

World Congress on **CARDIOLOGY & HEART CONGRESS AND SURGERY**

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“Keep your move in the tube”: An evidence-based clinical Implementation of a new paradigm for management of cardiac patients after sternotomy**Richard Gach and Susan Triano***Memorial Regional Hospital USA*

Despite advances in interventional cardiology and uptake of minimal invasive surgery cardiac surgery via a median sternotomy is the gold standard for patients with multiple vessel disease and comorbidities worldwide with over 1 million procedures annually. However, patients are routinely prescribed sternal precautions (SP) that place restrictions on the use of the upper limbs immediately post operatively (for 4 weeks up to 3 months) to reduce and/or prevent sternal complications (i.e. sternal dehiscence, infection and instability). However, evidence to support such SP is limited and only supported by few cadaver and replica bone model studies. Physical therapists and other health professionals encourage upper limb and trunk exercises post-operatively to promote recovery and return to function. The prescription of such exercises alongside sternal precautions poses a clinical dilemma as they contravene each other and may delay functional recovery. In a recent studies conducted by our team that investigated the effect of upper limb and trunk tasks on sternal micromotion as measured by real-time ultrasound found minimal motion of the sternal edges (< 2mm) during for all tasks (including arm elevation bilaterally and unilaterally). Further a recent randomized control trial comparing standard SP to the safe use of the upper limb found a no adverse events and a improvement in functional performance. This has prompted a challenge to clinical practice that is founded on historical practice and the development of an approach that promotes movement within “the tube” that is safe, feasible and not overly restrictive.

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