



# AB117. SOH23ABS\_040. Effects of prehabilitation on patients undergoing major abdominal surgeries for gastrointestinal cancer treatment: a systematic review

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**Background:** Gastrointestinal (GI) cancers are one of the leading causes of cancer-related deaths worldwide, with surgical interventions at the forefront of management. We aim to present up-to-date evidence surrounding the effects of prehabilitation on patients undergoing abdominal surgery for GI cancer. The objective is to identify the effects of prehabilitation on postoperative outcomes, length of hospital stay, mortality, *Intensive care unit* (ICU) admission and readmissions. We also hope to discuss prehabilitation-related compliance. The rationale is optimising preoperative health is a well-established aspect of surgical care, but little evidence exists illustrating the specific effects that structured prehabilitation may have on GI cancer patients undergoing abdominal surgery.

**Methods:** A systematic search of multiple electronic databases was performed using a search strategy comprising of relevant keywords and controlled vocabulary. Eight studies were selected for inclusion consisting of a total of 6,006 participants.

**Results:** A lower incidence of postoperative complications along with shorter hospital stays was noted in

prehabilitation participants, but higher rates of readmission. Compliance with prehabilitation was affected by factors such as the modality of prehabilitation and supervision.

**Conclusions:** Major abdominal surgery for cancer patients has a significant physical and mental toll. Future studies require congruence regarding participant selection criteria and intervention protocols to allow precise interpretation of the effects of prehabilitation among this patient cohort.

**Keywords:** Abdominal surgery; cancer surgery; gastrointestinal cancer; prehabilitation; preoperative exercise

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## Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

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