

[Comprehensive rehabilitation guideline for lung transplantation].

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To address the lack of standardized rehabilitation protocols in Chinese lung transplantation practice-where significant variations in assessments, interventions, and management modalities compromise patient outcomes-this guideline was jointly developed by the Chinese Thoracic Society, Respiratory Rehabilitation Committee of Chinese Association of Rehabilitation Medicine, Chinese Society of Organ Transplantation, Organ Transplantation Committee of Chinese Association of Rehabilitation Medicine, and the National Center for Respiratory Medicine. A multidisciplinary task force followed the World Health Organization Handbook for Guideline Development and relevant Chinese standards, employing the Delphi method to formulate 16 recommendations addressing 14 clinical questions. These clinical questions encompassed the preoperative pre-rehabilitation, intensive care, sub-intensive care, and long-term rehabilitation phases. Specific topics include preoperative prehabilitation (Q1), postoperative pain management (Q2), early mobilization (Q3), lung-protective ventilation (Q4), noninvasive support after extubation (Q5), prone positioning for graft dysfunction (Q6), and airway clearance (Q7); diaphragm assessment (Q8), inspiratory muscle training (Q9), and dysphagia intervention (Q10); venous thromboembolism prophylaxis (Q11); nutritional (Q12) and psychological (Q13) management; and post-discharge maintenance rehabilitation (Q14). These recommendations advocate an integrated approach encompassing health communication, medication, health devices and technologies, diet and nutrition, lifestyle modifications, and environmental management to optimize recovery and quality of life for lung transplant recipients.

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