

AmphiA

PETRI: Prehabilitation in the Elderly with limb Threatening Ischemia

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Background

Delirium is a frequent and severe complication in the older patient. **Chronic Limb Threatening Ischemia (CLTI)** mostly affects older people and often requires revascularization. Within this population, there is a high risk of delirium. This leads to high delirium and mortality rates and a low Quality of Life (QoL). There is currently no adequate strategy for **prevention of delirium** in CLTI patients.

Aim

To evaluate the effect of a three-week, multicomponent, multidisciplinary **prehabilitation program** on the incidence of delirium in CLTI patients ≥ 65 years

Methods

- This **program** focuses on
- optimizing the patient's **overall health**
 - **risk** assessment,
 - **nutritional** optimization,
 - home-based **physical therapy**,
 - **iron** infusion in case of anemia
 - comprehensive geriatric assessment (**GCA**) in case of frailty.

Primary outcome: **incidence of delirium**.
Secondary outcomes: quality of life, amputation-free survival, length of hospital stay and mortality

Multidisciplinary PETRI - Team



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Clinical relevance

This study will clarify the effect of **prehabilitation on delirium prevention** in patients with CLTI. We want to increase the awareness of preventing delirium, instead of treating this severe complication in CLTI patients.

New insights will be obtained on optimizing a patient's preoperative mental and physical condition to prevent postoperative complications, including delirium. Additionally, information is collected about the effect of delirium on **mental state, physical health and Quality of Life**

Multicomponent strategy

