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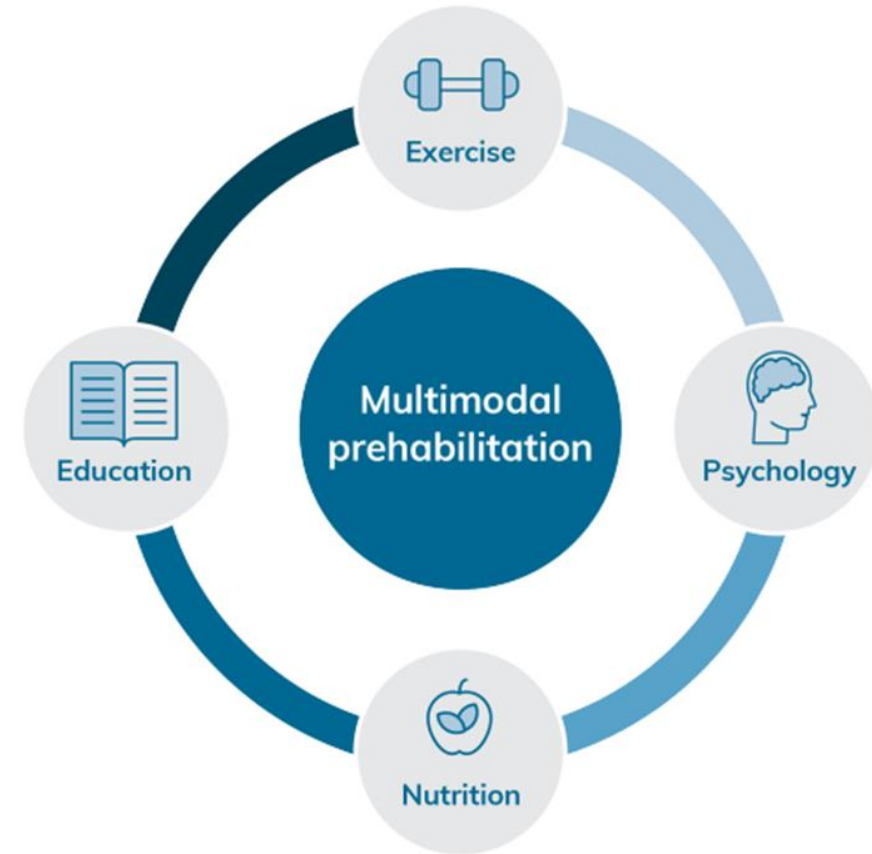
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# What is Prehabilitation?

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Prehabilitation enables people waiting for elective surgery to prepare for surgery by promoting healthy behaviours by prescribing of exercise, nutrition, education and psychological interventions.

Best practice for surgical prehabilitation focuses on the physical and mental aspects of surgery by decreasing pre-surgical risk factors and optimising the patient's functional capacity. It also addresses the patient's welfare via interventions designed to improve health and wellbeing.



## Preadmission: Collaborative process

- Communication with Dr Cheng and team about goals of care and appropriateness of admission.
- Gain support from the hospital Executive Team.
- Organising and assigning appropriate room and equipment to cater for patients needed Eg. Bed, Commode, Lifter, enough space for patient and family. Generally, our surgical weight limit is 250kg.
- Communicating with the integrated health team; Hospital Bariatric Dietician, Physiotherapist, Bed Management and Administration Team.



## Initial Ward Based Assessments and Care:

- Vitals
- Bloods
- Weekly Weight
- Continued Drug Therapy: Tirezpatide (Mounjaro)
- Skin Integrity- Waterlow Scale
- Falls Risk Assessment

## Integrated health approach

- Specialist Bariatric Dietitian: VLCD- Optifast and steamed vegetables.
- Physiotherapist: Program cardio and resistance training.
- Promoting routine and accountability:
  - Utilizing patient care boards to document daily goals and tick off completed tasks.
  - Regular check-in with NUM and A/NUM to discuss goal setting and involve family in activities.
  - Sleep hygiene E.g. Waking up at handover 7am.



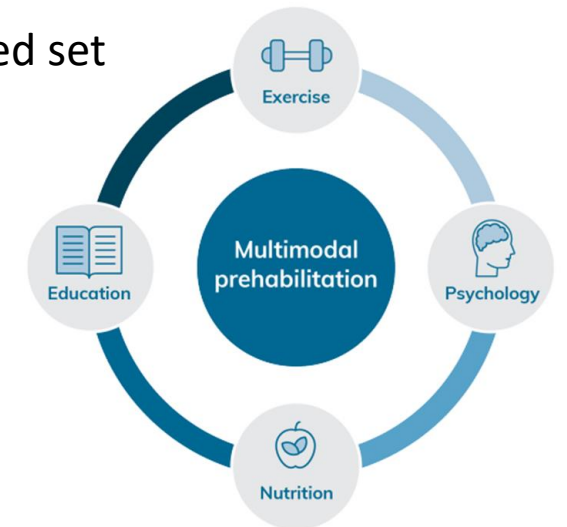
## Psychosocial-

- Anxiety
  - Highly anxious about leaving home/ being in hospital/ about the surgery.
- Meeting Cultural Needs
  - Having family present: Creating space for the whole family to visit.
  - Religious needs E.g. fasting on Friday and Eucharist on Sunday.
  - Family Events E.g. Gate leave for family reunion, offered but declined due to prehabilitation goals of sticking to a VLCD



Katie felt prepare physically and mentally for surgery. She was now 240kg prior to having surgery and felt ready.

- Exercise: Daily program of cardio and resistance training.
- Psychologically: During the month she had built a strong rapport with the medical and nursing team as well as our allied health team. Her anxiety around the surgery turned to excitement as the physical results of the prehabilitation encouraged her along her surgical journey.
- Nutrition: Patient and family worked closely our Bariatric Dietitian to optimise the patients weight loss goals.
- Education: ongoing education from the nursing and integrated health team helped set Katie up for a successful surgery.



Post operatively Katie recovered well in the acute phase, she spent four days in hospital and was discharged home into her families care and handed over to Dr Cheng's team in the rooms.

