



## Foreword:

# Why perioperative medicine matters more than ever

**M**ore than 33 million surgeries are performed annually in the United States at a cost of \$450 billion. Each year approximately 1 million patients sustain medical complications after surgery, such as myocardial infarction, heart failure, stroke, pneumonia, respiratory failure, venous thromboembolism, delirium, or renal failure. These complications cost the US health care system \$25 billion annually.<sup>1</sup>

The portion of the US population older than 65 is estimated to double in the next 2 decades, from 35 million to 70 million people. This growth, due in part to increasing longevity among the elderly, is expected to lead to a 25% increase in the number of surgeries, a 50% increase in surgery-related costs, and a 100% increase in complications from surgery.<sup>1,2</sup> In other words, a large surgical burden is in store in the coming years, so large that some see it as an impending crisis for the US health care system.

To prepare health care providers to better deal with this growing surgical burden, we decided to hold the “1st Perioperative Medicine Summit: Using Evidence to Improve Quality, Safety and Patient Outcomes” on September 22–23, 2005, in Cleveland. We invited experts both from within The Cleveland Clinic and from across the nation to provide state-of-the-art lectures on a broad range of topics essential to the practice of perioperative medicine. More than 200 clinicians attended the summit and left armed with evi-

dence-based risk assessment tools, guidelines, and recommendations. We believe that they are now better equipped to assess preoperative risk and to prevent and manage postoperative medical complications.

This CME-certified supplement to the *Cleveland Clinic Journal of Medicine* represents the proceedings of the summit, consisting of review articles developed directly from lectures and panel discussions presented at the summit. We are pleased that more than 32,000 physicians across the United States are receiving this supplement, as we hope it will increase the summit's impact in this critical area of medicine.

We hope you find this supplement useful and will consider attending our 2nd Annual Perioperative Medicine Summit, to be held September 18–19, 2006, at the InterContinental Hotel and MBNA Conference Center on The Cleveland Clinic campus. We are very excited about the upcoming summit, which will be held in conjunction with the newly formed Society for Perioperative Assessment and Quality Improvement (SPAQI). Details on the upcoming summit can be found on the inside back cover of this publication and at [www.clevelandclinicmeded.com/perioperativemed.htm](http://www.clevelandclinicmeded.com/perioperativemed.htm).

## ■ REFERENCES

1. Mangano DT. Perioperative medicine: NHLBI working group deliberations and recommendations. *J Cardiothorac Vasc Anesth* 2004; 18:1–6.
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**AMIR K. JAFFER, MD**

Summit Co-Director and Supplement Co-Editor  
Medical Director, IMPACT Center (Internal Medicine  
Preoperative Assessment, Consultation, and Treatment)  
Medical Director, The Anticoagulation Clinic  
Section of Hospital Medicine  
Department of General Internal Medicine  
Cleveland Clinic Foundation



**FRANKLIN A. MICHOTA, JR., MD**

Summit Co-Director and Supplement Co-Editor  
Head, Section of Hospital Medicine  
Department of General Internal Medicine  
Cleveland Clinic Foundation