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Holding back to move forward: Mobilization following posterior fossa neurosurgery

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The detrimental impact of immobility is known in the literature. There is a wide variation of specific activity recommendations and when the activity should begin. Increasingly, studies show the need for diagnosis-specific recommendations for protocols. The posterior cranial fossa houses parts of the brain that controls respiration, cardiac cycle, consciousness and balance. In the early post-operative (PO) period following posterior fossa neurosurgery, patients often have episodes of nausea, vomiting, headaches and general discomfort. Due to a significant loss of cerebrospinal fluid (CSF) during this surgery, there is a higher chance of developing these symptoms. Symptoms worsen with the upright posture. Traction and edema around cranial nerve VIII can lead to vestibular symptoms and poor tolerance of positional changes and upright position. The act of vomiting may increase intracranial pressure which could jeopardize hemostasis, cerebral perfusion and increase likelihood of CSF leak. Nausea and vomiting can lead to delayed discharge, thereby increasing medical cost. We believe it is beneficial for these patients to begin mobilization gradually. We have instituted a protocol that ensures a less aggressive mobilization approach immediately following posterior fossa surgery. Day-1: Elevate head of bed and sit at edge of bed, as tolerated; Day-2: Sit out of bed (OOB) and stand/walk, as tolerated. This approach to mobilization ensures that the patient tolerates PT or OOB activities without worsening of symptoms. This structured protocol for mobilization of these patients allows for improved tolerance of mobility and less risk for complications in the PO period.

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