

Multi-modal Prehabilitation improves frailty and optimises elderly patients for major cancer surgery.

The impact of an AHP prehabilitation service on frailty for cancer patients undergoing major abdominal surgery
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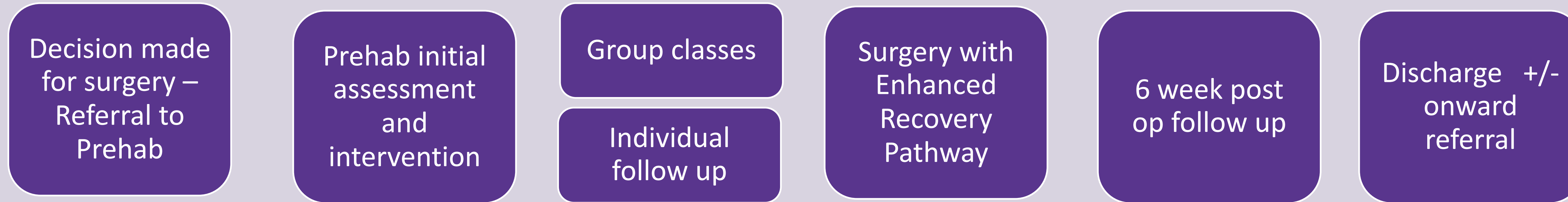
Background

Prehabilitation in clinical trials improves fitness and quality of life, whilst reducing complications and hospital length of stay for people undergoing cancer surgery. It is not the standard of care in routine clinical practice. The Liverpool University Hospitals NHS Foundation Trust Prehab service was established in 2017. This prospective observational study reports the outcomes of a multimodal Allied Health Professional led Prehabilitation service for older people undergoing major cancer surgery within a 12-month period from August 2021-July 2022.

Method

Patients on a cancer surgical pathway were eligible for referral from different surgical specialties: Hepatopancreaticobiliary; Colorectal; Lung; Urology; Upper Gastrointestinal; Complex Gynaecological

Patients were invited to attend a multi-disciplinary prehabilitation clinic. Multi-modal assessment and personalised interventions were provided for Physical Activity, Nutrition and Emotional/Mental Wellbeing. Patients were provided with ongoing support via one-to-one or group based follow up until surgery.



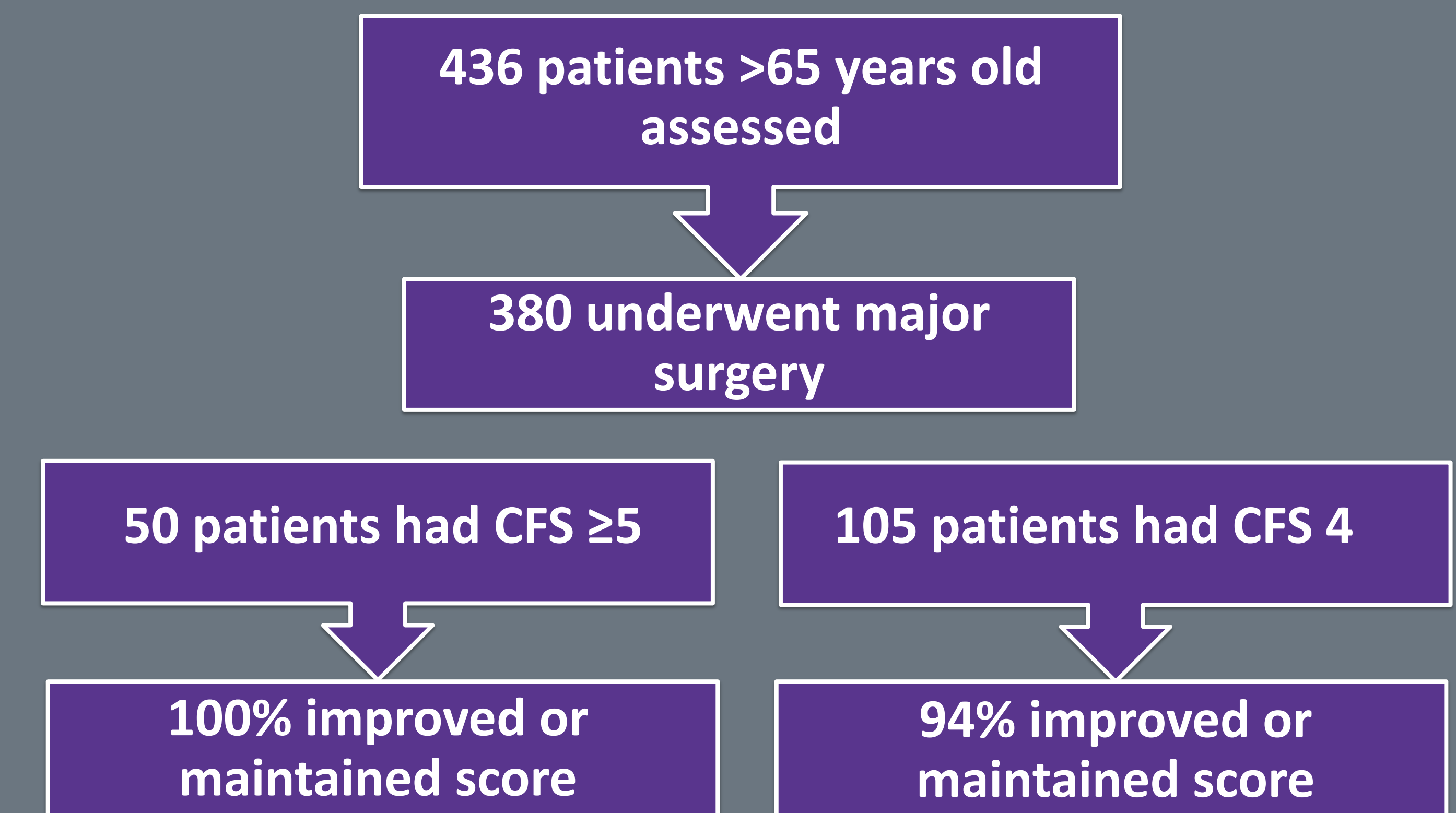
Baseline Assessments

- EORTC QLQ-C30 (QOL questionnaire), PGSGA-SF (nutritional screening tool), Clinical Frailty Score, hand grip dynamometry and 30 second sit to stand test.
- Repeated at final prehab pre-op follow-up.

“I was fitter going for my operation, I have learnt breathing techniques that really made a difference. I felt more positive going into hospital knowing that I was better prepared, and I am sure that helped me to improve more quickly and go home faster.” – Prehab patient

Results

- There was an overall reduction in Clinical Frailty Score for all patients who underwent Prehab within the 12-month period.
- The largest mean reduction in clinical frailty was seen in the 70-79 age range (-0.43 points).



Conclusion

Our prehabilitation service helped patients who would have been deemed unfit for surgery due to frailty to optimise their health and be accepted for major surgery.

Frail and elderly patients can be optimised for surgery by accessing a multimodal, specialist prehabilitation service.

Multimodal prehabilitation is feasible and improves frailty prior to surgery.

Prehabilitation should be part of standard care for older patients undergoing cancer surgery.