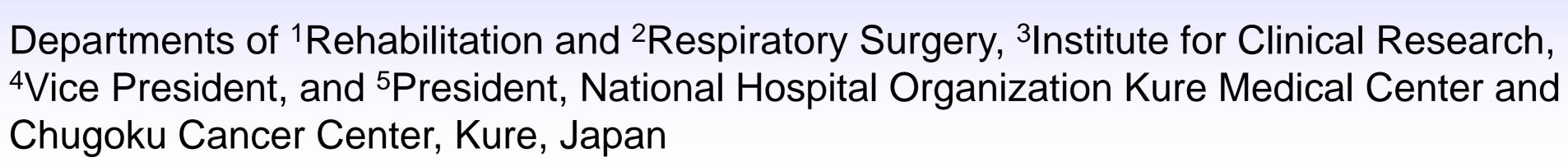


Role of Rehabilitation Staff in Comprehensive Preoperative Pulmonary Rehabilitation

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Introduction

To date, there is no established protocol, worldwide, for preoperative pulmonary rehabilitation for lung cancer patients. In our hospital, we began conventional preoperative pulmonary rehabilitation (CVPR) in 2006, and comprehensive pulmonary rehabilitation (CHPR) in 2009 for lung cancer patients to reduce the postoperative complications and the risk of morbidity, and to improve the pulmonary function and the general status before surgery.

CHPR is conducted prospectively for two to five weeks through a multidisciplinary team approach. The CHPR protocol consists of multiple appointments with the physical therapists including rehabilitation staff and the registered dieticians. Intensive nutritional support was supplied with branched-chain amino acids (BCAAs) and Chinese herbal medicine supplements.

To date, CHPR has appeared to substantially improve pulmonary function, and decrease the morbidity among patients with poor preoperative conditions.

In the present paper, we introduce the activities of

Physical therapy programs

rehabilitation staff in the CHPR program.

High intensity exercise (modified Borg Index 4~5)

-40 minutes / one session

-Twice or more / week

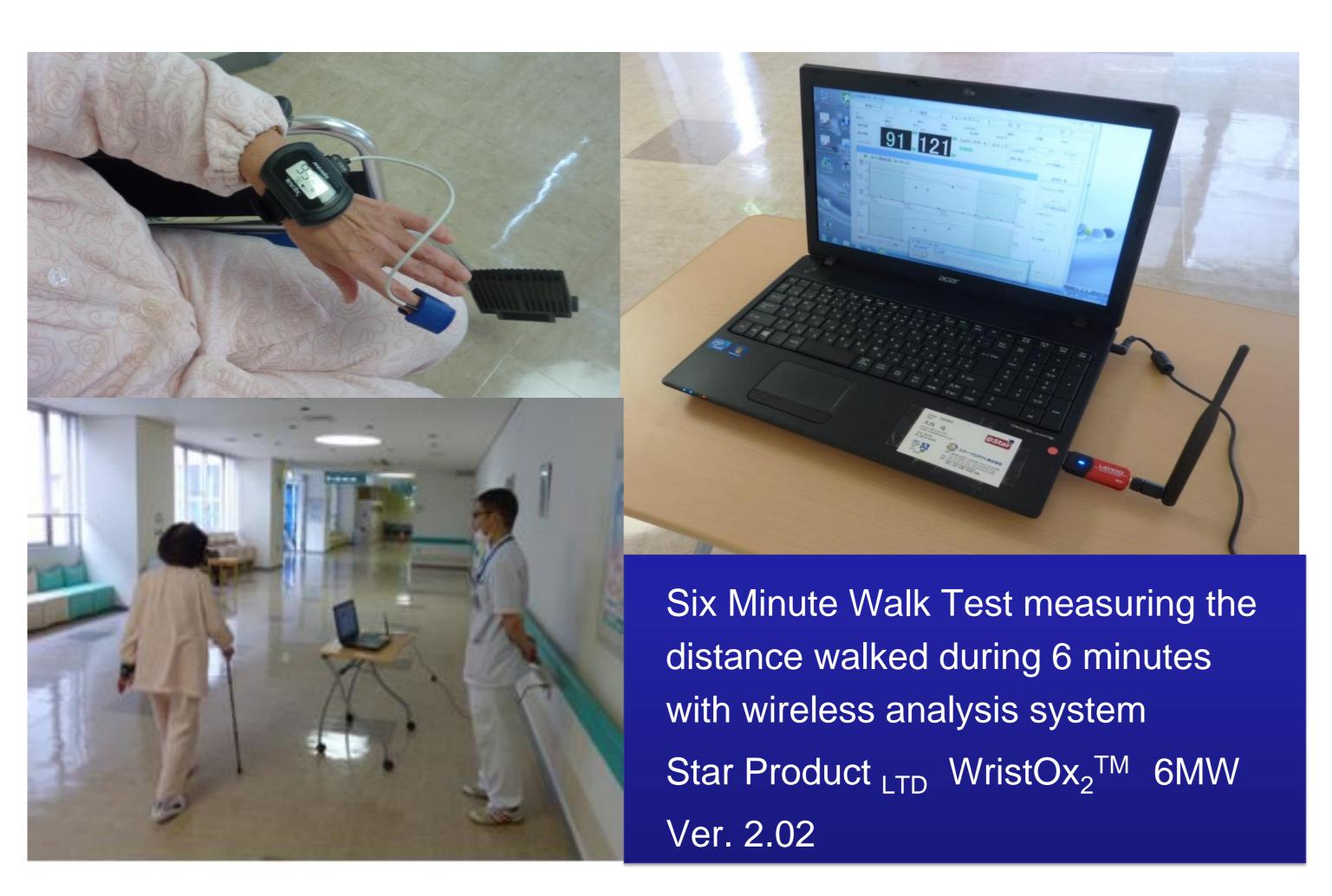


Fitness exercises

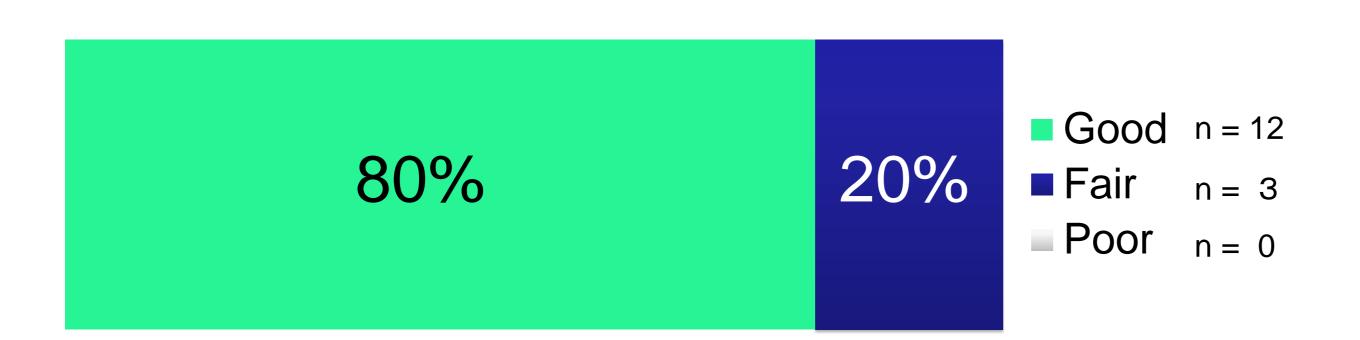
- Leg strengthening
- Muscular endurance training using cycling ergometer
- Stretching

Pulmonary exercises

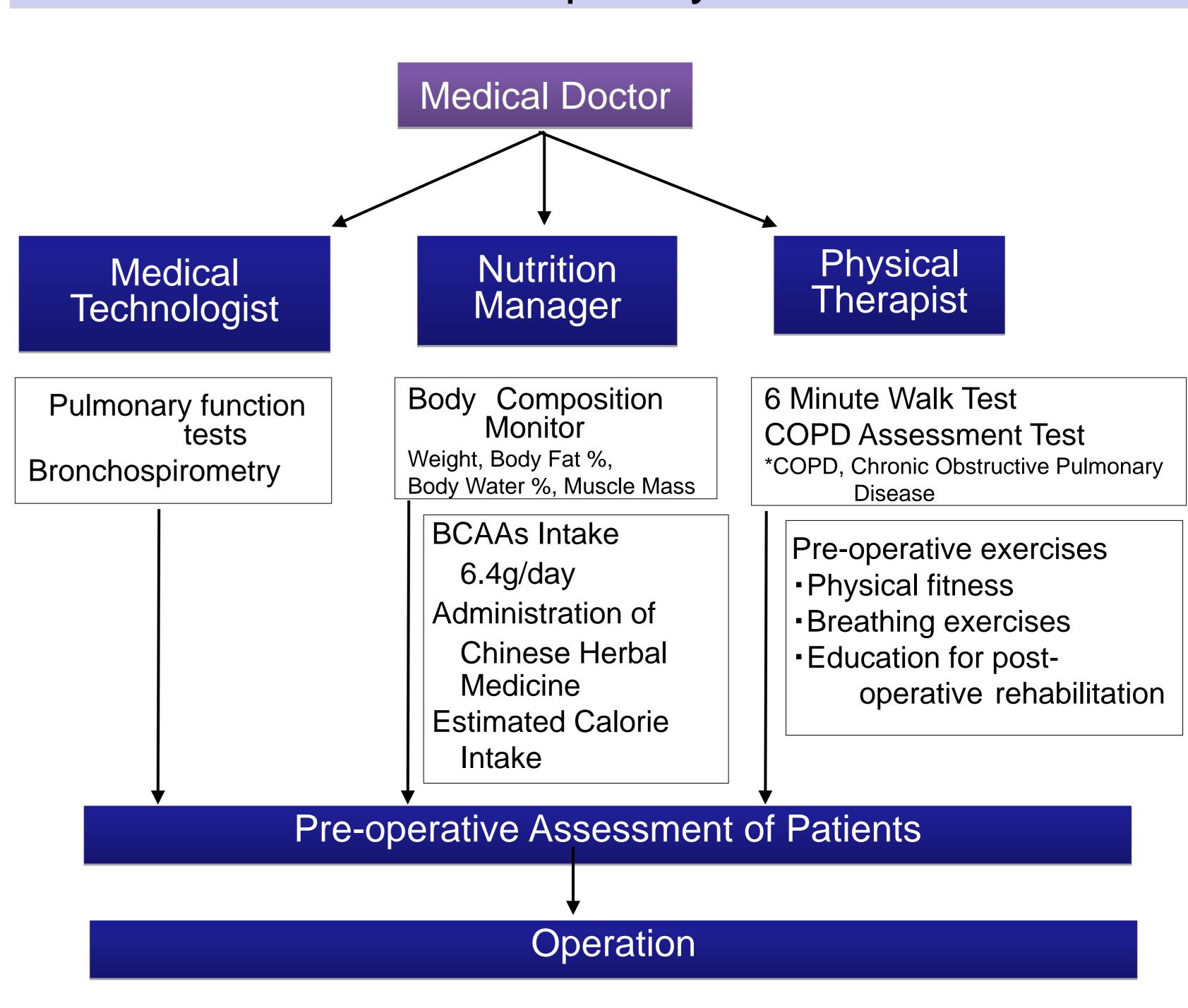
- Inspiratory muscle training using Incentive Spirometers
- Sputum expectoration training using active cycle breathing technique (ACBT)
 Education
- Pre-operative education on recovery following surgery



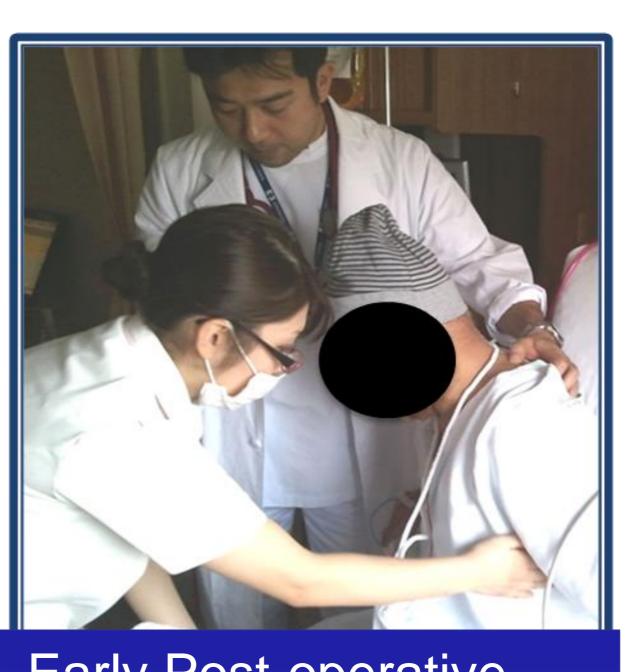
Satisfaction of Patients for Pre-operative Rehabilitation



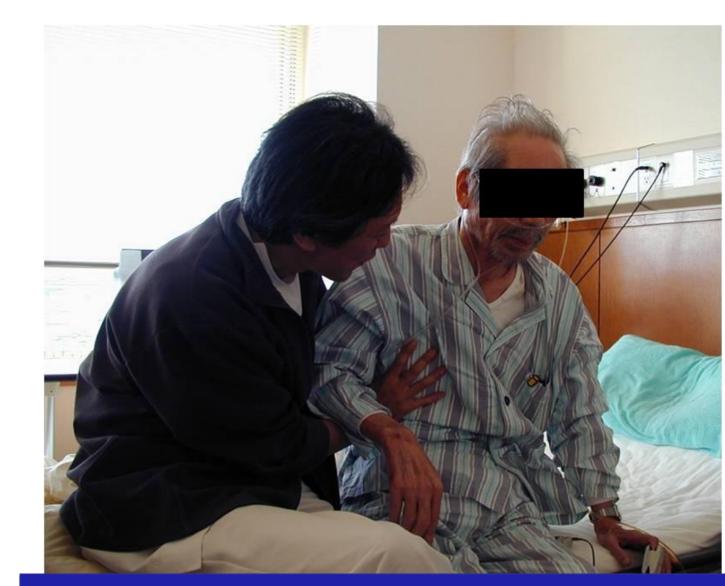
Multidisciplinary team



Post-operative protocols



Early Post-operative
Ambulation to reduce the incidence of post-operative complications, such as atelectasis, hypostatic pneumonia, gastrointestinal discomfort, and circulatory problems. Patient starts the ambulation with help of nurses and doctors several hours after the surgery.



Physical Therapist Assisted
Sputum Expectoration After
Surgery

Effect of CHPR

	Before CHPR 6MWD(m)	After CHPR 6MWD(m)	p
All Patients (n=33)	377	402.1	0.043
≧70 yr (n=30)	336.2	392.3	0.02
%VC<80% (n=9)	303.8	346.6	n.s.
FEV1%<70% (n=12)	367	395.8	n.s.
≦90% of Ideal Body Weight (n=7)	367.4	396.2	n.s.