









## Prehabilitation

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## Overview

- Is the current cancer treatment pathway good enough?
- Prehabilitation
- Over to the experts



## Overview

• Is the current cancer treatment pathway good enough?

# **Old Surgical Pathway**

#### • Previously......

- Admitted day/s before surgery
- Full bowel prep
- Fasted completely from midnight
- No re-introduction of diet until flatus
- Home once bowels moved
- Length of stay 10-14 days
- Fairly miserable for the patient



- Take things easy at home
- Seen in OPC and the usual weight gain taken as a 'good sign'

# **New Surgical Pathway**

• But then... ERAS (Enhanced Recovery after Surgery)



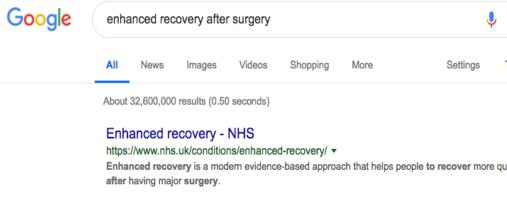
- Introduced as a case series by Henrik Kehlet from Denmark (1999)
- Pre-operative counseling about pathway
- No bowel prep
- Pre-op drinks high in CHO and shorter fasting times
- Fluids and diet when patient requests (e.g. night of surgery)
- Up to sit night of surgery
- Laps around walking track until time of discharge
- Discharge usually when flatus passed, NOT bowel motion
- Telephone call follow-up
- Shorter length of stays 2-7 days
- Less complications, re-admissions
- Happier patients (mostly)



## Perioperative pathway

ERAS is just everywhere....

# Surgery Multi-modal ER intervention Traditional care Days Weeks ERAS® Society ABOUT NEWS NATIONAL SPECIALTIES





ERAS WORLD CONGRESS, LIVERPOOL, UK, 1-3 MAY 2019



Tweets by @ErasSociety

ERAS
Enhanced Recovery After Surgery

• 014/511

• But is this good enough?

- Several issues remain
  - high % of patients have poor lifestyle choices = worse post-op outcomes
  - poor lifestyle choices means less likely to manage ERAS
  - ERAS is only for surgery what about side-effects of chemo/ radio?

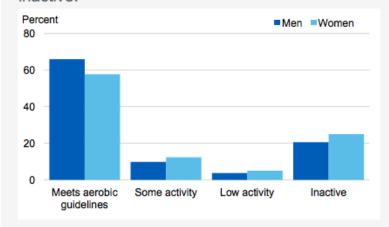
- high % of patients have poor lifestyle choices = worse post-op outcomes

#### Adult physical activity levels

#### Activity by gender<sup>1</sup>

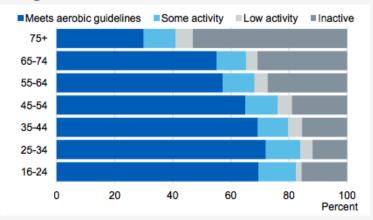
66% of men and 58% of women aged 19 and over met the recommended aerobic guidelines<sup>2</sup>.

21% of men, and 25% of women were classified as inactive.



#### Activity by age group

Activity levels decrease in higher age groups. 69% of 16-24 year olds and 72% of 25-34 year olds met the aerobic guidelines, but falling below 60% for ages 55 and over.



1) HSE generally covers adults aged 16+, but data here is shown for ages 19+ to reflect the government guidelines for adult physical activity. 2) At least 150 minutes of moderate activity or 75 minutes of vigorous activity per week or an equivalent combination of both, in bouts of 10 minutes or more.

For more information: Table 1, Adult Physical Activity, Health Survey for England 2016

- high % of patients have poor lifestyle choices = worse post-op outcomes



#### OUTCOMES

Ann R Coll Surg Engl 2018; 00: 1–8 doi 10.1308/rcsann.2018.0213

### Limited preoperative physical capacity continues to be associated with poor postoperative outcomes within a colorectal ERAS programme

E McLennan<sup>1</sup>, R Oliphant<sup>2</sup>, SJ Moug<sup>1</sup>

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- x4 greater risk of complications

• Prehabilitation

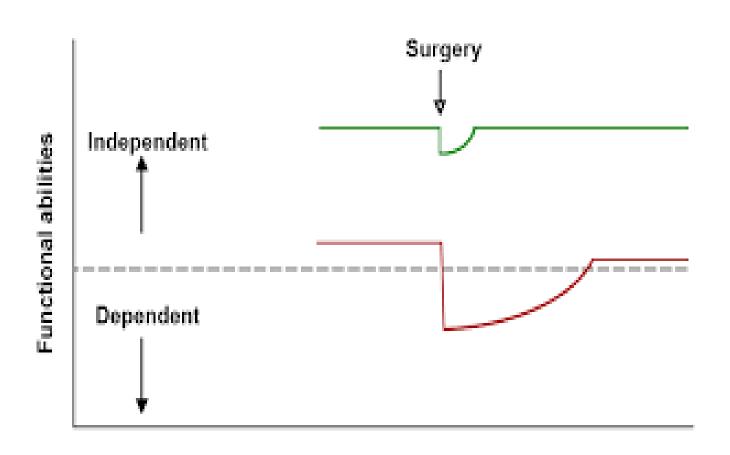


## What is Prehab?

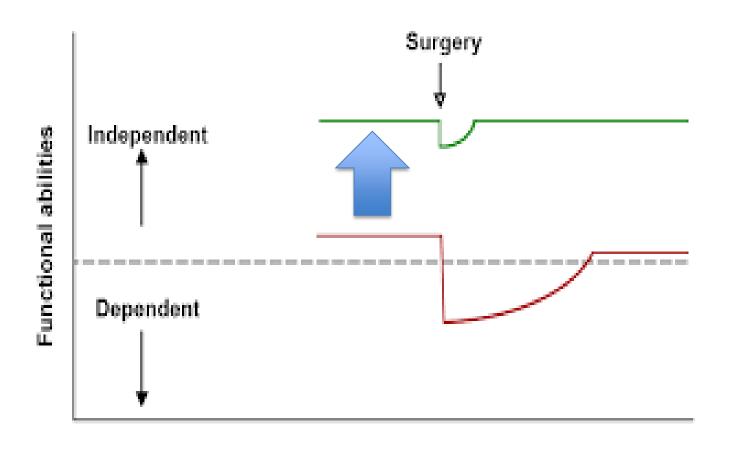
- 'the bit before ERAS'
- Variable components
  - Multi-modal
    - (weight, diet, PA, smoking, alcohol, psychological, pharmacological, nutrition)
  - Colorectal, gastro-oesophageal, ortho populations
  - Benign and/ or malignant pathology
  - Prior to surgery or starting their CRT
- Physical activity leading prehab
  - PA Interventions include:
    - Outpatient/ community based exercise programmes
    - Gym based
    - Supervised vs telephone guided
    - Aerobic/ resistance/ respiratory
    - Duration and intensity



# That is a very big word



## Thank goodness for the blue arrow



- It is a new-ish concept that is evolving
  - Effective for patients going straight to surgery

Carli F et al (BJS 2010)

- First RCT with 112 patients going straight to surgery
- Mean age 60 years
- Mean prehab time 52 days
- walking/ breathing group increased walking capacity
  - -(47% vs 22%, p=0.051)

Feasible for patients having neo-adjuvant CRT

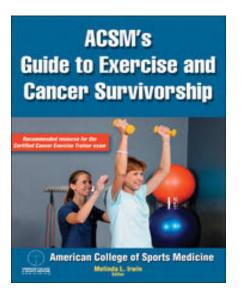
Moug SJ et al Colorectal Disease 2019

- Multi-centre RCT in WoS (n=48)
- Telephone guided walking programme during NACRT
- Feasibility primary aim
  - Recruitment 62%
  - Retention rate 83%
  - Mean age 65 years (33-82)
  - Mean duration of walking intervention 14.2 weeks
  - Step count reduction less in intervention group, sarcopenia offset too

- Prehab may have potential to reduce post-op complications
  - Barberan-Garcia et al (Annals of Surgery 2017)
    - Age >70 years and/or ASA III or IV
    - 71 controls versus 73 intervention RCT
    - Major abdominal surgery (CR, GO, Hepatic, pancreas)
    - Motivational interviewing/ High intensity endurance training
      - Walking programme guided by step counts
      - Cycle ergometer 1-3 sessions/ week with endurance and HIIT
    - 51% reduction in patients with postop complications
      - 31% versus 62% (intervention vs controls)

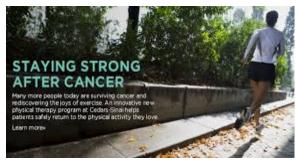
- Prehab may be better than rehab
  - Minnella EM et al (Acta Oncologica 2017)
    - Carli group combining all previous patients (n=185)
    - Multi-modal (exercise, nutrition, psychological)
    - Straight to colorectal surgery
    - Prehab group increased pre-op 6MWD
    - Prehab greater improvement in 6MWD throughout the peri-op period (up to 8 weeks)

- Needs to be 'prescribed' for individual needs
- More evidence required
- Guidance readily available









• Over to the experts





