

Wearable Fitness Trackers for Measurement of Behavioral Patterns Among Patients Undergoing Radical Cystectomy: A Pilot Study Assessing Feasibility and Utility

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Background

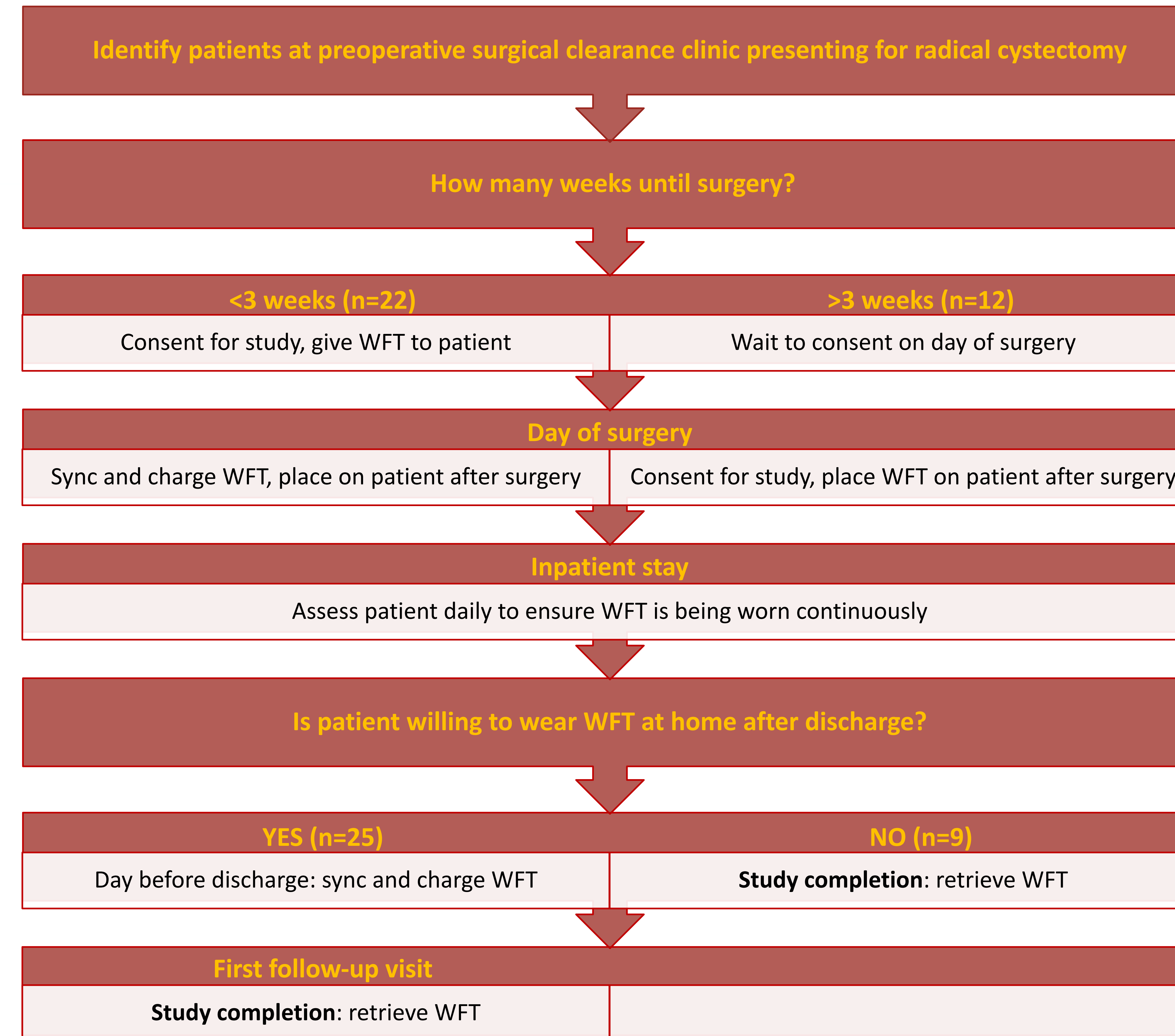
- Radical cystectomy is a complicated procedure associated with significant morbidity
- Postoperative recovery is greatly dependent on patients' functional status
- Wearable fitness trackers (WFT) offer a novel means of objectively evaluating patient behavioral patterns in the perioperative setting

Materials and Methods

- Under IRB approval, 20 commercially available WFT (Fitbit® Alta HR™) were obtained
- Patients undergoing open or robotic radical cystectomy were consented and instructed on WFT use
- Patients used WFT for up to 3 weeks preoperatively, throughout inpatient stay, and up to 3 weeks postoperatively
- Devices automatically record activity levels and sleep patterns

- Activity includes: daily total steps, miles walked, calories burned, activity calories burned, minutes sedentary, and minutes active
- Sleep includes: time slept each day for cycles >1 hour and for each sleep cycle: minutes asleep and awake, number of awakenings, and minutes in bed

Wearable Fitness Tracker Patient Timeline



Results

Overall Cohort		Median Days of Patient WFT Use		Daily Means of Sleep and Activity Variables			
Total patients enrolled	34*	Preoperative	4.5 (0-6)	Variable	Preoperative	Inpatient	Postoperative
Age (median)	74.0 years (56-83)	Inpatient	3 (2-5)	Steps	4,305	800	1,402
Male	22 (68.8%)	Postoperative	7 (1-8)	Calories burned	2,188	2,026	1,833
BMI (median)	25.0 (22.7-34.4)	Total	16 (11-22)	Sedentary hours	14.78	12.63	17.84
Charlson Comorbidity Index (median)	2 (2-3)			Hours asleep	4.97	6.82	4.70
Robotic RC	30 (33.0%)			Awakenings per hour asleep	1.98	0.90	1.43
Continent diversion	14 (41.2%)						
Discharge to skilled nursing facility (SNF)	7 (21.9%)						

*Out of 34 patients enrolled, 32 consented to use of additional personal health information for study

Results (continued)

- Exploratory analysis performed comparing WFT metrics by patient characteristics (age or diversion) and clinical outcomes
 - Age: <80 years old vs. ≥80 years old
 - Diversion type: non-continent vs. continent
 - Clinical outcomes
 - Delayed return of bowel function (>POD2)
 - Prolonged length of stay (LOS, >6 days)
 - Discharge disposition: home vs. SNF

Exploratory Analysis Significant Findings

Variable	Stratified by:	p-value
Longest preoperative sleep cycle	Age	p=0.01
Preoperative daily calories	Prolonged LOS	p=0.029
Inpatient daily steps	Discharge disposition	p=0.033
Inpatient daily calories	Discharge disposition	p=0.033

Conclusions

- Use of WFT to objectively measure patients' activity and sleep is feasible in this patient population
- Perioperative activity level may predict length of stay after surgery and discharge disposition

