

# COPD patients 61% more likely to die in the year after major surgery

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Patients with chronic obstructive pulmonary disease (COPD) who undergo major surgery are more likely to die in the year after surgery and incur higher health care costs than similar patients without COPD,

found a new study published in *CMAJ (Canadian Medical Association Journal)*.

"Because patients with COPD are often frail and have many [health problems](#), their management around the time of surgery should address not only COPD but all their [health issues](#)," says Dr. Ashwin Sankar, an anesthesiologist at St. Michael's Hospital, a site of Unity Health Toronto, and the University of Toronto.

The study included 932 616 patients aged 35 years and older in Ontario who underwent [major surgery](#), including total hip or knee replacement, gastrointestinal surgery, vascular surgery and other elective noncardiac surgeries. Of all patients, about 1 in 5 (170 482) had COPD. Patients with COPD were older, and more likely to be male, frail, have lower income and have pre-existing conditions such as coronary artery disease, diabetes and lung cancers. Researchers found that compared with demographically similar patients without COPD undergoing similar surgery, people with COPD had a 61% increased risk of dying and a 13% increase in health care costs in the year after surgery. These increased risks and costs were evident long after the immediate 30-day postoperative period.

"Patients with COPD typically have concurrent comorbidity, biopsychosocial issues and frailty," write the authors. "Our findings highlight the importance of careful risk prediction and decision-making for patients with COPD who are considering surgery."

They hope that their findings of increased [health care costs](#) will help with system-level planning by policy-makers and hospital administrators to better respond to the postsurgical needs of people with COPD.

**More information:** Survival and health care costs after inpatient elective surgery: comparison of patients with and without chronic

obstructive pulmonary disease, *Canadian Medical Association Journal* (2023). [DOI: 10.1503/cmaj.220733](https://doi.org/10.1503/cmaj.220733)

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