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Acronyms:

MOH	Ministry of Health
PPC	Postoperative Pulmonary Complications
SMART	Specific, Measurable, Achievable, Realistic, Timed
MDT	Multidisciplinary Team



Physiotherapy Procedure for Post Abdominal Surgery

1. Introduction

Abdominal surgery is the most frequently undertaken surgery type in Oman. Postoperative complications are common following major abdominal surgery with one third to half of all patients having some type of complication following their operation. Complications, such as Postoperative Pulmonary Complications (PPC), prolonged postoperative ileus and the sequelae of prolonged immobility are potentially preventable with physiotherapy interventions. The focus of physiotherapy practice is prevention of the post-surgery complications through pre-operative programs. Likewise, reduction of length of hospital stay via facilitation of recovery from surgery and a return to normal activities of daily living and function.

2. Scope

This procedure is applicable to all physiotherapists working in all healthcare institutions in the government as well as private sectors.

3. Purpose:

- 3.1 Provide a systematic guide of the physiotherapy procedures pre and post abdominal surgery.
- 3.2 Guidance to discharge planning and home care strategies.

4. Definitions

- 4.1. Abdominal surgery is any form of surgery performed around the abdominal area. It may be performed via small incisions, using narrow telescopes that are attached to a video camera also known as laparoscopic surgery.
- 4.2. Preoperative care is the preparation and management of a patient prior to surgery. It includes both physical and psychological preparation.
- 4.3. Breathing is the process of respiration, during which air is inhaled into the lungs through the mouth or nose due to muscle contraction and then exhaled due to muscle relaxation.



4.4. A deep breathing exercise is a therapeutic exercise aimed to deepen inspiration or expiration or even to alter the rate and rhythm of respiration.

5. Procedure

5.1. Physiotherapist will visit the patient in the days before the surgery (Pre-operative).

The therapist will educate the patient about techniques, which will help the patient to keep the chest clear and maintain blood circulation.

5.2 Acute phase (Day 1-14) post abdominal surgery:

The physiotherapist will start seeing the patient as soon as the first day post-surgery and will go through the following exercises:

5.2.1 Deep Breathing exercises: Deep Breathing exercises are important to keep the lungs healthy. These exercises increase the amount of oxygen in blood, promote healing of tissues and also help to prevent chest complications. It is important to take 4-5 deep breaths every 15 minutes throughout the day when you are awake.

5.2.2 Coughing and Huffing: Sometimes secretions (mucus or phlegm) can build up in the lungs post-surgery. It is important to clear chest from these secretions to prevent infection. The easiest way to do this is by a combination of deep breathing and coughing/ deep breathing and huffing.

5.2.3 Circulatory / Bed exercises: It is important post-surgery to keep the patient as active and mobile as possible. This is needed to help and promote good circulation and prevent joint stiffness and/or muscle weakness. This can be achieved by bed exercises and walking on the ward.

5.2.4 Getting out of bed and walking: Walking short distances post abdominal surgery helps increase blood flow and decreasing risk of developing blood clots. Walk the patient few times a day with assistance by a physiotherapist or a nurse is important. Do not try to walk the patient quickly or very far.

5.2.5 Advice on discharge: Advice the patient to continue with exercises for at least six weeks, preferably three months, if patient is returning to a physical job.

5.2.6 Home program: If patient is not as able or as independent as was prior to the



operation, patient might need to be seen by an occupational therapist who will assess home circumstances.

6. Responsibilities

6.1 Staff nurse is responsible for:

- 6.1.1 Post-op patient's care
- 6.1.2 Wound care
- 6.1.3 Monitor for signs of infection
- 6.1.4 Pain management
- 6.1.5 Early mobility as well as encouraging patients to be independent
- 6.1.6 Maintain their level of mobility
- 6.1.7 Patient and family education on plan of care

6.2 Physician is responsible for

- 6.2.1 Assessing the patient's abilities.
- 6.2.2 Subsequent referral to physiotherapy.

6.3 Physiotherapist is responsible for

- 6.3.1 Provide both respiratory assessment and physical assessment to identify the needs of physiotherapy intervention.
- 6.3.2 Making a SMART plan in relation to the short term and long term goals.
- 6.3.3 Providing intervention as per the SMART management plan.
- 6.3.4 Provide effective and efficient counseling and education to the service user.
- 6.3.5 Work within MDT members to provide comprehensive management approach.



7. Document History and Version Control

Document History and Version Control			
Version	Description of Amendment	Author	Review Date
01	Initial Release	Jokha Salim Al-Abrawi	October/2023
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Written by		Reviewed by	Approved by
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8. Related Documents:

There is no related document for this procedure



9. References:

Title of book/ journal/ articles/ Website	Author	Year of publication	Page
Chest physiotherapy for the surgical patient	Stella, K. et all	August 1992	
What is the role of post-operative physiotherapy in general surgical Enhanced Recovery after Surgery pathways?	Louse, C. et all	April 2018	