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Standardized Rehabilitation After Limb Salvage Surgery Improves Patients' Outcome

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Background:

Limb salvage surgery (LSS) has become the treatment of choice for the vast majority of patients with primary sarcomas of the bone in lieu of amputation ; however, no published rehabilitation protocols are available for these patients, which can be important for improvement of function and decrease hospital stay as the case for hip and knee arthroplasty.

We have undertaken a pilot study to assess the feasibility of establishing a standardized postoperative rehabilitation protocol in the treatment of patients with primary bone sarcoma for the 5 major anatomical locations. (Distal femur, Proximal tibia, Proximal and total femur, Humerus and shoulder girdle resections and Pelvic resections) , and show the applicability of this protocol.

Methods:

All LSSs performed by orthopedic oncology surgeon and rehabilitation of all patients was based on a standardized rehabilitation protocol. Fifty nine patients received LSS in the above mentioned locations: endoprosthesis (n=49), bone allograft (n=5), or No replacement (n=5). Patients received limb salvage surgery for other locations were not included in this study.

Patient outcomes were measured using the modified Musculoskeletal Tumor Society International Symposium on Limb Salvage (MSTS/ISOLS) scoring system.

Result:

The mean modified MSTS/ISOLS score for all patients was 87% (95% CI, 0.85,0.89), at a mean follow up of 24 months. The highest scores were for patients with distal femur =93% (95% CI ,0.91,0.95). Seven patients had interruption of more than 6 weeks in their rehabilitation and had a mean score of 71% (95%CI,0.64,0.82).

Conclusion: The proposed rehabilitation protocol is a comprehensive, organized, and applicable guide to be used after performing LSS at mentioned anatomical locations. Standardized rehabilitation resulted in improved patient functional outcome.

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