Profile, length of stay and ambulatory status in an enhanced recovery fast track program of colorectal surgery

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Introduction
Enhanced recovery after surgery (ERAS) programs were found to accelerate functional recovery after colonic surgery. Post-operative physiotherapy was reformed in the integrated care patient program (IPCP) for colorectal cancer. Apart from vigorous chest physiotherapy, accelerated mobilization was incorporated starting from post-operative day 1. Twice-a-day intensive ambulatory sessions were reinforced until the patient could walk independently.

Objectives
To describe the profile, length of stay (LOS), number of post-operative days required to achieve for different ambulatory statuses and post-operative complications in patients undergoing elective laparoscopic resection under colorectal cancer IPCP.

Methodology
Patients enlisted in IPCP for elective laparoscopic surgery for colorectal cancer during April to August 2014 were recruited in this study. Demographic data, LOS, time to first ambulation, time to independent walking, and number of physiotherapy sessions delivered were collected. Retrospective analysis was performed by using descriptive statistics.

Result
Results: A total of 50 patients received elective laparoscopic resection during the
study period. 19 (38.0%) of them were male and 31 (62.0%) were female. The mean age was 62.1 (±8.6) years. The median LOS was 7 days. We identified three patients (6.0%) who had prolonged LOS of more than 20 days due to post-operative fluid collection, suspected acute coronary syndrome and social problem for discharge. The median time for first ambulatory training, defined as walking for at least 4 meters, was 1.75 days. Similarly, the median time for achieving independent ambulation was 3 days. The mean number of physiotherapy visits delivered was 5.6 (±5.33) sessions before discharge. Conclusion: It was found that the median LOS was 7 days with enhanced physiotherapy provision was comparable to the LOS as listed in the Hospital Authority SOMIP report (8 days) in 2014. Moreover, no pulmonary complication was found in this cohort. Whether early mobilization and augmented ambulatory training sessions demonstrate favorable outcomes towards shortened LOS in elective laparoscopic surgery for colorectal cancer patients may require further randomized control study to further evaluate their effectiveness.