

powered by



GERMAN  
CANCER RESEARCH CENTER  
IN THE HELMHOLTZ ASSOCIATION

Contribution ID: 370

Type: 1 - Scientific Poster

## Mind the Gap - Prehab to Rehab in surgical oncology patients.

### Introduction

Prehabilitation is increasingly recognised as a critical component of cancer surgery pathways. However, data outlining the degree of postoperative functional decline despite prehabilitation is not well documented in this patient group.

This pilot study aimed to assess postoperative functional decline in a surgical cohort who received prehabilitation, and evaluate the impact of a 12 week rehabilitation programme following major oncology surgery.

### Patients and Methods

28 patients who completed prehabilitation were enrolled in a 12 week rehabilitation programme beginning at 6 weeks after surgery (N: Bladder=12 Oesophageal=11, HPB=3, Ovarian=2)

Functional capacity was reassessed using the same measures collected during prehabilitation: the 6 Minute Walk Test (6MWT), 60 second sit to stand test (STS60), and handgrip strength (HGS).

Participants attended twice weekly exercise classes delivered virtually or in person. Outcome measures were repeated at programme completion, and anonymised qualitative feedback gathered via a questionnaire.

### Results

Patients demonstrated a statistically significant decline in functional capacity post-surgery (14.5% reduction in 6MWT and 22.9% reduction in STS60, p-value of .001).

Inclusion of a 12 week rehabilitation programme after surgery demonstrated statistically significant improvements in functional capacity (17.6% increase in 6MWT and 39.7% increase in STS60 p-value of .001).

100% of patients would recommend the addition of rehabilitation to their prehabilitation programme.

### Conclusion

Results show consistent patterns across tumour groups, demonstrating that surgery causes a marked functional decline, despite prehabilitation, and that rehabilitation restores or exceeds pre surgery function.

Robust rehabilitation provision following surgery for oncological conditions is increasingly expected by patients and should be considered as part of standard care within cancer pathways.

### Keywords

Prehabilitation  
Rehabilitation  
Surgery  
Functional capacity

### Conflict of Interest & Ethical Approval

yes

## **Abstract submitters declaration**

yes

**Authors:** Mrs BROWN, Rachel (Royal Surrey Hospital NHS Foundation Trust, UK); Ms PRICE, Zoe (Royal Surrey Hospital NHS Foundation Trust, UK)

**Co-authors:** Dr BARTLETT, David (Faculty of Health and Medical Sciences, University of Surrey, UK); WILLIAMS, Jessica (Royal Surrey Hospital NHS Foundation Trust, UK); CANNON, Niamh (Royal Surrey Hospital NHS Foundation Trust, UK)

**Presenters:** Mrs BROWN, Rachel (Royal Surrey Hospital NHS Foundation Trust, UK); Ms PRICE, Zoe (Royal Surrey Hospital NHS Foundation Trust, UK)

**Session Classification:** Poster Session