



Immediate Postoperative Mobilization

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Introduction

ERAS® Society guidelines: patients should be mobilized out of bed 2h on the day of surgery

When is it safe to start?

Safe after arrival at the PACU?

Aim

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ORIGINAL SCIENTIFIC REPORT

Supervised Immediate Postoperative Mobilization After Elective Colorectal Surgery: A Feasibility Study

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Abstract

Background Early mobilization is a significant part of the ERAS[®] Society guidelines, in which patients are recommended to spend 2 h out of bed on the day of surgery. However, it is not yet known how early patients can safely be mobilized after completion of colorectal surgery. The aim of this study was to evaluate the feasibility, and safety of providing almost immediate structured supervised mobilization starting 30 min post-surgery at the postoperative anesthesia care unit (PACU), and to describe reactions to this approach.

To evaluate the feasibility and safety of providing immediate structured supervised mobilization to colorectal surgical patients in the PACU starting 30 minutes after post-surgery, and to describe reactions to this approach

Participants (n=42)

December 2016-February 2018 Örebro University Hospital

Inclusion criteria :

≥ 18 years

elective open or laparoscopic colorectal surgery

Exclusion criteria:

unable to understand written information or

unable to walk preoperatively

Age 62-76 (median 69)
57% female
60% open surgery

Setting

PACU

Standard ERAS protocol

Standard anesthesia and analgesia for colorectal surgery

Physiotherapist (PT) with experience was in charge of the mobilization intervention for all the participants

SOMS	Level 0 No activity	Level 1 In-bed activity	Level 2 Sitting	Level 3 Standing	Level 4 Ambulating
Definition	Mobilization was not possible	(Modified definition from original) ^a Head end raised about 30 degrees AND active lower leg circulation exercise 20 reps, 1 set	Sitting at the bedside with/without support	Standing twice with/without support of walking aid and assistance of two persons, and taking steps in-place	Ambulating 5–10 meters with walking aid and assistance of two persons, one on each side of the patient
Safety criteria for advancing active mobilization ¹¹	Percutaneous oxygen saturation ≥90%. Adequate blood pressure, fluid volume, and adequate pain control. Postoperative vasopressor was not an absolute contraindication to mobilization, but the appropriateness of mobilization was discussed with the clinical team including the anesthesiologist. If unsuccessful in achieving hemodynamic stabilization (abnormal electrocardiography, systolic blood pressure <90mmHg) or pain control, or there are signs of motor blockage due to epidural analgesia, do not advance.				

Immediate postoperative mobilization

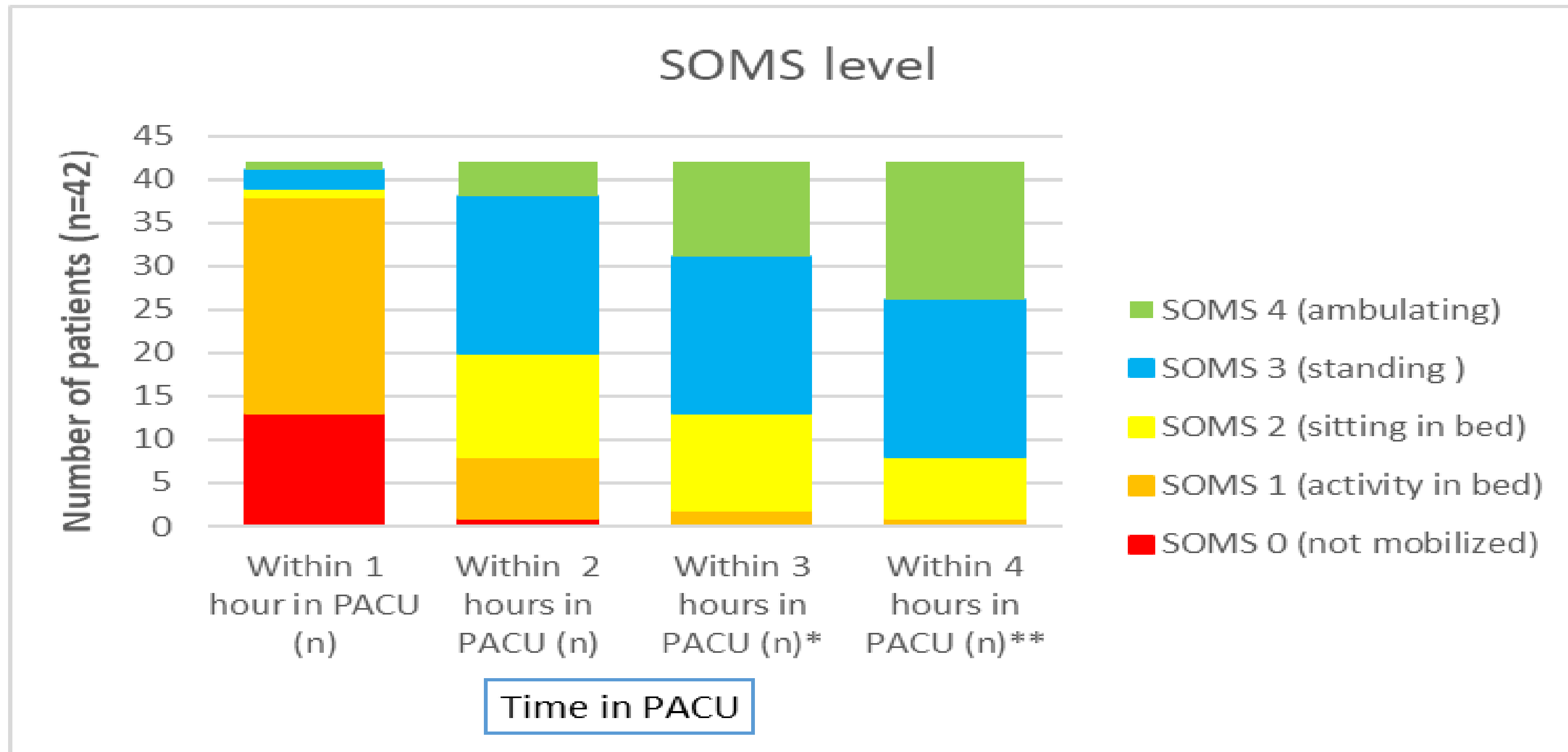


Start ≈30 minutes after arrival

At each mobilization attempt, the patient was advanced as far as they were able to along the stepwise SOMS mobilization schedule while adhering to safety criteria

Mobilized at 30 minutes intervals with 30 minutes of rest between attempts hourly for 4 hours or until leaving PACU

Results



Safe to mobilize?

Yes

No adverse events

Main barriers to advance mobilization

- somnolence (n=48)
- and pain (n=21)

Still, patients engaged to try to reach higher levels of mobility despite these barriers

Conclusions

The results of this study suggests that :

- under the guidance of an experienced physiotherapist working with the nursing staff
- and managing medical issues
- and adequate equipment

structured mobilization as early as 30 minutes after arrival in the PACU after colorectal surgery is feasible and safety.

Forthcoming studies

Effects of the very early mobilization will be investigated in randomized controlled trial.

Experiences of the experiences from perspective of the patientens will be investigated in a qualitative study