As geriatric surgeons, we are in the midst of dramatic changes in the demographic structure of
the United States. Currently, almost 25% of the population is over the age of 65 years and the
fastest-growing cohort within this group will be those people over 75 years. This aging of the
US population presents potentially significant challenges to our healthcare system. In addition,
it raises the question about whether it can support the needs of older people and enable them
to live healthy, independent, and productive lives.

As the population ages, there is a natural enhancement in the development of medical tech-
nology which diffuses into many aspects of daily life. This includes all forms of minimally
invasive operative technologies, health-monitoring devices, and computers exhibiting artificial
intelligence which are being used to perform a variety of tasks, from the most routine to the
most complex. To meet these challenges, we may actually have to redefine what it means to be
“older.” So, does old mean 65 years or 75 years or even 80 years of age? Newspapers, televi-
sion, and the Internet are replete with stories about octogenarian triathletes, mountain climb-
ers, and fountain-of-youth aficionados. These elderly individuals are increasingly unwilling to
accept a shortened life span, much less the prospect of disability or even inconvenience.

Physicians understand far better than most that the concept of time on tissue is a prescrip-
tion for physical breakdown and deteriorating disease. Having said that, pelvic surgeons, as
anatomic scientists, like Galileo and Newton before them, are intimately aware of the compli-
cations that can occur when one adds gravity to time and tissue. Consequently, those physical
defects within the anatomic pelvis that ultimately lead to socially unacceptable clinical condi-
tions such as urinary and/or fecal incontinence will be absolutely intolerable to a healthier,
more diverse, and better-educated population of centenarians that continue to exhaustively
pursue active lives in a fashion unparalleled to the previous generations.

The editors, while surgeons, embody a combined half century of interest in the elderly. One
of us (DAG) is fellowship trained and board certified in Pelvic Reconstruction/Neurourology
and established one of the first Geriatric Pelvic Medicine fellowships. The other (MRK) pub-
lished his paper “Surgery in Centenarians” in 1985 and his first book, Geriatric Surgery, in
1990. Our chapter authors represent the best of the multidisciplinary spectrum of those focused
on the pelvis, from radiology and gastroenterology to urology and colon and rectal surgery. No
book to date has brought together in one volume their combined expertise. All of us who care
for the elderly—geriatricians, family physicians, surgeons, nurses, and many others—will
learn something that will help us care for this burgeoning group. So, read the volume cover
to cover or, more likely, read chapters of particular interest. All of our terrific patients, veterans
of wars and other intense life experiences, will benefit.

Baltimore, MD, USA

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