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## SPINAL STENOSIS AND DEFORMITY IN THE ELDERLY

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### Resumen

**Introduction and objectives:** The global population is aging, with 20% expected to be over age 65 years by 2030. Rates of spine surgery are also increasing, and in part, this may be related to a more active elderly population and the desire to preserve function. The purpose of this study was to review the literature on spinal stenosis and deformity surgery in the elderly to determine risks, outcome, and strategies for reducing complications.

**Methods:** A Pubmed literature search was performed for open and minimally invasive deformity surgery in the elderly, and complications and outcome. Care pathways and risk stratification strategies were also searched.

**Results:** The literature is limited to nonrandomized studies, and most are retrospective case series that show high complication rates with deformity surgery in the elderly. However, health related quality of life is higher among patients who undergo surgery compared to those who do not. The frailty index is often used to stratify elderly patients by risk, and multidisciplinary care teams show some promise in reducing complications, managing comorbid conditions, and preserving function.

**Conclusions:** Elderly patients with spinal stenosis and deformity represent a growing proportion of the population who undergo surgery. However, complication management is paramount given the comorbidities associated with this population. Although deformity surgery in older patients is associated with high complications, risk stratification by frailty index, and patient care pathways may help improve outcomes. Long-term patient reported outcomes and health related quality of life after surgery continue to surpass non-surgical outcomes.