

Early Ambulation in Colorectal Surgery Patients

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Early Ambulation in Colorectal Surgery Patients

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Significance & Current Practice

- Early ambulation after surgery is an evidence-supported way to prevent post operative problems.
- Ambulation promotes flow of oxygen through one's body; strengthens muscle tone; and improves blood flow to help with wound healing, gastrointestinal and urinary function.
- Failure to ambulate causes increased risk for constipation, gas pains, weakness, and a higher likelihood of the development of infections.
- Current literature on this topic suggests that early ambulation after surgery can decrease one's length of stay. In one particular study, patients in the control group (delayed ambulation) were 2.5 times more likely to require a postoperative stay of more than 5 days in comparison to the experimental group (early ambulation) (Khoo et al., 2007).
- **Currently at LVHN**, patients are encouraged to ambulate as soon as possible after surgery but are not mandated to do so. Therefore, post-op ambulation varies from patient to patient. Patients who agree to follow the Enhanced Recovery After Surgery (ERAS) protocol preoperatively follow specific guidelines post-operatively, which include sitting in the bedside chair on the day of surgery and ambulating at least three times one day after surgery. Preliminary results have shown a decreased length of stay in ERAS patients compared to those who follow a more traditional post-operative plan.

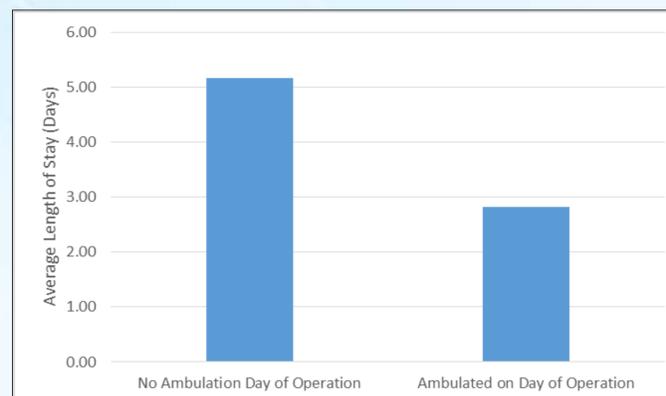
Purpose

- In adult postoperative colorectal surgical patients, does early ambulation compared to delayed or no ambulation decrease the patient's overall length of stay?
- P- Post-operative colorectal patients
- I- Early ambulation
- C- Delayed ambulation or no ambulation
- O- Length of stay

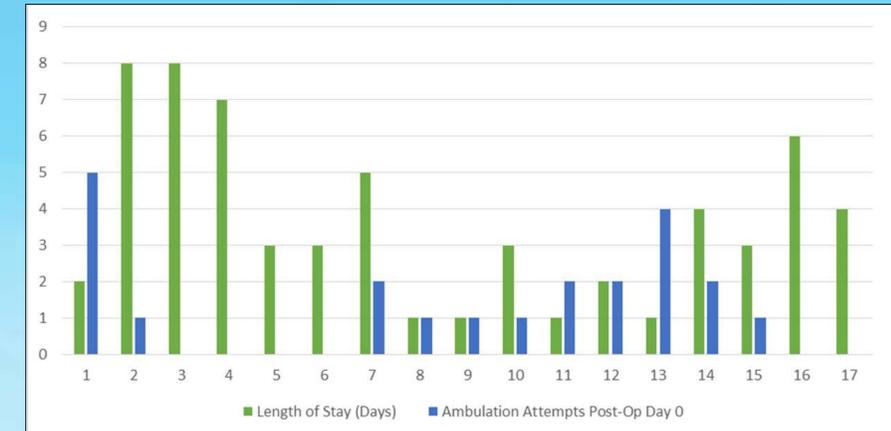
Implementation & Summary

1. An ambulation documentation chart was developed. APs placed one in each colorectal patient's chart upon admission.
2. Staff was educated on the purpose and plan of project as well as on proper completion of the ambulation chart.
3. Post-op colorectal surgery patients were educated on importance of ambulation and its impact on length of stay.
4. Nurses and technical partners ambulated patients at the patients' requests and documented accordingly.
5. The charts were collected upon discharge and the data was reviewed, specifically the amount of ambulation and the length of stay.

- Barriers: Documentation, staff/patient compliance and patient comorbidities.
- Our sample size was 17 patients. Data was collected for approximately one month.
- **Our data analysis showed** that the average length of stay in patients who did not ambulate on the day of surgery was 5.17 days. The average length of stay in patients who ambulated at least once on the day of surgery was 2.82 days, 1.83 times less.



Length of Stay vs Amount of Ambulation Day of Surgery



Next Steps & Lessons Learned

- Lesson learned:
 - Early ambulation in colorectal surgical patients plays a significant role in decreasing overall Length of Stay
 - These patients should be encouraged by all staff to ambulate within 24 hours of surgery, whenever possible
- Next Step:
 - Network implementation
 - Look at implementing with other types of surgeries to decrease length of stay in all surgical patients by showing statistical significance this study showed.

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