Should patients walk from the post-anesthesia care unit to the general ward after a lumbar discectomy? A randomized study
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Background: Postoperative immobilization is associated with a higher risk of heart and lung complications, loss of muscle mass and prolonged stay in hospital. To reduce these risks, the fast track surgery concept has been introduced. It is well documented that early mobilization after surgery, as well as an increased time out of bed each day, reduce the patient’s risk of postoperative complications and improves their well-being. However, early mobilization may be a challenge to the patient. Symptoms such as nausea, vomiting, pain, dizziness, and fainting may hinder early mobilization. In many hospitals patients are mobilized postoperatively only after several hours in the general ward.

Aim: The aim of this randomized pilot study was to investigate whether it was feasible and safe to mobilize patients shortly after lumbar disc surgery with the objective of reducing postoperative complications and allowing shorter hospitalization.

Methods: The patients were randomized into two groups. Those in the intervention group used a walking frame to walk, with a porter and a nurse, from the post-anesthesia care unit to the general ward. Patients in the control group were transported in their beds. The Bournemouth Questionnaire was used to define the well-being of the patients. 22 patients were included, 11 in each group. Due to the limited number of patients statistical comparisons were not performed. However, patients in the walking group were mobilized earlier than the controls and needed fewer painkillers and less oxygen supplement during the first postoperative day.

Results: The length of stay and the number of postoperative complications were similar in the two groups as tested during the three weeks after surgery.

Conclusion: In conclusion we found that it might be feasible and safe to mobilize patients shortly after lumbar disc surgery. The need for opioid consumption and oxygen supplementation was reduced, and might improve the patient’s well-being. There were no indications of an increased number of postoperative complications.

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