

IMPACT OF EARLY POSTOPERATIVE MOBILIZATION IN HEAD AND NECK CANCER PATIENTS

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INTRODUCTION

Early postoperative mobilization in patients undergoing oncologic surgery has shown benefits in shorter length of stay and reduced postoperative complications. Head and neck cancer patients often undergo complex reconstruction in addition to ablative surgery, further complicating their hospital course. We present our early quality improvement data assessing the relationship between early mobilization and postoperative course in our head and neck cancer patients.

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RESULTS

Of 101 patients, mean time to postoperative ambulation was 3.76 days (range 1-14) with most patients ambulating on postoperative day (POD) 2 (34.7%). There was a significant difference observed in length of stay (LOS) between patients whose first day of ambulation was <POD 4 as compared to $\geq$ POD 4 (median = 7 days vs. 9 days, $p < .005$). The type of free flap was found to be associated with LOS, with anterolateral thigh and fibular flap patients having the longest LOS (median = 9 days, $p < .005$). The percentage of patients discharged home was significantly different between patients who ambulated on <POD 4 as compared to $\geq$ POD 4 (95.2% vs. 71.8%, $p = .001$). Patients <80 years of age were more likely to be discharged home compared to $\geq$ 80 years of age (89.9% vs. 58.3%, $p = .003$). Patients with upper extremity donor sites were more likely to be discharged home (97.5% vs. 78.7%, $p = .008$) and had a shorter LOS than lower extremity donor sites (median = 6 days vs. 9 days, $p < .005$).

IMPORTANT POINTS

- Early postoperative mobilization in head and neck cancer patients who underwent microvascular free tissue transfer was associated with length of hospital stay and disposition outcomes.
- Other demographic data in our patient population that were associated with longer LOS and poorer disposition outcomes included lower extremity free flap donor site and osteocutaneous free tissue transfer.

