# Prehabilitation

## 10 top tips

**Prehabilitation resources for healthcare professionals**

Includes:

- Videos
- Podcasts
- Physical activity resources
- Research

https://www.macmillan.org.uk/healthcare-professionals/cancer-pathways/prehabilitation

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Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland.
MAC19358_Managing_Sexual_Dysfunction_tips

**1** Prehabilitation aims to improve physical and mental health using exercise, nutrition and psychological interventions alongside behavioural change before treatment begins. These techniques are safe and welcomed by people with cancer. They may also reduce side effects of treatment. Prehabilitation may allow people with cancer to access treatments that were not previously available to them.

**2** Prehabilitation empowers people to enhance their own physical and mental health and wellbeing. Prehabilitation provides a 'teachable moment' to facilitate behavioural changes that can bring positive impacts on long-term health.

**3** Prehabilitation benefits organisations by reducing length of stay, improving cardiorespiratory fitness and nutritional status, enhancing recovery and reducing post-treatment complications.

**4** Time before starting treatment may be short but the benefits of prehabilitation can be seen in as little as two weeks. Interventions should start as early as possible and in advance of any cancer treatment (and any subsequent cancer treatment).

**5** Behaviour change requires a person-centred approach. Health and care professionals need to work collaboratively with the patient. Conversations must consider a person's needs, their social, cultural and economic context, motivation and skills. It also requires identification of potential barriers to change and maintaining that behaviour.

**6** Effective prehabilitation requires objective measures at baseline and assessment of progress within a programme. A wide variety of tools are available and listed within Macmillan RCOA/NIHR guidance. These include short screening tools for physical activity, nutrition and psychological well-being. Teams may choose which tools best suit their services.

**7** Interventions may be Specialist, Targeted or Universal. Specialist interventions are applicable to those with complex needs, disability and those with cardiac/respiratory issues, low confidence or very sedentary. Targeted interventions are applicable when there are predictable adverse effects of disease or treatment. Promoting healthy lifestyle should be a universal intervention as part of Making Every Contact Count (MECC).

**8** People with cancer should have a co-developed personalised prehabilitation care plan (PPCP) as part of an overall care plan. Individualised exercise, nutrition and psychological support, should be integral to the care of all people with a cancer diagnosis.

**9** All health and care professionals including primary care should be able to support universal prehabilitation interventions. Delivering very brief advice (VBA) should take under two minutes and can be very effective. Targeted and Specialist interventions require the support of cancer exercise specialists, dietitians and those with expertise in psychological support and behaviour change.

**10** Prehabilitation has traditionally been delivered in an acute setting. There is no reason why prehabilitation cannot be delivered in community and primary care facilities. A multidisciplinary approach and engagement are more important than location.

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