

Impact of Early Mobilization on Post-Operative Recovery After Major Abdominal Surgery: A Prospective Observational Study

Dr. Reddi Anudeep Sai

Akash Institute of Medical Sciences and Research Centre, Bengaluru, Karnataka, India

Abstract

Background: Early mobilization is a key component of surgical rehabilitation and Enhanced Recovery After Surgery (ERAS) protocols. Delayed ambulation after abdominal surgery is associated with increased complications, prolonged hospital stay, and delayed functional recovery.

Objective: To evaluate the impact of early mobilization on post-operative recovery outcomes in patients undergoing major abdominal surgery.

Methods: A prospective observational study was conducted on 60 adult patients undergoing major abdominal surgery at a tertiary care center. Patients were divided into two groups: early mobilization (ambulation within 24 hours post-surgery) and delayed mobilization (ambulation after 24 hours). Recovery outcomes assessed included time to ambulation, time to oral intake, return of bowel function, pain scores using the Visual Analog Scale (VAS), length of hospital stay, and post-operative complications. Statistical analysis was performed using Student's t-test and Chi-square test, with $p < 0.05$ considered significant.

Results: Patients in the early mobilization group demonstrated significantly faster recovery compared to the delayed mobilization group. Mean time to ambulation was 18.76 hours versus 41.20 hours ($p < 0.001$). Early mobilization was associated with earlier oral intake (28.41 vs 50.31 hours), faster return of bowel function (2.17 vs 3.56 days), and lower pain scores (VAS 3.37 vs 5.24). The mean length of hospital stay was significantly shorter in the early mobilization group (5.42 vs 8.60 days). Post-operative complications were lower in the early mobilization group (33% vs 47%).

Conclusion: Early mobilization significantly improves post-operative recovery following major abdominal surgery by reducing complications, accelerating functional recovery, and shortening hospital stay. It should be incorporated as a standard component of surgical rehabilitation protocols.