

Proactive care of Older People undergoing Surgery: Geriatric-Surgical Support Team

Submission date 11/04/2005	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
Registration date 20/06/2005	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 13/09/2017	Condition category Surgery	<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
G021011

Study information

Scientific Title
Proactive care of Older People undergoing Surgery: Geriatric-Surgical Support Team - a randomised controlled trial

Acronym

POPS

Study objectives

Functional status, pain control, and quality of life is commonly improved in older people following elective orthopaedic surgery. However, older people with comorbidities are more likely to have prolonged hospital stay and readmissions relating to post-operative problems such as delirium, prolonged immobility, and complex discharges.

1. Proactive multidisciplinary geriatric intervention (as compared with usual care) will reduce:
 - a. Post-operative length of stay
 - b. Hospital readmission within 28 days
 - c. Post-operative delirium in at risk older people undergoing elective surgery
2. Proactive multidisciplinary geriatric intervention will cost-effectively improve post-operative clinical (illness events), functional (dependency) and psychological (anxiety and depression) outcomes in at risk older patients undergoing elective surgery

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Orthopaedic surgery

Interventions

We are evaluating a multidisciplinary Comprehensive Geriatric Assessment (CGA) team (geriatrician, specialist nurse, physiotherapist, occupational therapist [OT], social worker) whose aim is to reduce post-operative problems in at risk older surgical patients through proactive assessment and treatment. The aim of this randomised controlled trial (RCT) is to evaluate the clinical impact and cost-effectiveness of this approach.

Control: Usual care

Intervention Type

Procedure/Surgery

Phase

Not Specified

Primary outcome(s)

Primary outcome at 1 month post-operatively will be hospital length of stay.

Key secondary outcome(s)

Secondary outcomes include post-operative medical complications, mobility, mood, quality of life, and resource use.

Completion date

31/01/2006

Eligibility

Key inclusion criteria

Patients aged 65+ on the elective orthopaedic waiting list will be screened by postal questionnaire for medical, functional, psychosocial risk factors, and those at risk who consent to participate will be randomised 3 months prior to surgery to receive either the intervention or 'usual care'.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Key exclusion criteria

1. Patients aged 65 years and over awaiting elective surgery without evidence-based risk factors from screening (postal questionnaire)
2. People who refuse consent

Date of first enrolment

01/01/2004

Date of final enrolment

31/01/2006

Locations

Countries of recruitment

United Kingdom

England

Study participating centre
9th Floor North Wing
London
United Kingdom
SE1 7EH

Sponsor information

Organisation
Guy's and St Thomas' Charity (UK)

ROR
<https://ror.org/02p7svq74>

Funder(s)

Funder type
Charity

Funder Name
Guy's and St Thomas' Charitable Foundation. Registered Charity number 251983 (UK)

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	result of cohort study	01/03/2007		Yes	No