Peri-operative ovarian cancer guidelines: prehabilitation, enhanced recovery, post-operative ileus prevention, post-operative physiotherapy and mobilization

Jalid Sehouli, Stephanie Schneider, Christina Fotopoulou

Prehabilitation concepts are now an integral part of peri-operative enhanced recovery algorithms also for patients who undergo cytoreductive procedures for advanced and relapsed ovarian cancer.

Christina Fotopoulou

The concept of ERAS (Enhanced Recovery After Surgery) aims at the reduction of peri-operative morbidity, accelerates the recovery process, and improves the quality of life of patients in gynecologic oncology. The strategy consists of a bundle of evidence-based interventions that emphasize the active role of the patient: patient education, avoidance of prolonged fasting, balanced fluid management, early feeding and mobilization, and opioid-sparing pain management are some of the key elements. Recent trials from other disciplines recommend the introduction of so-called prehabilitation (PREHAB) programs to improve the health status prior to complex surgery. For that
reason, prehabilitation strategies have become an integral part of national and international surgical guidelines (Figure 1). Multimodal approaches include strategies for best supportive care, nutrition support, pain management, physiotherapy, and patient education. Nevertheless, PREHAB programs are yet not standardized and in general the evidence level specifically for gynecologic oncology is still low. Current studies seek to link pre-rehabilitation algorithms to the already established ERAS concepts in an effort to define a more global and inclusive concept with the ultimate aim to minimize surgical morbidity and mortality. The recently published European Society of Gynecologic Oncology (ESGO) consensus paper for the peri-operative management of advanced ovarian cancer patients undergoing debulking surgery emphasizes the following statements regarding prehabilitation, ERAS strategies, post-operative mobilization, and ileus prevention:

Trimodal concepts consisting of physical exercise, nutritional assessment and intervention and psychological support, and patients’ education are key elements of this program (III, B).

The implementation of Enhanced Recovery After Surgery protocols in gynecological oncology is recommended, whereby monitoring of adherence is of fundamental importance (II, A). A multimodal approach, comprising early feeding, goal-directed/balanced fluid therapy, physical activity, opioid-sparing pain therapy, and early mobilization, is recommended for the prevention of post-operative ileus (III, B).

Physiotherapy should be offered as part of routine peri-operative care for women with ovarian cancer (III, B).

Early mobilization after surgery is recommended (III, B).

Author affiliations
1 Gynecology with Center of Oncological Surgery, Charite Universitatsmedizin Berlin, Berlin, Germany
2 Department for Gynecology and Gynecologic Oncology, KEM I Evang. Kliniken Essen-Mitte gGmbH, Essen, Germany
3 Gynaecologic Oncology, Imperial College London Faculty of Medicine, London, UK

Presented at
Published in partnership with the European Society for Gynecologic Oncology and BMJ

Contributors
All authors collected data, wrote the statements, and participated in the video.

Funding
The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests
None declared.

Patient consent for publication
Not applicable.

Ethics approval
Not applicable.

Provenance and peer review
Commissioned; internally peer reviewed.

Data availability statement
Data are available in a public, open access repository.

ORCID iD
Christina Fotopoulou http://orcid.org/0000-0001-6375-9645

REFERENCES
Educational video lecture


