



Benchmarking the use of Sternal Precautions in the UK

Data collated by Michael Brook – Physiotherapist 2019

Presented by Susan Eriksen for ACPRC sternal meeting 2021

Benchmarking the UK

Method:

An electronic survey distributed by social media and telephone

Content of Survey:

Use of Precautions

Types of Restrictions

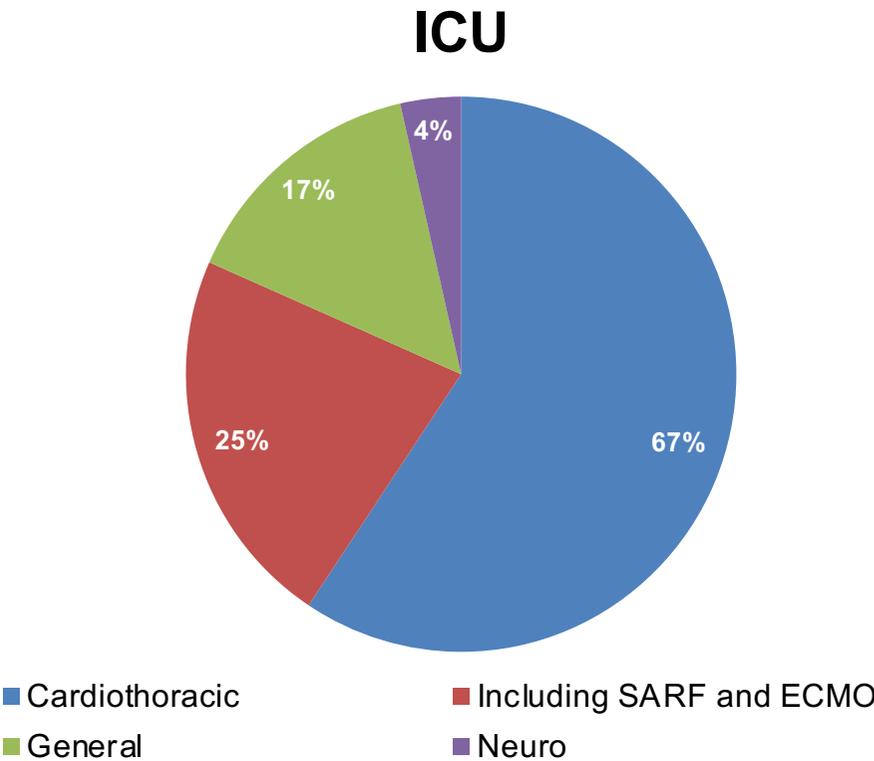
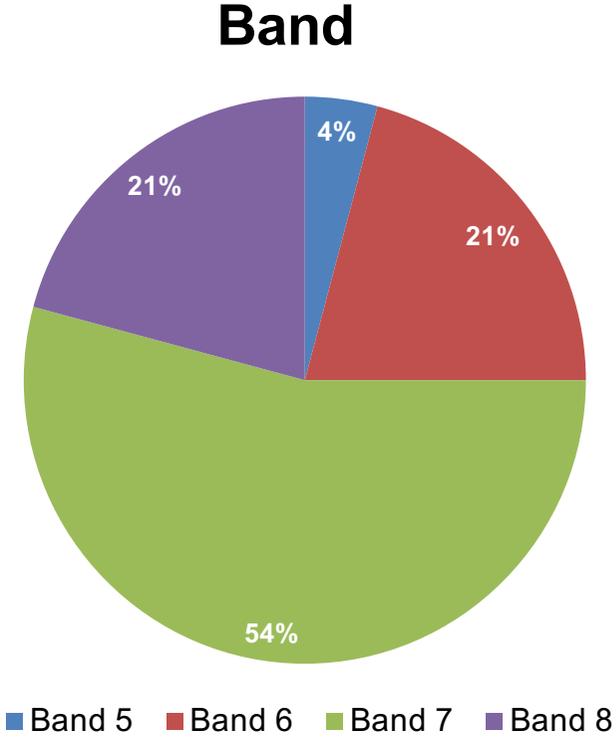
Length of Restrictions

Why use the Restrictions

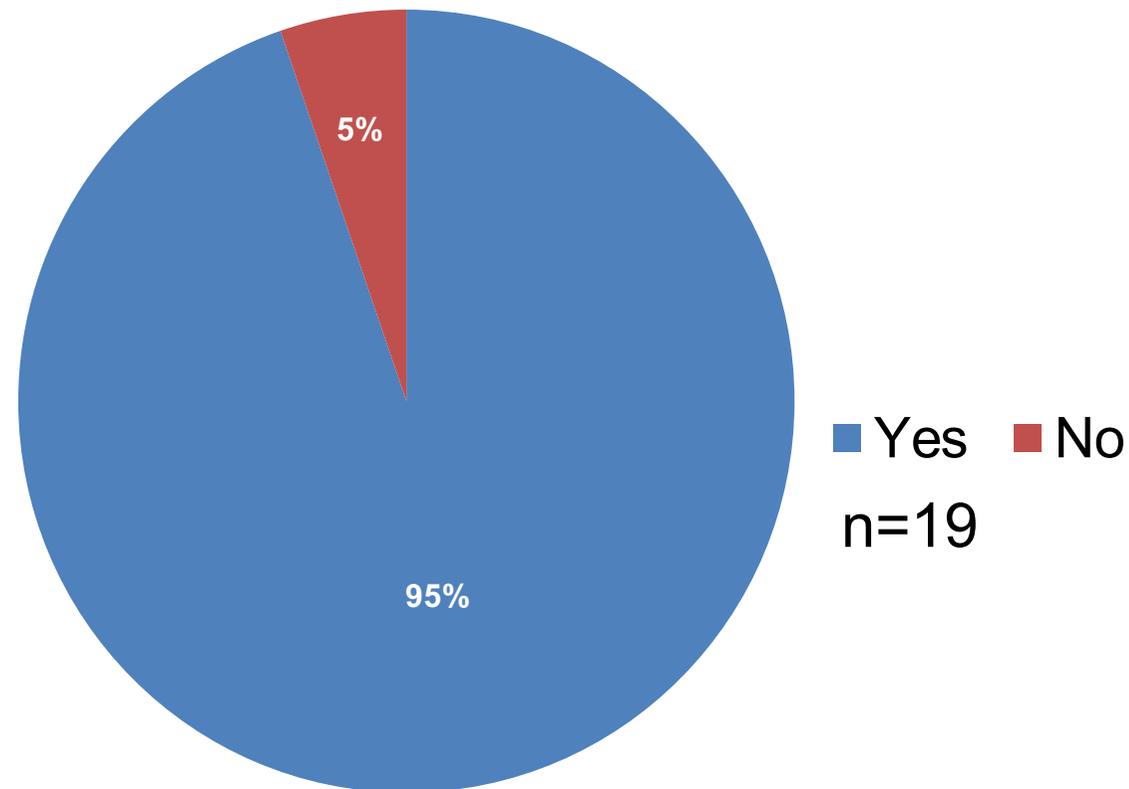
What is the centre policy based on

Response

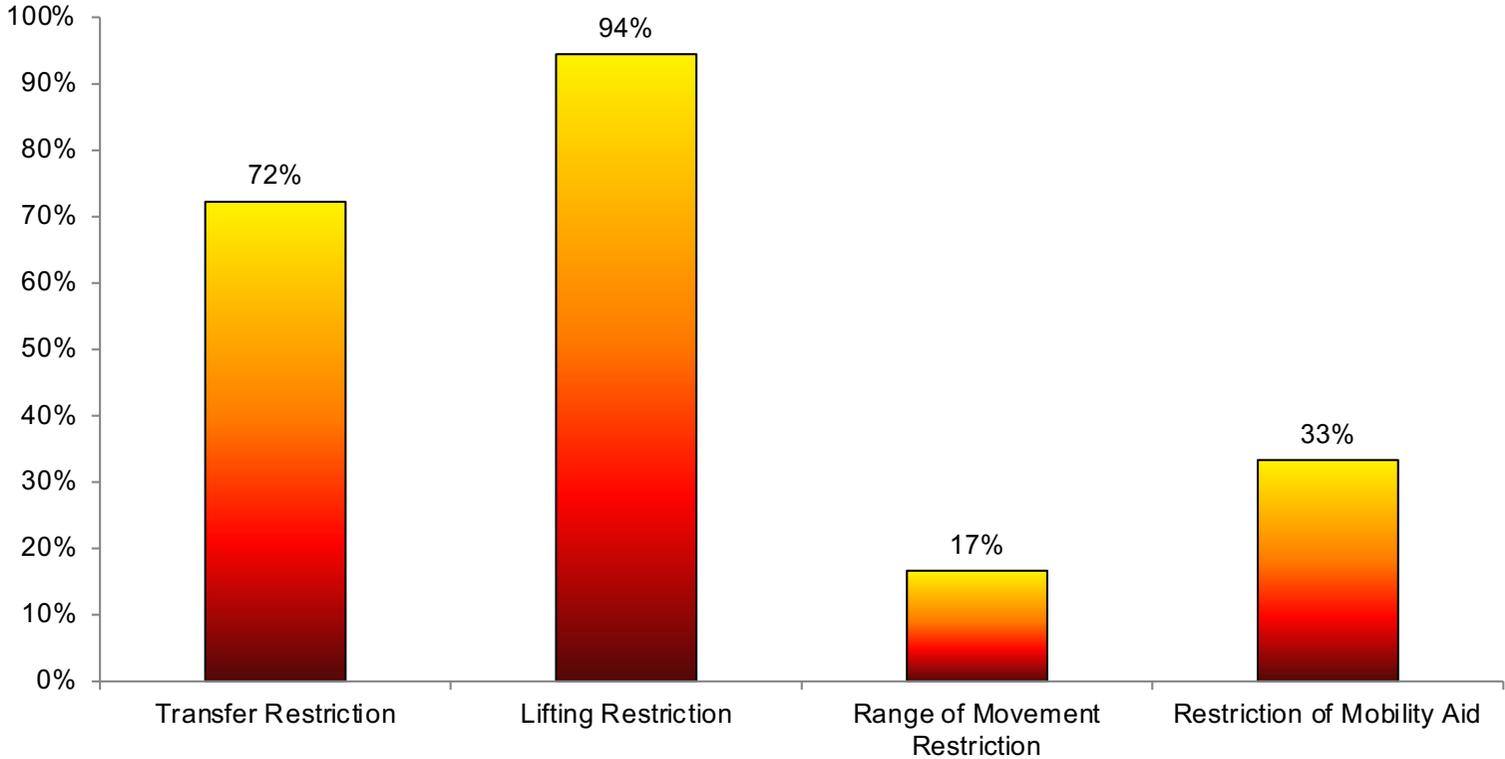
24 responses from 19 different centres



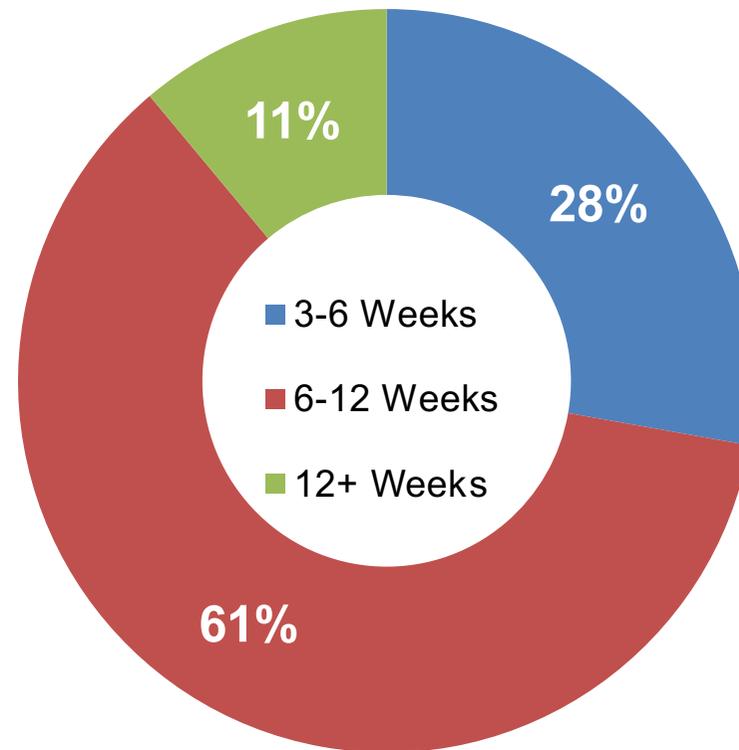
Does your Centre use Sternal Precautions?



What are the restrictions?

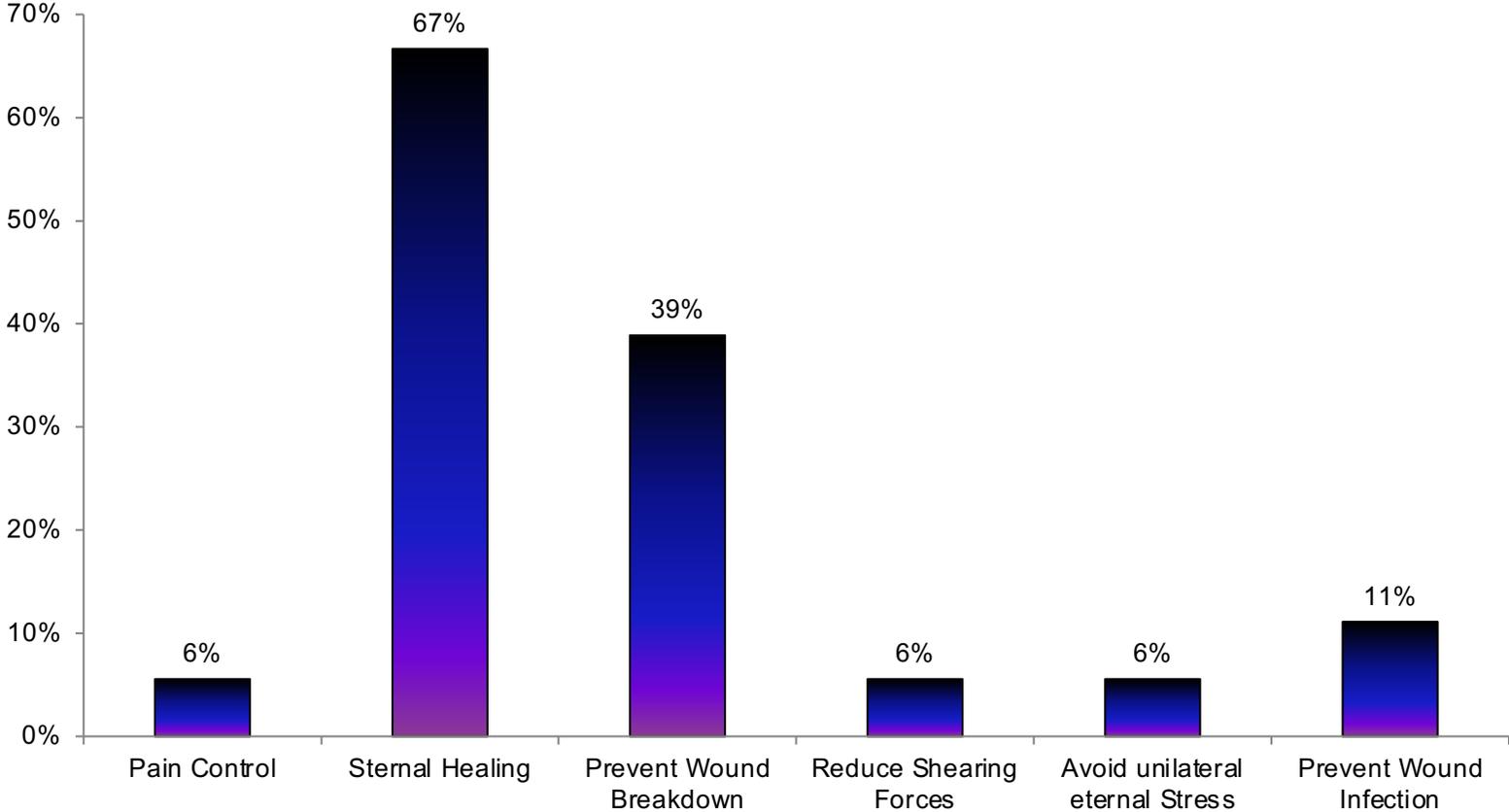


For how long?

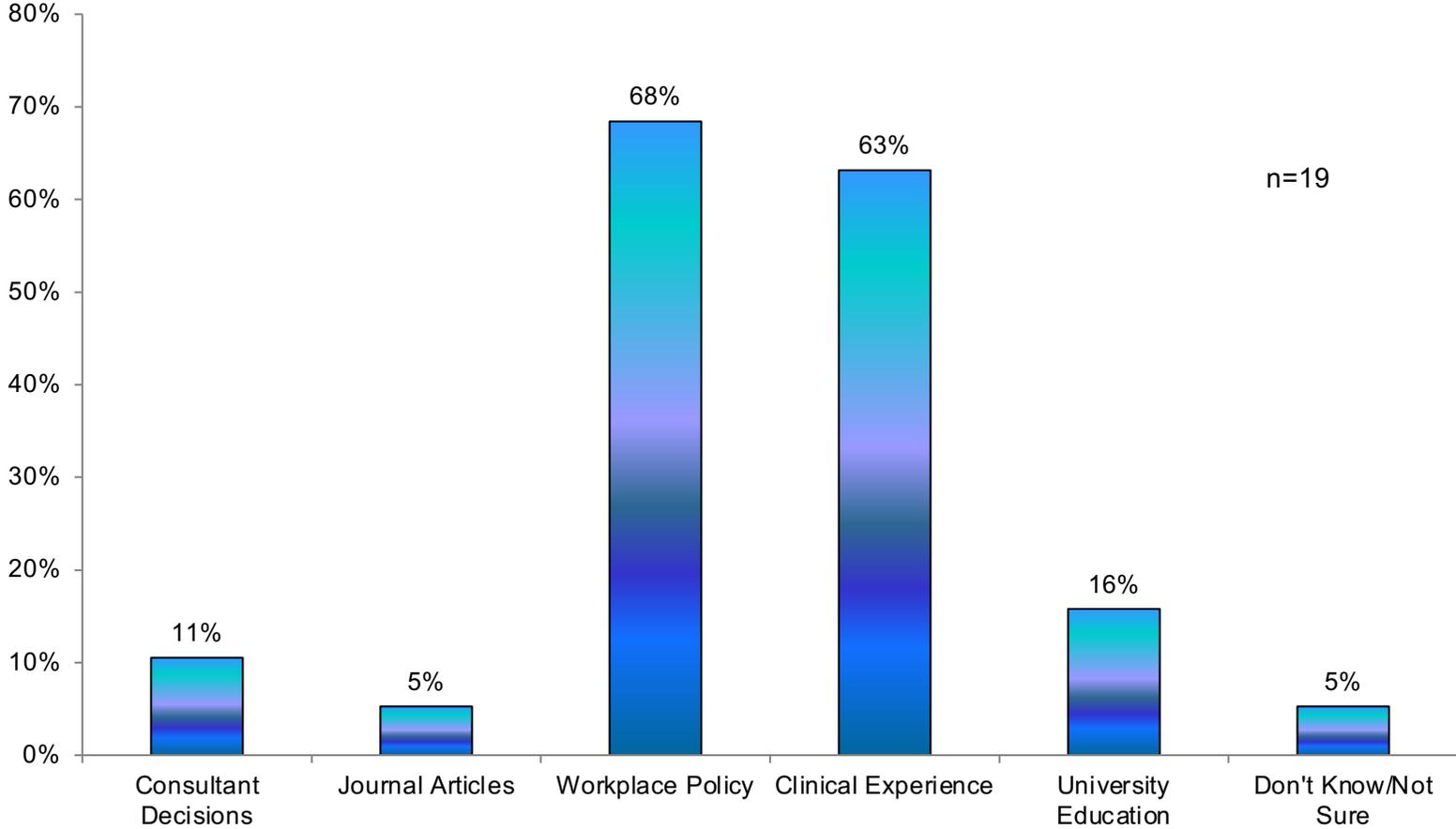


n=18

What are the aims?



What is the basis for this?



Subjective Comments

It's very difficult to get the various consultants to agree on what can/ can't be done after surgery.

Restriction of mobility aids is consultant dependent

Surgeons keen for strict NWB ULs even if that means increasing length of stay

As physios we appreciate the lack of evidence however surgeons still ask following these recommendations to aid sternal healing.

There is widespread over precaution which is unnecessary and misplaced

Varies by consultant.

Subjective Comments Cont.

Restriction of mobility aid is only enforced if patients are heavily dependent on one UL

Avoidance of activities/walking aids that require unilateral force through UL

Used as a guide, but may deviate with those dependant on ULs

Only one stick to be used if minimal weight bear through

References

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