

# RECOVERSupport

## Protocol for 2 Randomized Controlled Trials

Digital health interventions to support colorectal and breast cancer patients prepare for and recover from surgery

### Background & Aims

- International 'Enhanced Recovery From Surgery' (ERAS) guidelines can reduce complications and length of stay after surgery
  - ERAS guidelines include clinician-led and patient-led behaviours (eg. doing physio & breathing exercises)
  - Adherence rates in patients are low and variable
  - Patients need support to do these things
  - A digital health intervention (DHI) may be an effective, cost-effective, and scalable solution.
  - the RecoverSupport intervention was designed to support patients adhere to the ERAS guidelines
- AIMS:** This poster outlines the protocol for 2 RCTs targeting colorectal and breast cancer patients. Both trials aim to evaluate the effectiveness and cost-effectiveness of the RecoverSupport intervention.

### Methods

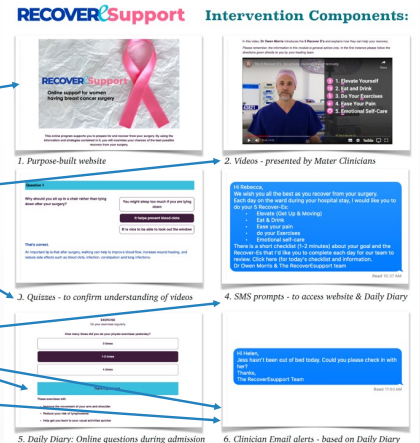
- We are conducting 2 separate RCTs
- Patients recruited from pre-operative appointments across 3 hospitals
  - randomized (1:1 ratio)
  - Control group receives usual perioperative care
  - Intervention group receives access to the RecoverSupport program
    - Pre-admission
    - During hospital stay
    - Post discharge

Trial registration: Bowel: ACTRN12621001533886  
Trial registration: Breast: ACTRN12624000417583

### Intervention Strategies

- RecoverSupport is a digital health intervention** to help patients prepare for and recover from their surgery.
- The intervention consists of a **website and SMS/email prompts** to encourage adherence to ERAS guidelines. It uses evidence-based behaviour change strategies:
- information provision (clinician videos)
  - goal setting
  - skills training
  - behavioural self-monitoring and feedback
    - Completed by patients
    - Fed-back to clinicians
  - prompts and cues
    - For patients
    - For clinician

Figure 1. Screenshots showing the intervention components.



### ERAS guidelines – Intervention Targets

- Early mobilization (Get up, Get moving) \* +
- Rapid return to oral feeding & fluids (Eat & Drink) \* +
- Minimizing opioid use (Ease your pain) \* +
- Physiotherapy exercises (Exercises) \*
- Breathing exercises (coughing / huffing & puffing) \*
- Psychosocial support (Emotional self-care)



### Outcomes & Conclusions

- Data will be collected from medical records and from patient online surveys. Outcomes include:
- Length of Stay (primary outcome)**
  - Quality of Life (EORTC)
  - Quality of Recovery (QoR15)
  - ED admissions
  - Health service use / costs
  - Adherence to ERAS guidelines
- Data is collected at baseline, 2 days post-surgery, 1- & 3-months post-surgery

Figure 2. Screenshot: Breast website landing page



### Conclusions

- If effective, the RecoverSupport intervention could be rapidly scaled up and/or adapted for other surgical patient groups.
- With 2.2 million elective surgical procedures undertaken annually in Australia alone, there is a significant opportunity to improve recovery outcomes while improving the cost-effectiveness of care



### For more info:



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Scan QR code for a video overview

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