WEBVTT

NOTE duration:"00:03:04"

NOTE recognizability:0.883

NOTE language:en-us

NOTE Confidence: 0.882789333461538

 $00:00:00.000 \rightarrow 00:00:02.009$ Hello my name is Stephanie Salas and

NOTE Confidence: 0.882789333461538

 $00:00:02.009 \rightarrow 00:00:04.243$ this is my thesis presentation on

NOTE Confidence: 0.882789333461538

 $00{:}00{:}04{.}243 \dashrightarrow 00{:}00{:}06{.}413$ the use of multimodal prehabilitation

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 $00{:}00{:}06{.}413 \dashrightarrow 00{:}00{:}08{.}454$ to augment enhanced recovery

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 $00:00:08.454 \rightarrow 00:00:10.658$ protocols in gynecological oncology.

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00:00:10.660 --> 00:00:12.260 So surgery presents a major

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 $00:00:12.260 \longrightarrow 00:00:13.540$ stress to the body,

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00:00:13.540 --> 00:00:14.944 mobilizing energy reserves,

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 $00:00:14.944 \rightarrow 00:00:16.816$ increasing protein catabolism and

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00:00:16.816 --> 00:00:19.159 promoting skeletal muscle wasting in

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00:00:19.159 --> 00:00:21.364 on
cology patients often present with

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 $00:00:21.364 \longrightarrow 00:00:22.687$ diminished preoperative functional

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 $00{:}00{:}22.746$ --> $00{:}00{:}24.972$ reserve with less ability to with stand

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 $00:00:24.972 \rightarrow 00:00:26.456$ this major physiologic perturb

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 $00{:}00{:}26{.}460 \dashrightarrow 00{:}00{:}28{.}924$ and putting them at a higher risk

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 $00:00:28.924 \rightarrow 00:00:29.980$ of postoperative complications.

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00:00:29.980 --> 00:00:31.279 Prolonged hospital stays.

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 $00{:}00{:}31.279 \dashrightarrow 00{:}00{:}33.444$ And a reduction of their

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 $00{:}00{:}33.444 \dashrightarrow 00{:}00{:}34.810$ baseline functional status.

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 $00:00:34.810 \rightarrow 00:00:36.494$ Enhanced recovery protocols and

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 $00:00:36.494 \rightarrow 00:00:38.178$ gynecological oncology have been

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00:00:38.178 --> 00:00:40.365 incorporated in recent years into

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 $00{:}00{:}40.365 \dashrightarrow 00{:}00{:}41.658$ perioperative management with

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 $00:00:41.658 \rightarrow 00:00:43.382$ effective improvement in morbidity

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 $00:00:43.440 \rightarrow 00:00:44.649$ and mortality outcomes,

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 $00{:}00{:}44.650 \dashrightarrow 00{:}00{:}46.848$ and these are a group of evidence

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 $00:00:46.848 \longrightarrow 00:00:48.361$ based protocols that address

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 $00{:}00{:}48.361 \dashrightarrow 00{:}00{:}49.888$ mitigating surgical stress.

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 $00:00:49.890 \rightarrow 00:00:51.662$ Maintenance of physiologic function

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- $00:00:51.662 \rightarrow 00:00:54.320$ and early mobility after surgery and

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 $00:00:54.383 \rightarrow 00:00:56.288$ untouched window of time remains

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00:00:56.288 --> 00:00:58.193 though in the interim between

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 $00:00:58.261 \rightarrow 00:01:00.361$ diagnosis and surgery that can be

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 $00{:}01{:}00{.}361 \dashrightarrow 00{:}01{:}02{.}292$ used to further enhance recovery.

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 $00{:}01{:}02{.}292 \dashrightarrow 00{:}01{:}04{.}902$ This is where the concept

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 $00:01:04.902 \longrightarrow 00:01:06.990$ of prehabilitation comes in.

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 $00{:}01{:}06{.}990 \dashrightarrow 00{:}01{:}09{.}350$ It has been suggested as a way to

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 $00:01:09.350 \dashrightarrow 00:01:10.834$ optimize physiologic resilience by

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00:01:10.834 --> 00:01:12.510 increasing skeletal muscle mass,

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00:01:12.510 --> 00:01:14.102 promoting adequate protein intake,

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 $00:01:14.102 \longrightarrow 00:01:15.694$ and decreasing anxiety levels

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 $00:01:15.694 \rightarrow 00:01:16.990$ prior to surgery.

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 $00:01:16.990 \rightarrow 00:01:18.688$ It's been studied in colorectal surgery

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 $00{:}01{:}18.688 \dashrightarrow 00{:}01{:}20.230$ and has shown promising results,

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 $00:01:20.230 \rightarrow 00:01:22.006$ but similar studies are still lacking

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 $00{:}01{:}22.006 \dashrightarrow 00{:}01{:}24.530$ in the field of gynecological on cology.

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 $00:01:24.530 \rightarrow 00:01:26.266$ In designing this thesis,

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 $00:01:26.266 \rightarrow 00:01:28.436$ we hypothesize that women undergoing

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 $00:01:28.436 \longrightarrow 00:01:30.434$ hysterectomy for known or suspected

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00:01:30.434 --> 00:01:32.314 gynecological ignan see who participate NOTE Confidence: 0.882789333461538

 $00:01:32.314 \longrightarrow 00:01:34.950$ in a multimodal prehabilitation and in

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 $00:01:34.950 \rightarrow 00:01:37.150$ addition to enhanced recovery protocols,

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 $00{:}01{:}37{.}150 \dashrightarrow 00{:}01{:}39{.}150$ would have a statistically significant

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 $00:01:39.150 \longrightarrow 00:01:40.750$ improvement in their functional

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 $00{:}01{:}40.750 \dashrightarrow 00{:}01{:}42.720$ status from baseline in comparison

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 $00{:}01{:}42.720 \dashrightarrow 00{:}01{:}44.615$ to control subjects participating in

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 $00{:}01{:}44.615 \dashrightarrow 00{:}01{:}46.350$ enhanced recovery protocols alone.

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 $00{:}01{:}46.350 \dashrightarrow 00{:}01{:}48.030$ And we measured functional status

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 $00:01:48.030 \rightarrow 00:01:50.070$ as our primary outcome using the

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 $00:01:50.070 \longrightarrow 00:01:51.888$ six minute walk test and used

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 $00:01:51.888 \rightarrow 00:01:53.202$ complication rates and quality

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 $00:01:53.202 \dashrightarrow 00:01:54.917$ of life as secondary outcomes.

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 $00:01:54.920 \longrightarrow 00:01:56.928$ The pre Abilitation intervention

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 $00:01:56.928 \longrightarrow 00:01:59.166$ includes 150 minutes of moderate

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 $00:01:59.166 \rightarrow 00:02:01.336$ intensity aerobic exercise per week

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 $00:02:01.336 \longrightarrow 00:02:03.978$ protein intake goals of 1.2 to 1.5 grams.

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 $00:02:03.978 \dashrightarrow 00:02:06.786$ Per kilogram per day and 10 minutes of

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00:02:06.786 --> 00:02:09.246 guided stress reduction meditations daily,

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 $00{:}02{:}09{.}250 \dashrightarrow 00{:}02{:}11{.}266$ Fitbit devices were proposed as a

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 $00:02:11.266 \rightarrow 00:02:12.908$ means of monitoring adherence to

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 $00:02:12.908 \rightarrow 00:02:14.588$ each leg of the intervention as well

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 $00{:}02{:}14.588 \dashrightarrow 00{:}02{:}16.576$ as to provide motivation to the

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 $00{:}02{:}16.576 \dashrightarrow 00{:}02{:}18.270$ patients and this use of Fitbits

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 $00:02:18.270 \dashrightarrow 00:02:20.723$ was a strength of the design as the

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 $00:02:20.723 \dashrightarrow 00:02:22.493$ use of wearable exercise trackers.

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 $00:02:22.500 \rightarrow 00:02:24.594$ In pre habilitation studies is fairly

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 $00{:}02{:}24.594 \dashrightarrow 00{:}02{:}26.824$ novel and they allow for adherence

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 $00:02:26.824 \rightarrow 00:02:29.533$ to be automatically tracked in one location.

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 $00{:}02{:}29{.}540 \dashrightarrow 00{:}02{:}31{.}364$ One limitation of our design was

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 $00{:}02{:}31{.}364 \dashrightarrow 00{:}02{:}33{.}483$ the short time period available for

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 $00{:}02{:}33{.}483 \dashrightarrow 00{:}02{:}34{.}327$ an intervention.

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 $00:02:34.330 \longrightarrow 00:02:35.766$ As in many cases,

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 $00:02:35.766 \rightarrow 00:02:38.364$ the urgency of surgery limits the time

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 $00:02:38.364 \dashrightarrow 00:02:41.308$ after diagnosis to as little as two weeks.

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 $00:02:41.310 \rightarrow 00:02:41.711$ Overall,

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 $00:02:41.711 \longrightarrow 00:02:44.117$ the Hasting returned to baseline from

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 $00:02:44.117 \rightarrow 00:02:46.304$ pre Abilitation would allow patients

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00:02:46.304 --> 00:02:48.144 to receive follow-up treatments

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 $00:02:48.144 \rightarrow 00:02:49.984$ and chemotherapy without delay,

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 $00:02:49.990 \longrightarrow 00:02:51.320$ and on a broader scale,

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 $00:02:51.320 \rightarrow 00:02:52.820$ pre abilitation is an opportunity

- NOTE Confidence: 0.882789333461538
- $00:02:52.820 \dashrightarrow 00:02:54.903$ to educate patients on how to have
- NOTE Confidence: 0.882789333461538
- $00{:}02{:}54{.}903 \dashrightarrow 00{:}02{:}56{.}493$ an active role in their cancer
- NOTE Confidence: 0.882789333461538
- $00{:}02{:}56{.}493 \dashrightarrow 00{:}02{:}57{.}726$ management and protect prioritize
- NOTE Confidence: 0.882789333461538
- $00{:}02{:}57.726 \dashrightarrow 00{:}02{:}59.676$ a healthy lifestyle from the very
- NOTE Confidence: 0.882789333461538
- $00:02:59.676 \rightarrow 00:03:01.902$ beginning of the care continuum.
- NOTE Confidence: 0.882789333461538
- 00:03:01.902 --> 00:03:03.998 Thank you for listening.