



University of Colorado
Anschutz Medical Campus

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Background

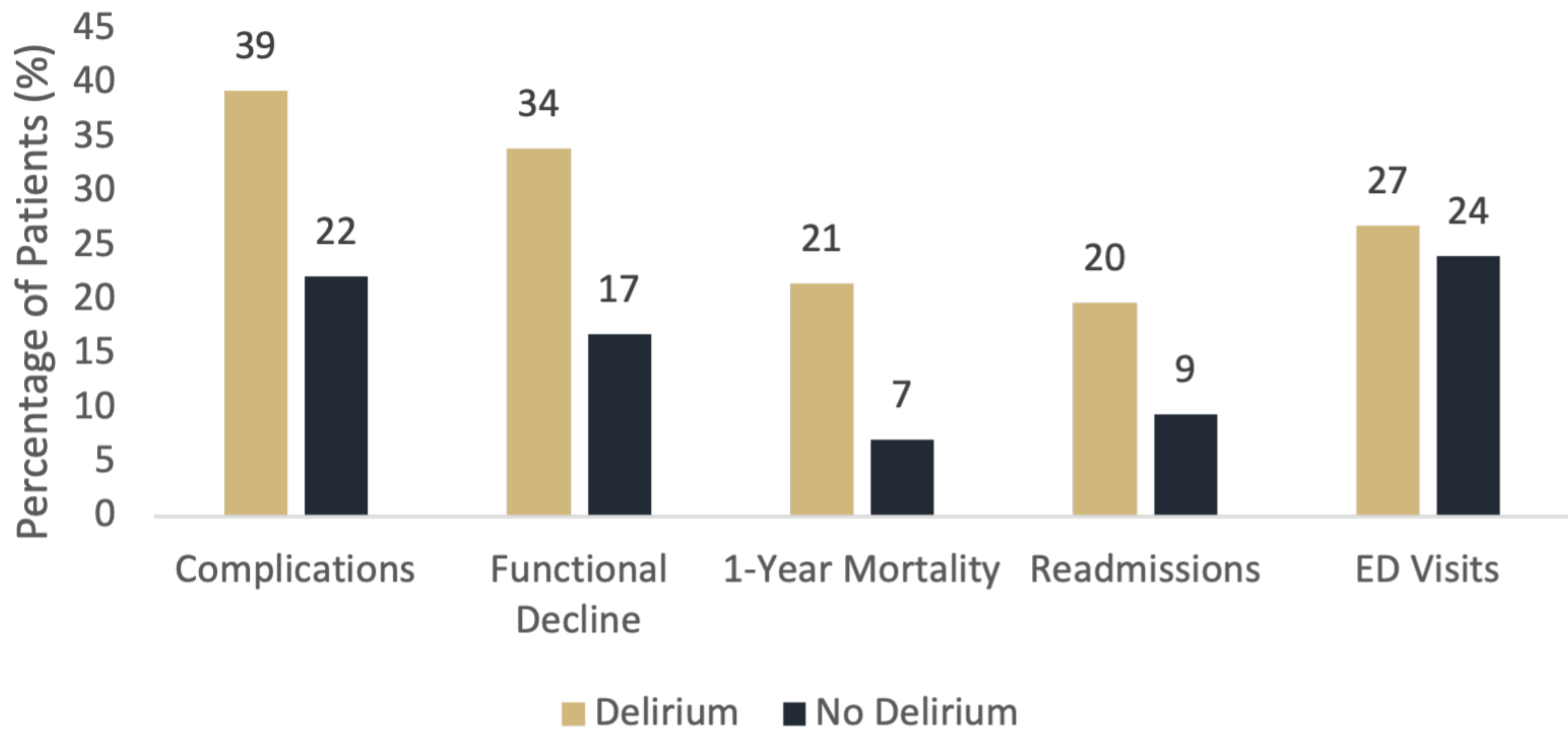
- Postoperative delirium is a common complication among older surgical patients and is particularly prevalent in veterans with complex comorbidities.
- Delirium has been associated with increased morbidity, prolonged hospital stays, functional decline, and greater healthcare utilization.
- Older veterans represent a high-risk population in whom the impact of delirium on postoperative outcomes remains incompletely characterized.
- This study evaluates whether postoperative delirium predicts adverse outcomes following surgery in veterans aged ≥75 years.

Methods

- Retrospective cohort study of 785 veterans ≥75 years undergoing surgery at a single VA Medical Center (2018–2024).
- Patients were categorized by postoperative delirium status: delirium (n=56) vs no delirium (n=729).
- Outcomes: postoperative complications, functional decline at 30 days, 30-day readmissions, 30-day ED visits, and 1-year mortality.
- Delirium identified through EHR documentation.
- Statistical analysis: Pearson χ^2 or Fisher’s exact test; p < 0.05 considered significant.

Results

Association of Postoperative Delirium with Adverse Outcomes



Outcome	Delirium (n = 56)	No Delirium (n = 729)	P-value
Complications	22 (39%)	161 (22%)	0.006
Functional Decline	19 (34%)	122 (17%)	.002
1-Year Mortality	12 (21%)	51 (7%)	< .001
Readmissions	11 (20%)	68 (9%)	.025
ED Visits	15 (27%)	175 (24%)	0.759

Conclusions

- Postoperative delirium in veterans ≥75 years was associated with higher rates of complications, functional decline, 1-year mortality, and unplanned readmissions.
- No significant association was observed between delirium and 30-day emergency department visits.
- These findings suggest that postoperative delirium is an important marker of adverse postoperative outcomes in older veterans.

Implications

- Preoperative identification of patients at high risk for delirium may allow targeted prevention strategies.
- Early recognition and management of delirium in the postoperative period may improve recovery and reduce complications.
- Integration of geriatric-focused perioperative care and provider education may help mitigate delirium-associated morbidity in older surgical populations.

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