A commentary on “Impact of postoperative instructions on physical activity following pelvic reconstructive surgery: a randomized controlled trial”

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This randomized controlled trial aimed to evaluate the impact of postoperative instructions on physical activity after undergoing pelvic reconstructive surgery. Ambulatory women with stage II or greater prolapse undergoing a minimally invasive prolapse surgery were randomized to receive either liberal or restricted activity instructions. Women in the liberal group were instructed to use common sense to guide them in the performance of activities that they were comfortable doing, and no specific weight restriction was recommended. Women in the restricted group were instructed to limit the amount of moderate to vigorous physical activity and were given a weight limit of 10 pounds for 6 weeks after surgery. Physical activity was measured subjectively using the Activities Assessment Scale (AAS) and objectively using tri-axial accelerometers at baseline, 2 and 6 weeks after surgery.

A total of 146 women ($n = 72$ liberal, $n = 74$ restricted) were recruited. Subjective and objective measures of physical activity did not differ between the liberal and restricted instruction groups at 2 and 6 weeks after surgery. At 6 weeks after surgery, the accelerometer measured the total steps (6316.25 ± 3173.53 , 6589.94 ± 3826.43 , $p = 0.64$), active minutes (8.79 ± 10.5 , 11.36 ± 18.18 , $p = 0.98$), and 10-min intervals (1.37 ± 1.34 , 1.34 ± 1.40 , $p = 0.89$) in the restricted and

liberal instruction groups, respectively. Patients in the liberal instruction group reported less pelvic floor symptom distress as measured by total PFDI-20 scores than those in the restricted instruction group.

In summary, this study suggests that postoperative instructions do not have an impact on either subjective or objective physical activity measures in patients who have undergone pelvic reconstructive surgery. Patients who were allowed to liberally perform activity after surgery were less bothered by their pelvic floor symptoms than those who were restricted after surgery. Interestingly, both groups resumed a relatively active lifestyle with an average of roughly 5000 steps in 14 h at the 2-week postoperative period without any complications. Further controlled studies are warranted to demonstrate the safety of a very active lifestyle (10,000 steps daily) during the early postoperative period as a means to improve patient health, avoid adverse outcomes, and increase patient satisfaction.

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