



Evaluation of a Clinical Practice Guideline for the Physiotherapy Management of Abdominal Surgery Patients

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Background

- Abdominal Surgery is associated with higher rates of post operative pulmonary complications (PPC), which results in higher morbidity and mortality¹.
- Research evidence supports physiotherapy particularly early mobilisation² to prevent PPCs for patients at high risk. Despite this evidence clinical practice remains variable.
- A clinical practice guideline (CPG) may support clinical decision making and thus facilitate translation of research evidence into clinical practice.

Aim

To investigate the effectiveness of the implementation of a clinical practice guideline on the physiotherapy management of abdominal surgery patients at Footscray Hospital.

Methods

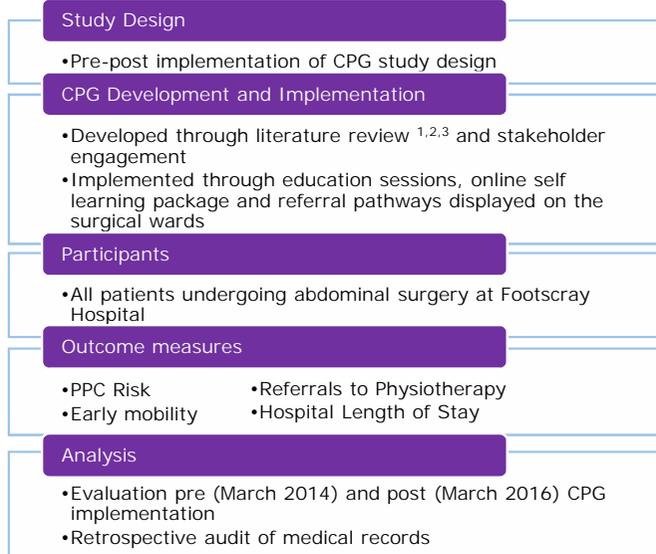
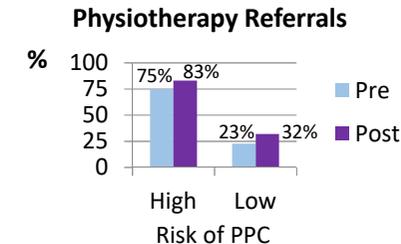
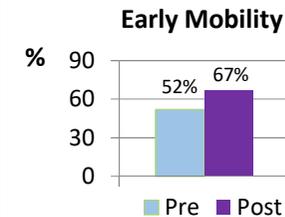


Table 1	Pre-CPG	Post-CPG	p
Abdominal surgeries (n)	131	97	
Upper Abdominal n(%)	35 (27%)	24 (25%)	
Gender (male) n (%)	61 (47%)	61 (63%)	
Age: mean (SD)	59 (19)	60 (16)	p=0.5
High Risk, n (%)	51 (39%)	47 (49%)	p=0.2
Length of Stay (mean days)	9.5	9.7	



Discussion

- The implementation of the CPG improved clinical practice as seen by more patients mobilising on the first post operative day.
- The increase in referral rates for high and low risk patients suggest a growing awareness of physiotherapy in the ward setting, but that clinical decision making is multifactorial.

References:

- Scholes RL et al (2009) Aust J Physiother 55: 191-198
- Haines et al (2013) Physioth 99: 119-125
- The Austin Health Post-Operative Surveillance Team (POST) Investigators (2010). Crit Care Resusc 12: 277-286

Results

There were no between-group demographic differences, despite a greater number of procedures in the pre-CPG phase (Table 1). Referrals to physiotherapy increased post CPG implementation for high and low risk patient groups. The rates of early mobilisation (mobilised on day 1) also increased post implementation. Hospital length of stay remained unchanged.

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Referral pathway

