

# Physical activity on prescription before radical cystectomy – A research plan

Andrea Porserud<sup>1</sup>, Gun Faager<sup>1</sup>, Helena Thulin<sup>2</sup>

<sup>1</sup>Department of Physiotherapy, Karolinska University Hospital, Stockholm, Sweden; <sup>2</sup>Department of Urology, Karolinska University Hospital, Stockholm, Sweden

## Implication

With physical activity on prescription as a tool, we hope to provide an increased possibility for the patients to prepare themselves to surgery.

Patients who have participated actively to optimize themselves mentally and physically preoperatively, may prevent postoperative complications. The patients may also improve their well-being faster after surgery.

## Introduction

Patients with muscle invasive urinary bladder cancer are often treated with neoadjuvant chemotherapy followed by radical cystectomy.

Physical activity may improve physical function and symptoms during chemotherapy. However, patients do not always receive information about physical activity.

An evidence based method to facilitate physical activity with individual counseling is physical activity on prescription.



## Aim

The aim of this study is to enable for patients who are planned for a radical cystectomy to maintain their level of physical activity until surgery.

## Materials

Patients who are planned for neoadjuvant chemotherapy and radical cystectomy due to urinary bladder cancer at Karolinska University Hospital will be asked to participate in the study. We plan to include fifteen patients in this pilot study.

## Methods

The patients meet a physiotherapist for an individual counseling, before chemotherapy. As a result, the patients receive an individual prescription on physical activity.

Evaluation is performed at the same occasion as the individual counseling and as close to the planned surgery as possible.

Evaluation include:

- Physical activity scale by Grimby
- Self-efficacy scale for exercise
- Exercise diary
- Study specific questionnaire

RECEPT/FYSISK AKTIVITET		Patient (namn, födelsedag, adress och telefon)	
Receptförfattaren anger genom signum vilka speciella försiktighetsmått som kan behövas iaktas vid genomförandet av de fysiska aktiviteterna		Sven Fransson	
<b>F</b> = Försiktig start <b>U</b> = Undvik vissa aktiviteter <b>O</b> = Inga speciella försiktighetsmått		520113-0449	
<b>Träningsform</b> <input checked="" type="checkbox"/> Kondition <input type="checkbox"/> Stryka <input checked="" type="checkbox"/> Utållighet <input type="checkbox"/> Underhåll Aktivitet: <b>vattengymnastik</b>		F U O	
Intensitet: <input type="checkbox"/> Hög <input checked="" type="checkbox"/> Mättig <input type="checkbox"/> Lätt Dosering, användning, ändring: D.S Minst <b>45</b> minuter <b>2</b> ggr/vecka för/vid/mot <b>Högt blodtryck</b> , undvik <b>hopp</b>		F U O	
<b>Träningsform</b> <input type="checkbox"/> Kondition <input type="checkbox"/> Stryka <input type="checkbox"/> Utållighet <input type="checkbox"/> Underhåll Aktivitet: <b>Vardagsmotion/promenader</b>		F U O	
Intensitet: <input type="checkbox"/> Hög <input checked="" type="checkbox"/> Mättig <input type="checkbox"/> Lätt Dosering, användning, ändring: D.S Minst <b>30</b> minuter <b>5</b> ggr/vecka för/vid/mot		F U O	
Receptförfattarens namn/förtydligande, yrke, adress, tel.nr. Sjukvårdsnämning, klinik <b>Sibylla Hoppsson</b> leg läkare Universitetssjukhuset Lund <b>Lund</b> 20080311 Receptförfattarens signatur/stämpel: <b>Sibylla Hoppsson</b> Gäller från detta datum.		Namn	
Receptet löses lämpligen in hos (Namn och adress)			

### Physical activity on prescription:

- Water aerobics 45 minutes, 2 times/week due to high blood pressure, moderate intensity.
- Daily walks 30 minutes, 5 times/week, moderate intensity.