental College Lahore /Ali Fatima Hospital
[4]Service Hospital, Lahore
[5]Sir Gangaran Hospital, Lahore
[6]Allied Hospital, Faisalabad

Background
The balanced increase in the mature population has led to a frequent rise in the number of geriatric patients requires surgical intercede. The interaction between aging physiology, chronic comorbidities, and the pharmacological effects of anesthetic agents may represent crucial challenges for perioperative management.
Objectives
This study aims to inspect the challenges anesthesiologists countenance in managing older patients, highlighted some physiological adjustment, pharmaco-kinetic and pharmaco-dynamic changes, comorbidities, reasonable risks, and terms for optimizing per surgical care.
Methods
A complete literature research was conducted across multiple databases includes PubMed, MEDLINE, Cochrane Library etc. which focus on studies from 2001 to 2023.
Results
Main findings indicate frequent changes in cardiovascular, respiratory, renal, hepatic, and other central nervous systems in older patients, demand in careful adjustment of anesthetic techniques and drug dosages. Poly-pharmacy and multi-morbidity may further complicate management. In addition, older patients are at increased risk for post-operative complications includes delirium, cognitive dysfunction, cardiovascular events, and long-term recovery.
Conclusion
Anesthetic care in elderly surgical patients requires individualized, multidisciplinary approaches, incorporating comprehensive preoperative assessments, careful intraoperative monitoring, and vigilant postoperative care. Advances in geriatric anesthesiology must continue to evolve to meet the growing needs of this vulnerable population.
Keywords: individualized, elder population, nutrition, aged

Introduction

The world goes through a dramatic statistical transformation. According to the World Health Organization, the quantity of people aged 65 years and older is forecast to double from 14% to 24% between 2016 and 2050. In lots of developed countries, individuals aged 66 and older already represent a frequent proportion of the total population [1]. Better healthcare, better nutrition, and advancement in medical technology contributes to increased duration. Moreover, long life expectations also relate with an increased generalized of chronic illnesses and the need for surgical intercede [2]. With the passage of time,

the probability of needed surgical procedures which rises randomly due to its regenerative diseases, malignancies, and traumatic injuries includes fractures from falls. In the United States, individuals aged 66 and older account for over 41% of all surgeries performed. In result, anesthesiologists are rapidly increasing, managing older patients which often present with critical medical histories, poly-pharmacy, and declined physiological reservoirs [3]. The aging process affects almost every organ system in human being, changing both the pharmacokinetics as absorption, distribution, metabolism, and elimination of drugs and pharmacodynamics like drug sensitivity and receptor responses of anesthetic agents. Elderly changes include reduced cardiac output, may decreased pulmonary compliance, destroyed renal and hepatic function, and changes in central nervous system sensitivity. These changes make older patients more open to both under- and over dosing, increases the risk of per- surgical complications [4]. Post-operative delirium and reasonable dysfunction are specifically prevalent in elderly surgical patients, leading to prolonged hospital stays, decreased functional independent, and increased its mortality rates. In addition, older patients are more vulnerable to complicated conditions like myocardial infractions, heart stroke, infection, and respiratory failure, furthermore complicating post-operative management [5]. The management of anesthesia in geriatric patients which requires a customized, patient-centered approach that takes into relation of physiological and social factors [6]. Multifactorial collaboration between surgeons, anesthesiologists, some geriatricians, and other nursing staff is most essential to reduce outcome. Detailed pre-operative assessments, individualized intra-operative techniques, and watchful post-operative care form the keystone of effective geriatric anesthesia and its management [7]. In this study, we search out the unique challenges of managing anesthesia to older patients, the physiological mechanisms, the potential complications, and other current strategies for improvement of perioperative results in this increasing patient population.

Methodology

A broad literature study was conducted to collect related information on the challenges and deliberations linked with anesthesia in the geriatric population. The research involves electronic databases includes PubMed, MEDLINE, Cochrane Library, and also Google Scholar. Studies publish out between 2002 and 2020, which were considered to make sure both foundational knowledge and latest advancements were included. The searching material which were used includes: "anesthesia,""aging population,""geriatric anesthesia,""older surgical patients,""perioperative care in older,""post-operative reasonable dysfunction and anesthesia," and "pharmaco-kinetics in olders." Inclusion criteria concentrated on studies involve adult patients aged 656 years and elder who undergo surgical procedures requires anesthesia. Studies addresses pre-operative assessment, intra-operative managements, post-operative outcomes, and other complications specific to older patients which were included. Both quantitative studies like randomized controlled trials, group studies, and systematic study, as well as qualitative expert reviews and clinical guidelines, were studied to ensure a prolonged understanding. Articles not in English, case reports, and studies with insufficient data on geriatric patients were excluded. Data were extracted out by regarding physiological changes, pharmacological considerations, peri-operative risks, anesthetic management strategies, and other clinical results. These findings from specific resources were synthesized and also organized proportional to present an evidence-based study of anesthesia management in the elder population.

Results

The literature study highlighted the several crucial aspects of anesthetic management in older patients. Age considerations physiological changes, poly-pharmacy, changed drug metabolism, reasonable dysfunction risks, and the high currency of comorbidities were current themes. Each of these factors include the terms to increased surgical risk and complex in managing anesthesia for geriatric patients. On Physiological aspects, the cardio-vascular system undergo frequent changes depends on age, includes

reduced arterial assent, impaired di-atelic functions, and damaged baroreceptor sensitivity, all of them increased the likelihood of intra-operative hemodynamic unreliability. The respiratory system also highlighted the decreased lung compliance and weakened respiratory muscle-, raises the risk of hypo-ventilation and hypoxia during and after the anesthesia. Renal function reduce progressive with age, leads to the reduced authorization of many anesthetic drugs and a highlighted the risk of toxicity. On similar level, hepatic metabolic capacity damaged, specifically phase I metabolic reactions, which affects drug metabolism. Neurologically, older patients are more allowing to the central nervous system depress the effects of anesthetic agents, makes them particularly vulnerable to post-operative delirium and represented dysfunction. Poly-pharmacy remains a major concern in geriatric anesthesia. older patients may often take multiple medications for chronic diseases includes hypertension, diabetes, cardiovascular disease, chronic kidney disease, and respiratory illnesses. This increases the risk of drug-drug interactions, altered pharmacodynamics, and adverse drug reactions. In addition, frailty may be characterized by the decreased physiological reserve and resilience to stress which is independently predicts less surgical results, includes increased rates of post-operative complications, long term hospital stays, and higher mortality rate.

Table 1 summarizes the key physiological changes in elderly patients that impact anesthesia management:

Table 1: Age-Related Physiological Changes Relevant to Anesthesia

System	Age-Related Changes	Anesthetic Implications
Cardio-vascular	Decreased arterial compliance and diastolic dysfunction	Hemodynamic instability and sensitivity to volume shifts
Respiratory	Reduced lung compliance, weaker respiratory muscles	Increased risk of hypoxia, hypercapnia and atelectasis
Renal	Decline in GFR and renal blood flow	Impaired drug clearance, increased risk of nephrotoxicity
Hepatic	Reduced hepatic blood flow and impaired phase I metabolism	Altered drug metabolism and prolonged drug effects
Central Nervous	Increased CNS sensitivity to anesthetics	Higher risk of delirium and cognitive dysfunction
Thermoregulatory	Impaired temperature regulation	Increased risk of perioperative hypothermia

Table 2: Common Postoperative Complications in Elderly Patients

Complication	Description	Contributing Factors
Delirium and POCD	Acute confusion, memory impairment and cognitive decline	CNS sensitivity, hypoxia, polypharmacy and sepsis also
Myocardial Infarction	Ischemic heart events	Cardiovascular comorbidities, hemodynamic shifts
Respiratory Failure	Hypoventilation, pneumonia and aspiration	Reduced pulmonary reserve, weak cough reflex
Acute Kidney Injury (AKI)	Sudden renal function decline	Nephrotoxic drugs, hypotension, dehydration
Infections	Surgical site, urinary tract and pneumonia	Immuno-senescence, long term hospitalization
Functional Decline	Loss of independence in ADLs/IADLs	Prolonged immobility, poor rehab potential

Discussion

Long-term pre-operative links is critical to identify and initiate potential risks in older patients [8]. A multifactorial assessment that includes medical history term, functional status, nutritional level, less function, and social support is important. Tools includes the Complete Geriatric Assessment (CGA), frailty indices, and random screening tests provide valuable links [9]. Optimized strategies also include rehabilitation, medication adjustments, management of comorbidity conditions, and advanced care planning's [10]. Sufficient pre-operative preparations can significantly reduce the post-operative difficulty and enhance recoveries.The choice between general and regional anesthesia also includes personalized based on patient-specific factors, surgical requirements, and high potential risks. General anesthesia can be linked with greater hemodynamic instable, increased level of post-operative delirium, and long term recovery times in older patients [11]. Diversely, regional anesthesia helps benefits includes decreased narcotic requirements, reduce the respiratory complications, and potential lower rates of dysfunction [12]. Moreover, regional anesthesia may not always be practicable, specifically in patients with spinal deformities, coagulopathies, or other infections at the injection site. equally critical, as elderly patients are more prone to hypothermia, which can contribute to coagulation abnormalities and delayed wound healing [13]. Postoperative care must focus on early mobilization, effective pain management, prevention of delirium, and maintenance of functional independence. Multimodal analgesia, including the use of acetaminophen, NSAIDs (when appropriate), and regional techniques, should be prioritized to minimize opioid consumption. Delirium prevents the strategies which includes environmental modifications, sleep hygiene, also minimize unnecessary medications, and promotes early walking [14]. Post-operative results in dysfunction remained a frequent concern and also requires a long-term interpretation and support from both healthcare providers and also family members. In geriatric anesthesia, social considerations are supreme.

Conclusion

The aged population also represents a growing challenge to anesthesiology practices globally. Older patients exhibit frequent physiological, pharmacological, and differences that make it necessary to personalized, multifactorial approaches to pre surgical care. Comprehensive approach in preoperative assessments, careful anesthetic plans, initial intraoperative monitoring, and highly active post-operative care can barely reduce morbidity rate and improved surgical results in this value able group. Advanced practices in geriatric anesthesiology, relate up with ongoing research, are crucial to refined for best practices and optimized care for older surgical patients. As the worldwide population, continue to age, anesthesiologists must retain at the start of adapting to these evolving needs, which ensures safe, effective, and comparable care for older adults undergo surgery.

Reference:

1. Hershkovich, O., Tetroashvili, I., Goldstein, A. L., & Lotan, R. (2024). Anesthesia's Influence on Postoperative In-Hospital Morbidity–Mortality in Proximal Femoral Fractures in the Elderly. *Medicina*, *60*(9), 1446.
2. Li, T., Li, J., Jiang, C., Yuan, L., Wu, J., Mazaheri, A., ... & RAGA Study Investigators. (2025). Incidence of 12-month postoperative cognitive decline following regional vs. general anaesthesia in older patients undergoing hip fracture surgery: follow-up of the RAGA trial. *Anaesthesia*.
3. Pereira, E. M., Moraes, V. R., da Costa, M. G., do Nascimento, T. S., Slawka, E., Júnior, C. G., & Struys, M. M. (2024). Remimazolam vs. propofol for general anaesthesia in elderly patients: a meta-analysis with trial sequential analysis. *European Journal of Anaesthesiology| EJA*, *41*(10), 738-748.
4. Liang, Z., Liu, J., Chen, S., Zhao, X., Chen, G., Xie, Y., ... & Yuan, J. (2024). Postoperative quality of recovery comparison between ciprofol and propofol in total intravenous anesthesia for elderly patients undergoing laparoscopic major abdominal surgery: a randomized, controlled, double-blind, non-inferiority trial. *Journal of clinical anesthesia*, *99*, 111660.

5. Wang, D., He, X., Li, Z., Tao, H., & Bi, C. (2024). The role of dexmedetomidine administered via intravenous infusion as adjunctive therapy to mitigate postoperative delirium and postoperative cognitive dysfunction in elderly patients undergoing regional anesthesia: a meta-analysis of randomized controlled trials. *BMC anesthesiology*, *24*(1), 73.
6. Lin, S., Tan, H., Zhao, L., Zhu, B., & Ye, T. (2024). The Role of Precision Anesthesia in High-risk Surgical Patients: A Comprehensive Review and Future Direction. *International Journal of Advance in Clinical Science Research*, *3*, 97-107.
7. Ntsama Essomba, M. J., Esson Mapoko, B. S., Metogo Mbengono, J. A., Simo-Tabue, N., Kengne, A. P., Choukem, S. P., ... & Tabue Teguo, M. (2024). Pre-Therapeutic Assessment of Older People in Sub-Saharan Africa: Introduction to the Comprehensive Geriatric Assessment. *Journal of Clinical Medicine*, *13*(6), 1801.
8. Gao, M., Zeng, Z., Jiang, X., Ge, J., & Song, J. (2024). Long-term quality of life and influencing factors in elderly patients after vertebroplasty based on the EQ-5D-3L Chinese utility scoring system: a retrospective study. *BMC geriatrics*, *24*(1), 686.
9. Tanveer, M., Qadeer, T., Ali, S. Y., Bhatti, A. A., Khalid, R., Suleman, M., & Shahid, M. N. (2024). Physio-Anatomical complications in short and long surgical procedures with General Anesthesia. A comparative cross-sectional study: Anesthesia-Related Physio-Anatomical Complications in surgical procedures. *DEVELOPMENTAL MEDICO-LIFE-SCIENCES*, *1*(2), 20-27.
10. Mehler, D. M., Kreuzer, M., Obert, D. P., Cardenas, L. F., Barra, I., Zurita, F., ... & Sepúlveda, P. O. (2024). Electroencephalographic guided propofol-remifentanil TCI anesthesia with and without dexmedetomidine in a geriatric population: electroencephalographic signatures and clinical evaluation. *Journal of Clinical Monitoring and Computing*, *38*(4), 803-815.
11. Lamperti, M., Romero, C. S., Guarracino, F., Cammarota, G., Vetrugno, L., Tufegdzic, B., ... & Afshari, A. (2025). Preoperative assessment of adults undergoing elective noncardiac surgery: Updated guidelines from the European Society of Anaesthesiology and Intensive Care. *European Journal of Anaesthesiology| EJA*, *42*(1), 1-35.
12. Ma, Y. K., Qu, L., Chen, N., Chen, Z., Li, Y., Jiang, A. L. M., ... & Xu, G. P. (2024). Effect of multimodal opioid-sparing anesthesia on intestinal function and prognosis of elderly patients with hypertension after colorectal cancer surgery. *BMC surgery*, *24*(1), 341.
13. Lee, S., Oh, C., Jung, J., Hong, B., Jo, Y., Lee, S., ... & Chung, W. (2024). Retrospective comparison of the effects of remimazolam and dexmedetomidine on postoperative delirium in elderly patients undergoing orthopedic surgery of the lower extremities under spinal anesthesia. *Journal of Anesthesia*, 1-9.
14. Bamgbade, O. A., Sonaike, M. T., Adineh-Mehr, L., Bamgbade, D. O., Aloul, Z. S., Thanke, C. B., ... & Chansa, M. (2024). Pain Management and Sociology Implications: The Sociomedical Problem of Pain Clinic Staff Harassment Caused by Chronic Pain Patients. *Anesthesiology and Pain Medicine*, *14*(2), e144263.