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**Title:** 24-hour of physiotherapy assistance does not reduce frequency of postoperative pulmonary complications

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**Body:** Background: Physiotherapy assistance (PTA) is required for the management of postoperative (PO) patients. Some studies tried to demonstrate the effects of PTA of PO pulmonary complications (PPCs), however, their outcomes were controversial and the working shift of PTA was not considered. Objective: To verify the effect of PTA shift (24-hours, Physio-24;12-hours, Physio-12) on frequency of PPCs (presence of nosocomial pneumonia or ventilator-associated pneumonia) in abdominal PO patients. Method: Observational, prospective, cohort study in a public tertiary-teaching hospital; included 107 abdominal PO patients (N=42 on Physio-12; N=65 on Physio-24), PO routine on intensive care unit (ICU), aged  $\geq 18$  years old, underwent  $\geq 24$  hours of invasive mechanical ventilation (IMV). All data were collected from patient's records (see

Table 1: Characteristics of abdominal postoperative patients in ICU with Physio-12 and Physio-24.

Variable	Physio-12		Physio-24		p
	Median	IQR	Median	IQR	
Age	59	36-71	60	51-73	0.13
ICU LOS	13	7-24	13	7-30	0.85
Surgery duration	240	180-390	275	173-368	0.66
Anesthesia duration	420	290-570	420	300-600	0.51
Length of IMV	4	3-9	5	3-10	0.90
Chest PTA sessions	22	11-38	28	15-63	0.03

). Mann Whitney and Qui-Square tests were applied to quantitative and qualitative variables, respectively. Statistical significance was considered when  $p < 0.05$ . Results: Despite Physio-24 patients received more

sessions of chest PTA ( $p=0.03$ ), no differences were found in the length of ICU stay (ICU LOS) ( $p=0.85$ ), length of IMV ( $p=0.90$ ) and in frequency of PPCs between groups ( $p=0.74$ ). Conclusion: There was no difference in frequency of PPCs when abdominal PO patients are admitted in ICUs with 12 or 24-hours of PTA.