



EFFECT OF MULTIMODAL PREHABILITATION ON SURGICAL OUTCOMES IN OBESE WOMEN UNDERGOING OPEN ELECTIVE GYNECOLOGICAL SURGERIES USING MIDLINE VERTICAL INCISION: A PILOT RANDOMIZED CONTROL TRIAL

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INTRODUCTION

Obesity is on the rise around the world, and it's known as globesity. It has now become a major public health concern in both developing and industrialized countries.

- 2002 an expert WHO consultation panel proposed lowering BMI cutoff to stimulate health actions for Asians, labelling 23–27.5 kg/m² as overweight and BMI $\geq$ 27.5 kg/m² as obese.(1)
- Health problems associated with obesity have been known for ages. Hypertension, dyslipidaemia, coronary artery disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, low quality of life, mental illness like clinical depression, anxiety and mental disorders, and many types of cancers (2).
- Female malignancies associated with obesity comprises nearly 51% of cancers. Breast, ovarian, endometrial cancers are at a rise and their association with obesity is well known (3).
- Perioperative and postoperative complications, morbidity and mortality are high in these patients.
- Route of surgery is to be prudently decided. Difficult access to pelvis, distorted anatomy, difficulty in bowel retraction, excessive blood loss, difficult haemostasis are few major challenges to surgeon.
- The process of enhancing an individual's functional capacity before scheduled surgery, in aim of improving the patient's tolerance to upcoming physiologic stress, is prehabilitation (4).
- In the light of the above concerns the objective of this study was to discover the role of prehabilitation in reducing intraoperative and postoperative complications.

OBJECTIVES

I. Primary outcome

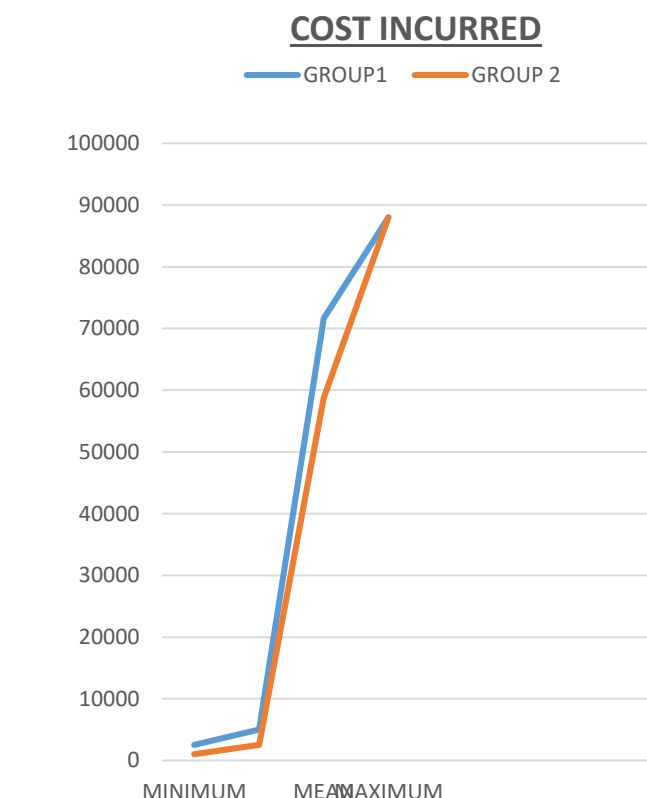
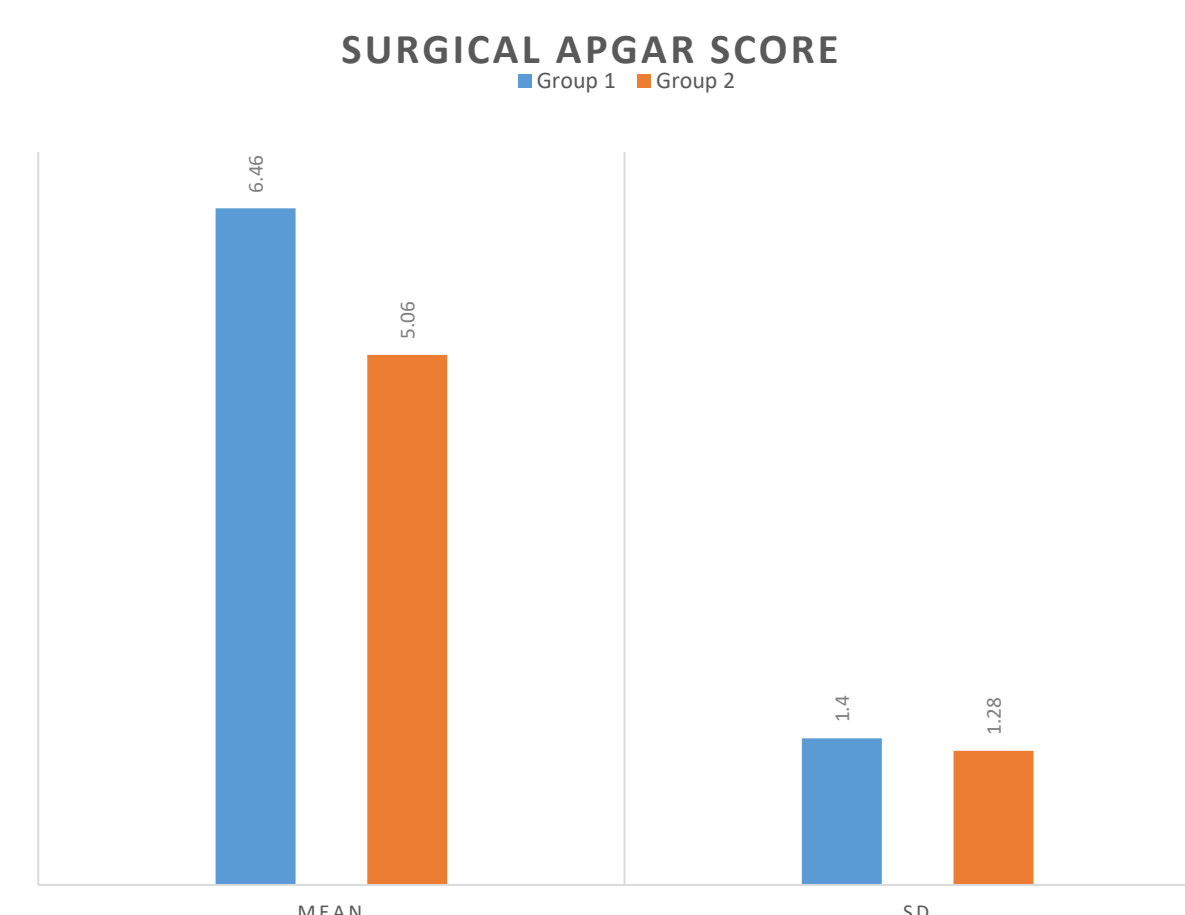
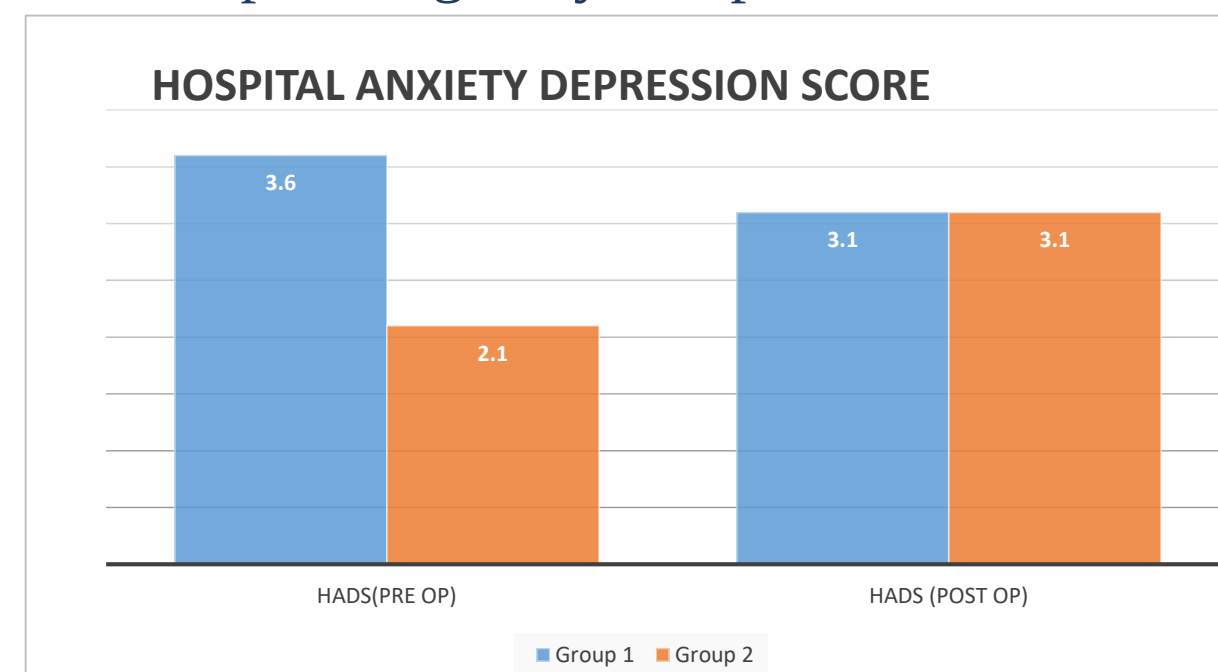
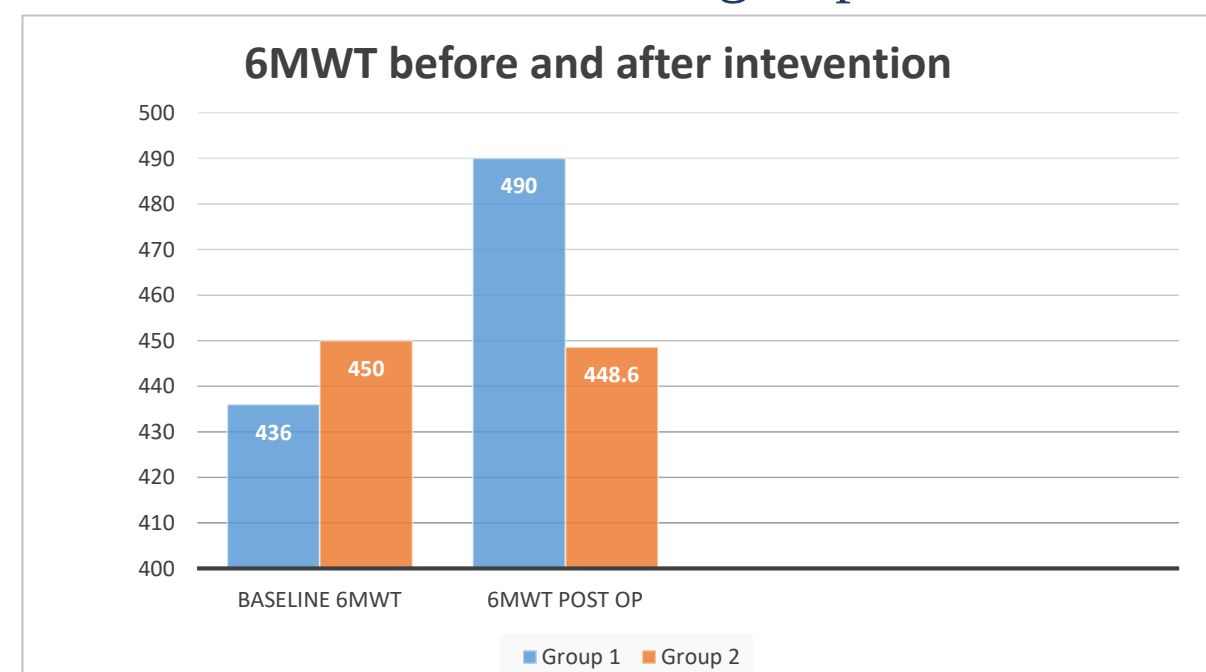
- Compare the surgical outcome in control and intervention arm using surgical APGAR score.

II. Secondary outcome:

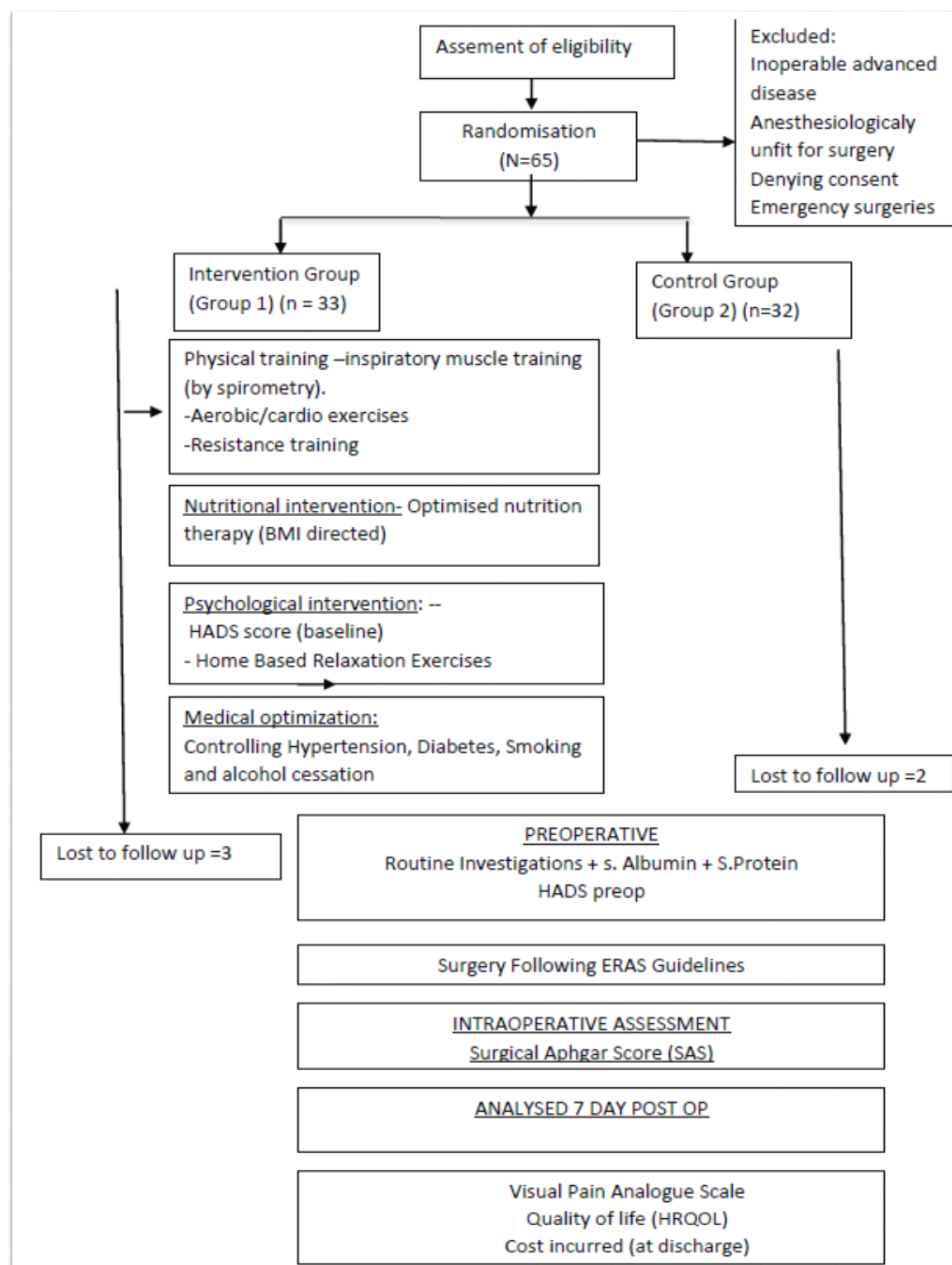
- Improvement in 6 MWT pre and postintervention.
- Hospital Anxiety Depression Score pre and post intervention.
- Compare the expenses incurred in control and intervention arm using cost benefit analysis.

RESULTS

Both the groups were socio-demographically and clinic-pathologically comparable



MATERIAL AND METHODS



CONCLUSIONS

- The time spent waiting for surgery can be wisely employed for a pre-surgical workup (prehabilitation), which reduces surgical stress, intraoperative problems, and improves the healing process
- When compared to a single prehabilitation modality, multimodal programme that incorporate medical optimization as well as physical, nutritional, and psychological therapies have a greater positive influence on functional recovery
- Intervention, improves preoperative HADS ,significant difference in the Surgical Apgar Score. improved 6 MWT and less postoperative pain
- The intervention don't have a difference in the cost incurred.
- Thus, for patients undergoing gynecologic surgery, we recommend a multimodal prehabilitation

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