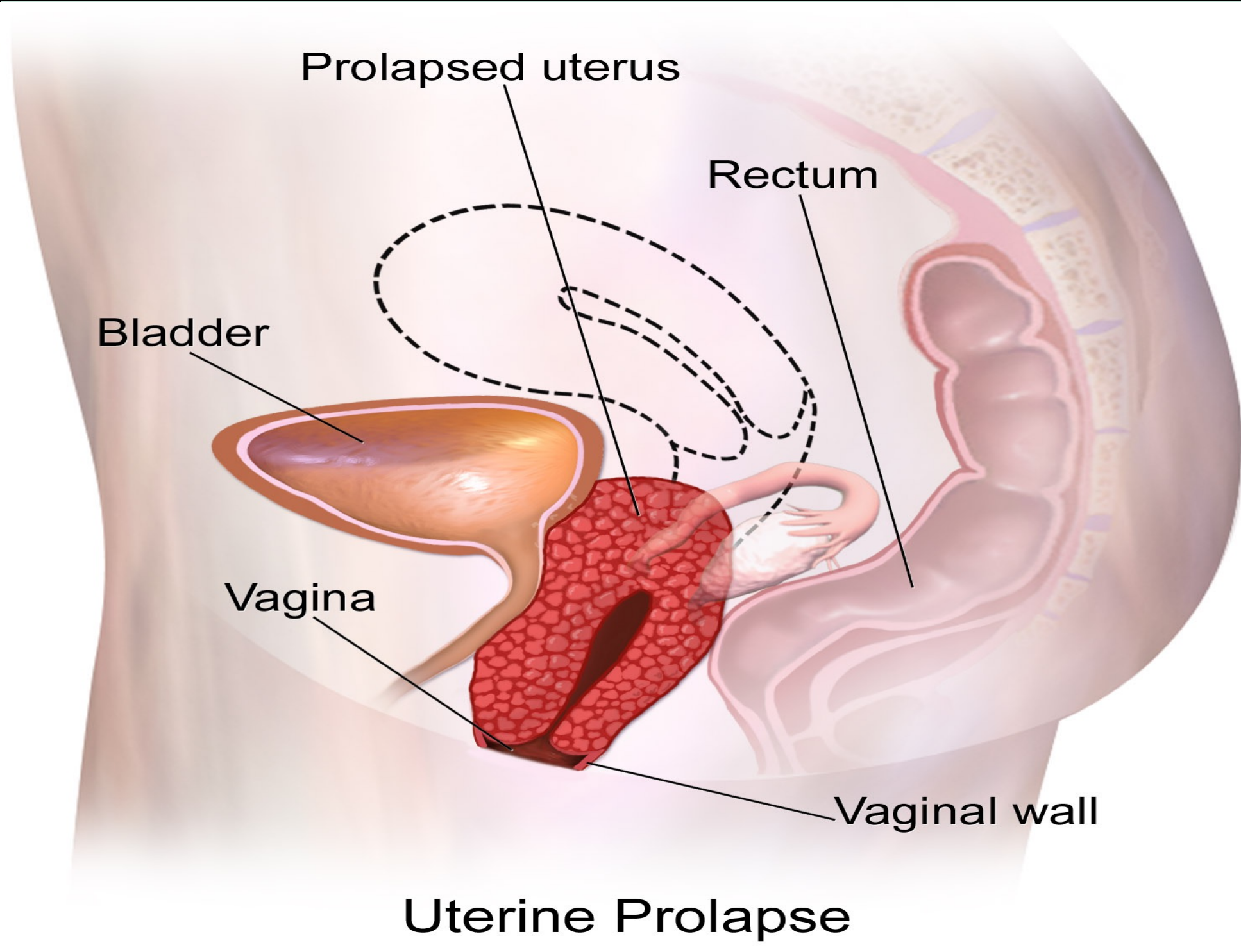


Overcoming challenges in managing prolapse surgery of the woman with dementia

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INTRODUCTION

AIMS AND OBJECTIVES

Dementia is overlooked in gynaecology practice. We present the challenges faced in managing a patient with dementia with prolapse.

CASE REPORT

A **65-year-old lady** attended the Gynaecology **Outpatient** clinic with her husband having a **three-year history of ‘something coming down’**. This was uncomfortable and distressing. She was diagnosed with **Stage 3 uterine prolapse** and opted to have surgery. She was offered to try pessaries but denied it. COVID-19 pandemic **delayed her surgery** and meantime she was diagnosed with **Alzheimer’s disease**. She had **history of deafness and some communication difficulties**. These made us question the capacity to consent for treatment and consider the impact of dementia on preparation for surgery. In addition to the case report, we searched for research related to this topic.

DISCUSSION

This case highlighted-

- ❖ The general principle of considering doing nothing and an invasive procedure.
- ❖ Also, importance of considering a patient’s previous wishes (when they had capacity) and discussion with relatives .
- ❖ Factors to reduce the chance of post-operative confusion include- avoidance of general anaesthesia; presence of patient’s husband during regional anaesthesia
- ❖ Prompt removal of the catheter and managing surgery in a safe minimum time.

Dementia patients are more likely to experience delirium for any cause, not only after surgery.

As per the aging process, the brain has a less cognitive reserve to cope with the effects of anaesthesia.

In AD and other dementias, it is more prominent and rapidly progressing eventually making them susceptible to Post-Operative Cognitive Disorder (POCD).

Recommendation

- ❑ Multiple medications, longer and complex surgeries, dehydration, malnutrition, physical or mental illness, sensory impairment (poor vision or hearing without corrective aids), pain, increased age, and pre-existing cognitive impairment these increase the risk of developing delirium after surgery and worsen in the patient with dementia
- ❑ As pain increases the risk of delirium and dementia patients less communicate their level of pain so, pain must be adequately treated for them.
- ❑ Family support and caution can reduce these issues.
- ❑ The incidence of developing POCD is similar for both types of anaesthetics. Possibly delirium is less common after a regional anaesthesia.
- ❑ To reduce anxiety and confusion of a dementia patient, it is necessary to make the patient’s recovery surroundings as pleasant and familiar as possible.

CONCLUSION

Considering the management of prolapse for patients with dementia, it is important to take into account a patient’s previous wishes, discussion with relatives, and factors that reduce the chance of post-operative confusion.