Dr Herman Lim
BMedSci, MBBS, FANZCA, AdvPTEeXAM
General & Cardiac Anaesthetist

anaesthesia@hlim.email
herman.au

Confusion and memory after surgery in older people

> **The short version.** Some older people become confused or drowsy after surgery. It is common, it is not simply "old age", it usually settles over a few days, and there is a lot we can do to reduce the chance of it happening.

What it looks like

Postoperative delirium is a state of fluctuating confusion: the person may be drowsy and withdrawn, or restless and agitated; may not know where they are or what day it is; may see things that are not there; and is often worse at night. It typically starts within a day or two of surgery and improves over a few days, though it can take longer.

Who is at higher risk

- Age over about 65, and especially frailty or a pre-existing memory problem.
- Dementia or mild cognitive impairment, even if it has never been formally diagnosed.
- Hip fracture and major surgery, and emergency rather than planned surgery.
- Infection, pain, dehydration, constipation, or not sleeping.
- Poor eyesight or hearing, and being in an unfamiliar place.
- Alcohol use, benzodiazepines, and some other medicines.

What helps — and what family can do

- **Bring glasses, hearing aids and dentures**, and make sure they are on and working. Sensory deprivation is a major contributor.
- Bring familiar things: a clock, photos, a favourite blanket. A family member present is often the most effective treatment there is.
- Keep the room lit in daytime and dim at night, and let the person sleep — avoid unnecessary overnight observations.
- Get moving and eating and drinking as early as is safe.
- Treat pain, and avoid unnecessary catheters and drips.
- **Tell staff about any confusion straight away** — it is a medical problem to be assessed, not something to wait out until the morning.

> **Seek urgent review if the person has:** a fever, new drowsiness that is hard to rouse, a weakness or droop on one side of the face or body, a new severe headache, or confusion that is getting rapidly worse. These need to be looked at immediately, because they can be signs of something other than delirium.

Longer-lasting effects

Most people return to their previous level of thinking within days to weeks. A minority notice memory or concentration that is not quite right for longer, and people with existing cognitive impairment are more vulnerable. If concerns persist after a few weeks, they should be raised with the GP or a geriatrician rather than accepted as inevitable — it is worth assessing, and worth planning around for any future anaesthetic.

If someone in your family has had confusion after an anaesthetic, tell me at the consultation. It is one of the most useful things to know when planning the anaesthetic, the medicines given, and how closely you are watched afterwards.

On your phone: anaesthesia.herman.au/p/13
Prepared by Dr Herman Lim for patients of his anaesthetic practice · version 1.0, 27 November 2026.
There is no ANZCA position statement specific to postoperative delirium; this sheet reflects standard geriatric and anaesthetic practice. Risk assessment at the pre-anaesthesia consultation is covered in **PG07 (2024)**.
This pamphlet is general information and does not replace individual advice. If my rooms, your surgeon or your hospital have given you different instructions, **those instructions take priority** over anything written here.

Scan to read on your phone