

# Letter to the Editors

## Early mobilization in abdominal and thoracic operations

To the Editors:

We have read with interest the meta-analysis published by Castelino et al<sup>1</sup> regarding the effects of early mobilization on postoperative outcomes following elective abdominal and thoracic operations. The authors should be congratulated for their efforts in conducting the immense work that is mandatory for all meta-analysis of operations. However, their analysis requires some comments regarding both the size of the study and the exclusion criteria.

As with all clinical studies, authors should consider primary and secondary end points and estimate the study's size to avoid a false lack of statistically significant difference (statistical type 2 error). In the present meta-analysis, the lack of any primary outcome means there is no power calculation in this "negative" meta-analysis. It is not certain that the number of patients in the studies on abdominal ( $n = 225$ ) or thoracic operations ( $n = 283$ ) is sufficient to exclude a type 2 error. The authors state that the review was conducted according to the PRISMA statement,<sup>2</sup> but in fact, only 16 of the 27 items were present.

Secondly, we believe questions must be raised, as previous studies, where early mobilization was tested as part of an enhanced recovery program (ERP), were excluded from the analysis. Undoubtedly, current studies on early mobilization should not be considered using only clinical studies.

In our opinion, the reported protocols using early mobilization outside the frame of ERPs are outdated, since every current protocol should involve several elements. ERPs are here to stay and are considered standards of care in many operations. We believe that trying to demonstrate that a given element has a separate and significant impact on hospital stay duration

or morbidity is not the best approach. ERPs are beneficial as a whole: the more we implement elements of ERPs, the more impact they have on postoperative outcomes.<sup>3</sup>

Early mobilization must not be brought into question by the present meta-analysis, as it is an important element, which can also be considered as an outcome of ERP. A patient who can mobilize quickly (due to pain management, lack of drains and tubes, etc) has a better quality of life and becomes an active participant in his or her care.<sup>4</sup>

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*The authors declare that they have no conflict of interest.*

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