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Stoma e sport: gestione degli atleti con stomie durante le performance sportive

Andrea Bondurri
Anna Maffioli
Marisa Conzimu
Francesco Colombo

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Stoma e sport: parte prima. Subito dopo la chirurgia.

Dr Andrea Bondurri
Responsabile UOS Chirurgia Coloproctologica
Ospedale Luigi Sacco, Milano

SICCR – Stoma national board
Società Italiana di Chirurgia Colo-Rettale

MISSTO founder
Multidisciplinary Italian Study Group for STOma

Disclosure

Educational grants in the last 5 years from

Carlo Bianchi *srl*
Coloplast *spa*
Convatec *spa*
Hollister *spa*
Medtronic *spa*
Sapitech *srl*
THD *spa*

Retainer agreements in the last 5 years with

SPA farma
OCM formazione

Stoma and sport

- ✓ Issues after stoma surgery
- ✓ Physical (in)activity after surgery
- ✓ Abdominal exercises
- ✓ Return to sport
- ✓ Return to work

Stoma, job a

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Techniques in Coloproctology
https://doi.org/10.1007/s10151-019-02099-3

REVIEW

Italian guidelines for the surgical management of enteral stomas in adults

F. Ferrara[1], D. Parini[2], A. Bondurri[3], M. Veltri[4], M. Barbierato[5], F. Pata[6], F. Cattaneo[7], A. Tafuri[8], ... Roveron[10], G. Rizzo[11], Multidisciplinary Italian Study group for STOmas (MISSTO)

Minerva Urology and Nephrology 2021 Jun 11

DOI: 10.23736/S2724-6051.21.04379-2

language: English

Surgical management of urinary diversion and stomas in adults: multidisciplinary Italian panel guidelines

Alessandro TAFURI [1,2], Fabrizio PRESICCE [3], Marco SEBBEN [4], Francesco CATTANEO [5], Riccardo RIZZETTO [1], Francesco FERRARA [6], Andrea BONDURRI [7], Marco VELTRI [8], Maria BARBIERATO [9], Francesco PATA [10], Cristiana FORNI [11], Gabriele ROVERON [12], Gianluca RIZZO [13], Dario PARINI [14], on behalf of Multidisciplinary Italian Study group for STOmas (MISSTO)

Ostomy Care

Italian Guidelines for the Nursing Management of Enteral and Urinary Stomas in Adults

An Executive Summary

Gabriele Roveron ◆ Maria Barbierato ◆ Gianluca Rizzo ◆ Dario Parini ◆ Andrea Bondurri ◆ Francesco Pata ◆ Francesco Cattaneo ◆ Alessandro Tafuri ◆ Cristiana Forni ◆ ...
Study group for STOmas (MISSTO)

Colorectal Disease

For debate | Free Access

Enteral stoma care during the COVID-19 pandemic: practical advice

Francesco Pata, Andrea Bondurri, Francesco Ferrara, Dario Parini, Gianluca Rizzo, the Multidisciplinary Italian Study group for STOmas (MISSTO)

Italy 75.000 people with stoma
Lombardy 16.000 people with stoma

LINEE GUIDA PER ENTEROSTOMIE ED UROSTOMIE
IL "PRIMO" GRUPPO DI LAVORO

MISSTO - MULTISCIPLINARY ITALIAN STUDY GROUP FOR STOMAS

FEDERAZIONE MEDICO SPORTIVA ITALIANA

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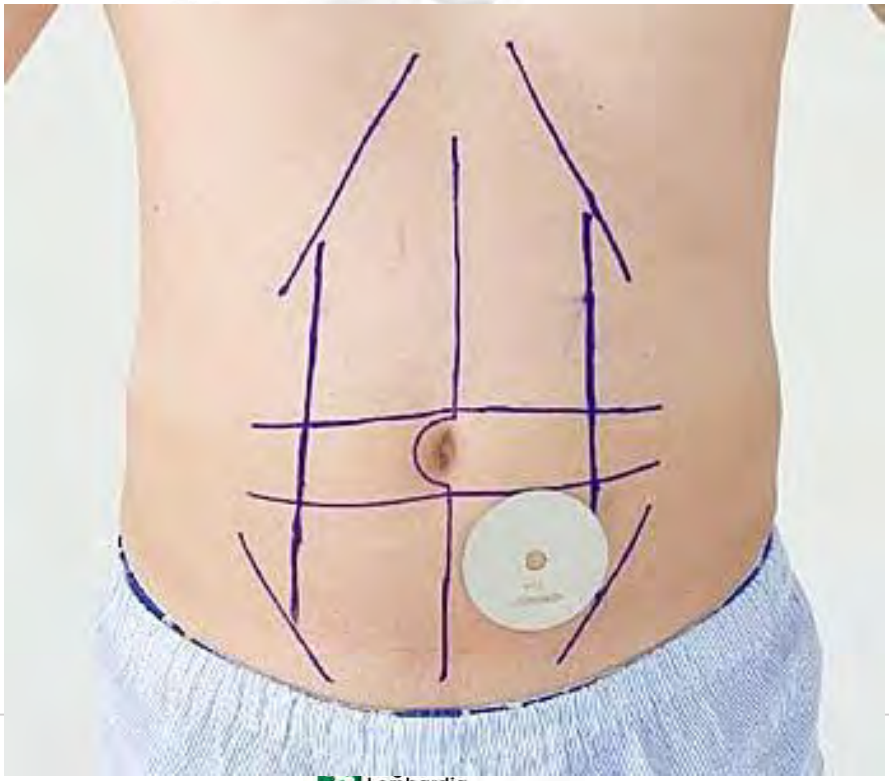
Stoma siting

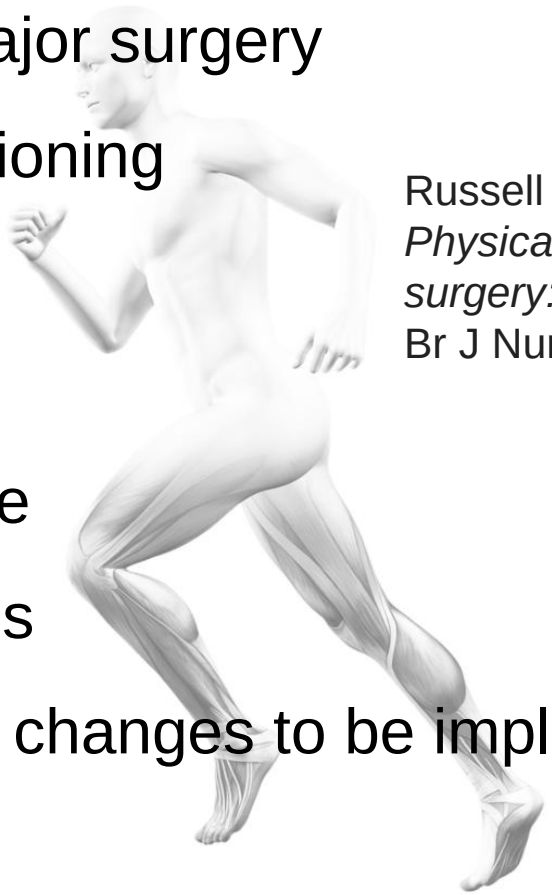
Improves QoL and reduces stoma complications, both in elective and emergency surgery.

GRADE 1B



Issues after stoma surgery

- Recovery from major surgery
- Physical deconditioning
- Weight loss/gain
- Comorbidities
- Lack of confidence
- Body image issues
- Lifestyle behavior changes to be implemented
- Fatigue



Russell S.
Physical activity and exercise after stoma surgery: overcoming the barriers.
Br J Nurs. 2017 Mar 9;26(5):S20-S26.

Issues after stoma surgery

TABLE 2 Proportion of respondents ranking each research priority

Topic	Ranking n (%)			
	1st	2nd	3rd	4th
Pouch leak/appliance problems	104 (49.5)	30 (14.3)	19 (9)	10 (4.8)
Hernia risk	44 (21.3)	53 (25.6)	22 (10.6)	13 (6.3)
Physical activity	2 (1)	10 (5.1)	24 (12.2)	34 (17.3)
Pain and feeling uncomfortable	9 (4.5)	23 (11.6)	31 (15.6)	31 (15.6)
Smell and odour problems	12 (6)	24 (11.9)	27 (13.4)	31 (15.4)
Body image and body confidence	12 (6.2)	16 (8.2)	22 (11.3)	28 (14.4)
Fatigue and low energy levels	12 (6.3)	14 (7.4)	23 (12.2)	25 (13.2)
Sex life and intimacy	3 (1.6)	18 (9.4)	18 (9.4)	14 (7.3)
Health professional communication about living with a stoma	14 (7)	14 (7)	15 (7.5)	15 (7.5)

Hubbard et al. Research priorities about stoma-related quality of life from the perspective of people with a stoma: A pilot survey. Health Expect. 2017 Dec;20(6):1421-1427.

Physical (in)activity after surgery

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SPECIAL COMMUNICATIONS

Roundtable Consensus Statement

American College of Sports Medicine Roundtable on Exercise Guidelines for Cancer Survivors

BOWEL RESEARCH UK.

About us | Get involved | Our research | About Bowels

Menu

Home › Our research › Patient and Public Involvement › Current PaRT projects › Exercising with a stoma

Exercising with a stoma

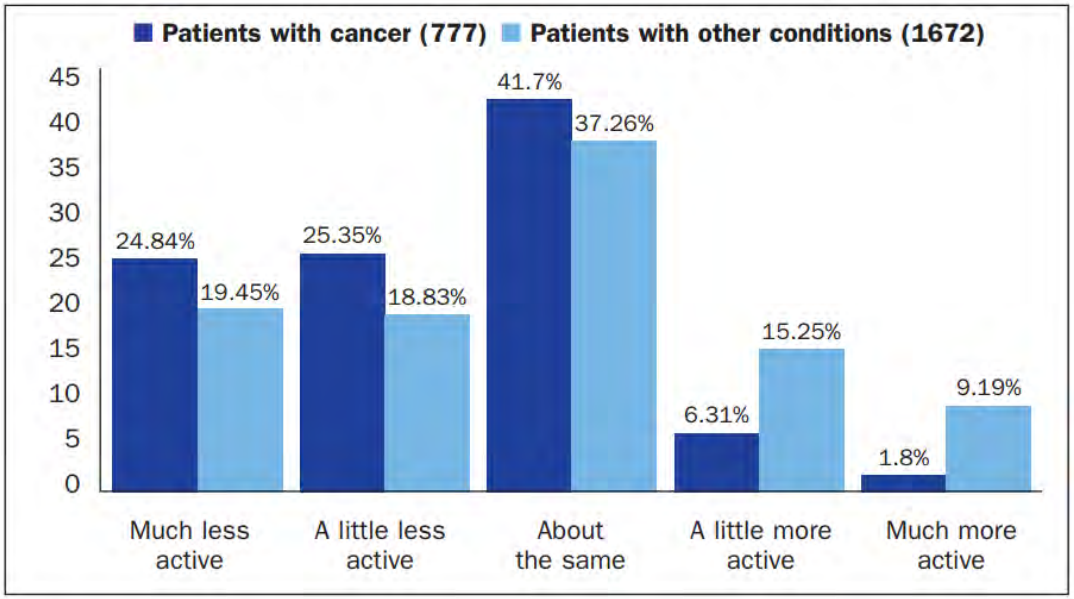

Figure 2. How active are you now compared to before your stoma surgery?

Physical activity and exercise after stoma surgery: overcoming the barriers

Sarah Russell

67.7% said they had no information about physical activity at any stage of their surgery or recovery, and a further 82.3% had not received advice about core or abdominal exercises.

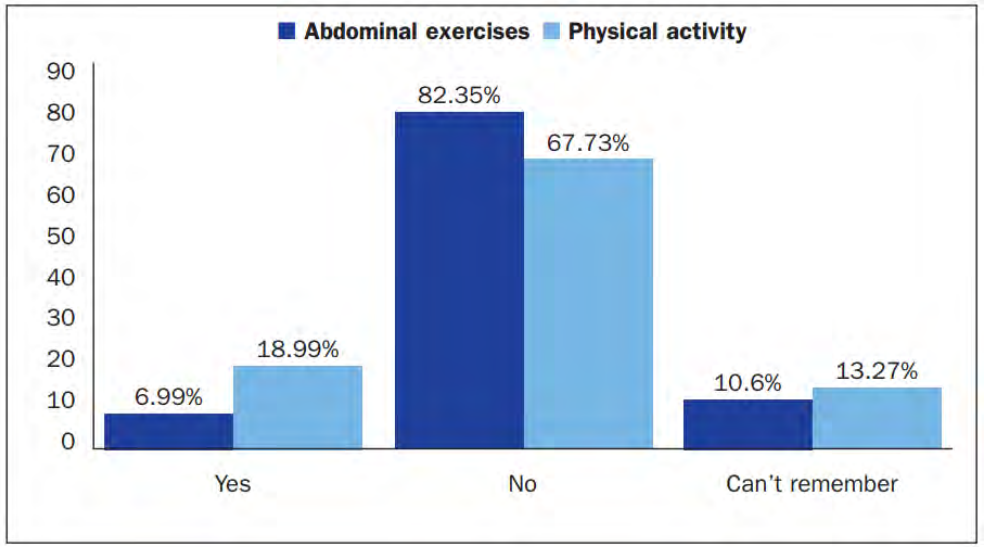

Figure 3. Were you given advice about physical activity or abdominal exercises by a health professional?

Gastrointestinal Nursing, Vol. 17, No. Sup9 · Clinical

Sport and physical activity after stoma surgery: a survey of patient experiences

Danila Maculotti, Carminantonio Costanzo, Stefano Bonometti

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Regione Lombardia
Fatebenefratelli Sacco

Table 1. Type of sports played

Sport	Number	Sport	Number
Swimming	10	Capoeira	1
Walking/hiking	8	Modern dance	1
Cycling	8	Hiking	1
Running	7	Gymnastics	1
Football	3	Karate	1
Mountaineering	2	Gym	1
Volleyball	2	Parachuting	1
Fencing	2	Pilates	1
Tennis	2	Skiing	1
Yoga	2	Total rods	1
Aerobics	1	Sailing	1
Climbing	1		

Box 2. Rationale for altering physical activity after stoma formation

- Did not practise sport
- Discovered cycling after stoma surgery
- Experienced physical limitations
- Felt sport was incompatible with having a stoma
- Struggled a lot
- Took the opportunity to resume a healthier lifestyle
- Wanted to switch to a different sport (x2)
- Gave no reason (x3)

57% of all participants and 60% of those who played sports reported that they had not received any relevant information from a healthcare professional.

RESEARCH Open Access

A physical activity intervention to improve the quality of life of patients with a stoma: a feasibility study

Gill Hubbard[1*], Claire Taylor[2], Angus J. M. Watson[3], Julie Munro[1], William Goodman[4] and Rebecca J. Beeken[4]

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Sistema Socio Sanitario Regione Lombardia
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Table 2 Results of the paired *t* tests showing mean difference between baseline and follow-up

Scales (range)	*N*	Baseline	Follow-up	Mean difference	95% CI
Stoma-related QoL (0–100)[a]	8	65.9	74.3	8.4	3.2, 13.6
Work/social function subscale	13	54.2	69.9	15.7	7.2, 24.2
Sexuality/body image subscale	10	66.0	75.0	9.0	− 0.4, 18.4
Stoma function subscale	16	64.8	65.1	0.3	− 7.2, 7.8
Financial concerns subscale	14	89.3	96.4	7.1	− 9.3, 23.6
Skin irritation subscale	17	41.2	61.8	20.6	2.8, 38.3
FACT-Colorectal (0–136)[a]	9	78.3	106.5	28.1	15.8, 40.4
SIBDQ QoL (10–70)[a]	8	47.1	53.5	6.4	− 1.9, 14.7
FACIT-Fatigue (0–52)[b]	18	33.9	38.9	5.0	0.9, 9.1
Objectively measured physical activity (step count)	17	7542	8401	858	− 3500, 1792
Objectively measured physical activity (minutes moderate to vigorous activity (MVPA))	17	73	81	8	− 30, 14

FACT-Colorectal minimal important difference 5–8 [36]. FACIT-Fatigue minimal important difference 2.8–6.8 [37]. *QoL* quality of life, *SIBDQ* Short Inflammatory Bowel Disease Questionnaire

[a]Higher scores indicate higher QoL

[b]Higher scores indicate less fatigue

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Table 3 Themes from qualitative interviews

Determinants of PA	Themes related to stoma	Themes not related to stoma
Individual	Fear of hernia	General fitness
	Bending down	Emotions (frustrated, upset, bored)
	Fatigue	Routine (BCT)
	Pain	Monitoring (BCT)
	Prolapse	Goal-setting (BCT)
	Surgical wounds	Injury
	Stoma appliance	Preferences for type of PA (BCT)
		Determination to be active
		Ageing
		Dog walking
Interpersonal	–	Social support—instructor (BCT)
		Social support—family (BCT)
		Social support—friends (BCT)
Environmental	Stigma	Shopping
		Travel
		Work
		Holidays
		Weather
		Money

BCT behaviour change techniques

Great ComebacksTM Italia

Age (mean)	35,81 ± 16,49
Gender	11 male (78,6%), 3 female (21,4%)
IBD Cancer CHT/RT	5 (38,46%) 8 (61,54%) 5 (62,5%)
Surgery APR Colectomy Others	5 (41,66%) 5 (41,66%) 2 (18,18%)
Stoma Ileostomy Colostomy Urostomy Two or more	6 (42.85%) 6 (42,85%) 1 (7,14%) 1 (7,14%)

Sport before surgery	10 (71,4%)
Still performing sport	9/10 (90%)
Increase PA	5 (35,7%)
New sport	5 (35,7%)

Football, swimming, judo, weightlifting, skiing, biking, hiking, pilates, diving, archery.

Stoma and job

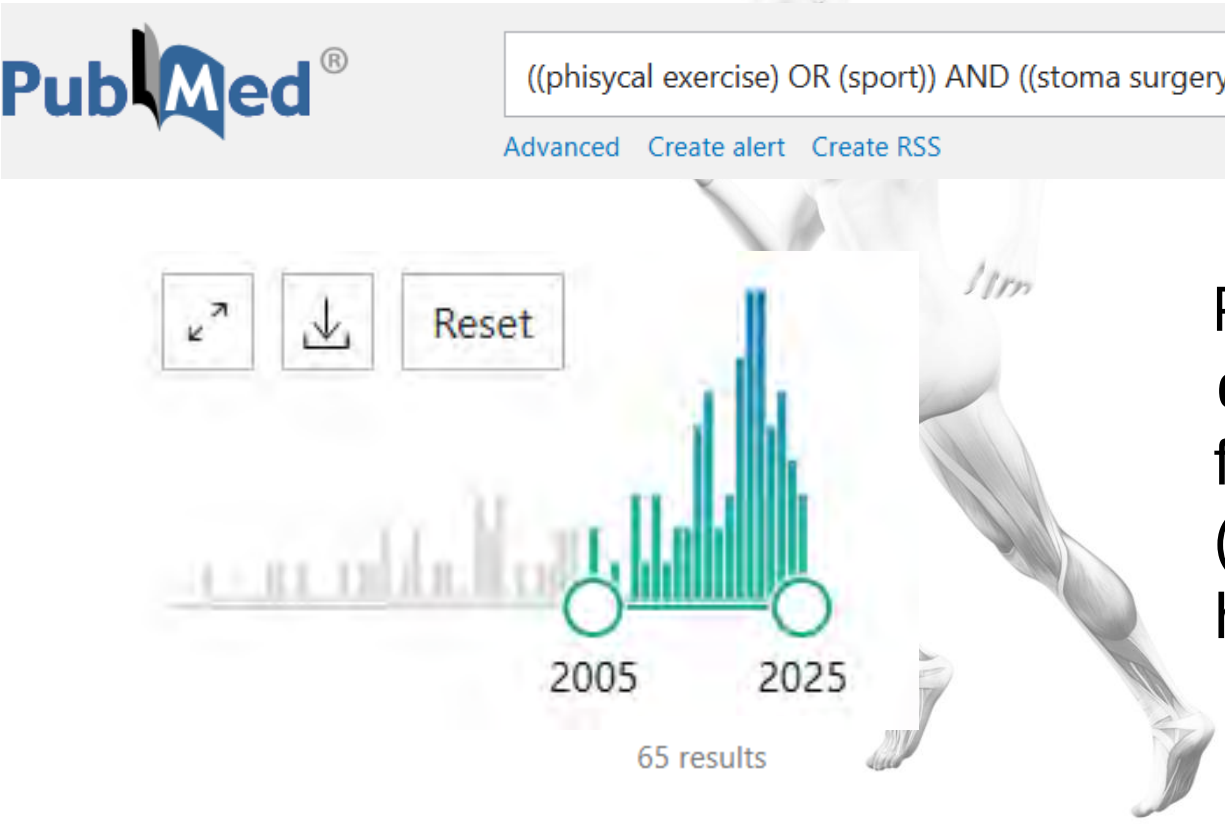
Stoma e sport: parte seconda. Quali esercizi?

Anna Maffioli

Università degli Studi di Milano

ASST Fatebenefratelli Sacco Milano

Physical activity after stoma surgery



Physical activity/sports discouraged due to fear of complications (e.g., parastomal hernia).

Physical acti surgery

clinical

RESEARCH Open Access

A physical activity intervention to improve the quality of life of patients with a stoma: a feasibility study

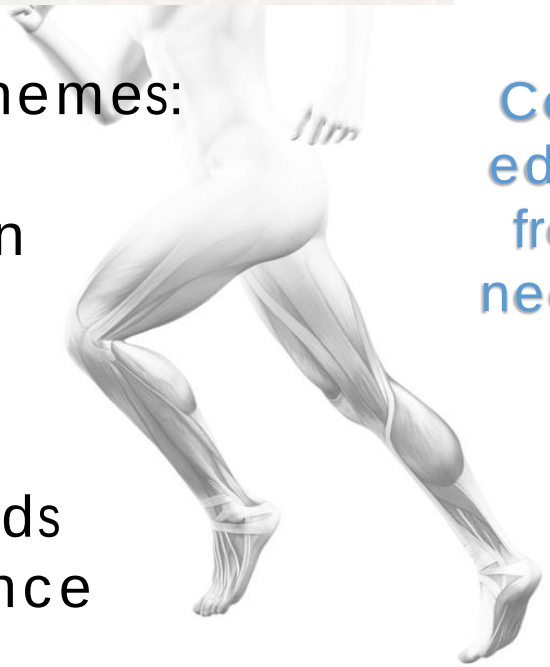
2020

Gill Hubbard[1*], Claire Taylor[2], Angus J. M. Watson[3], Julie Munro[1], William Goodman[4] and Rebecca J. Beeken[4]

2019

Sport and physical activity after stoma surgery

Danila Maculotti, Poliambulanza Foundation Hospital Institute, Brescia; **Carminantonio Costanzo**, Catholic University of the Sacred Heart of Rome, Brescia Branch; **Stefano Bonometti**, Associate Professor, University of Insubria, Insubria, all in Italy



Stoma-related themes:

- fear of hernia
- bending down
- fatigue
- pain
- prolapse
- surgical wounds
- stoma appliance
- stigma

Complete and in-depth educational intervention from healthcare staff is necessary (pre-/post-op).

Parastomal hernia

Clinical | April 2007

Prevention of parastomal hernia: a comparison of results 3 years on

Authors: Mary Jo Thompson and Bernie Trainor | AUTHORS INFO & AFFILIATIONS

Publication: Gastrointestinal Nursing • Volume 5, Number 3 • https://doi.org/10.12968/gasn.2007.5.3.23472

Early intervention, parastomal hernia and quality of life: a research study

2014 Jacqui North

KEY POINTS

- Parastomal hernia is a common and distressing problem for stoma patients
- An early intervention programme with advice on exercise and support wear reduces the incidence of parastomal hernia
- Parastomal hernia reduces the quality of life of the stoma patient
- Compliance is vital to ensure the programme is effective

Low grade evidence

Disability and Rehabilitation

ISSN: 0963-8288 (Print) 1464-5165 (Online) Journal homepage: https://www.tandfonline.com/loi/idre20

Evaluation of abdominal exercises after stoma surgery: a descriptive study

Rune Martens Andersen, Thordis Th
Ismail Gögenur, Tine Alkjær, Tyge Nc
Anders Vinther

EARLY GROUP
0-2 weeks after surgery

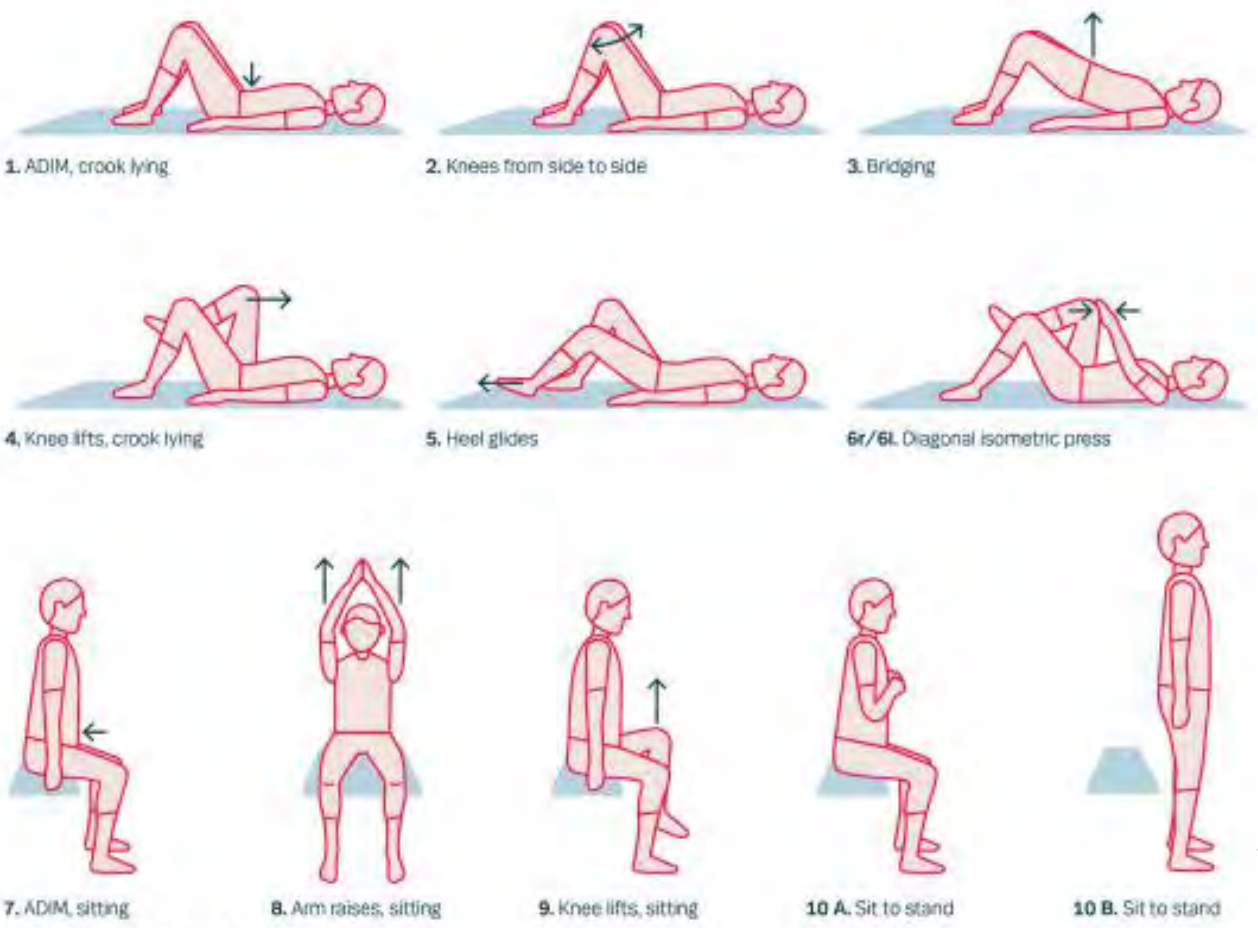


Figure 2. Overview of exercises for the Early group.

Disability and Rehabilitation

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Evaluation of abdominal exercises after stoma surgery: a descriptive study

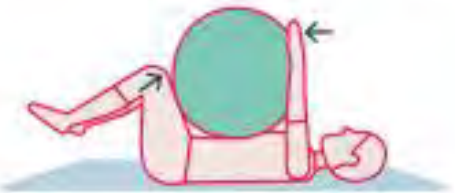
Rune Martens Andersen, Thordis Thomsen, Anne Kjærgaard Danielsen, Ismail Gögenur, Tine Alkjær, Tyge Nordentoft, Emma Possfelt-Møller & Anders Vinther

INTERMEDIATE GROUP
2-6 weeks after surgery

uadruped

14. Arm raises, quadruped

15. Leg raises, quadruped



16. Ball squeeze

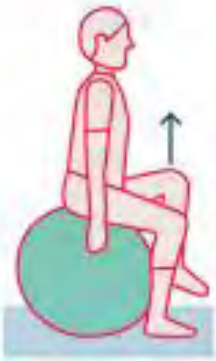
17. Legs on ball from side to side

11. Step ups

12. Arm swings

18. ADIM on ball

19. Arm raises on ball



20. Knee lifts on ball

Figure 3. Overview of exercises for the intermediate group.

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LATE GROUP
6-12 weeks after surgery

s from side to side

23. Diagonal raises, quadruped

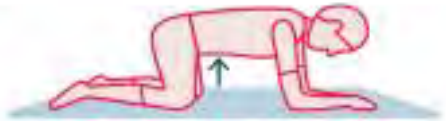
24. Bridging with ball

25. Sit-ups on ball

26. Prone arm raises on ball

27. Prone leg raises on ball

28. Prone diagonal raises on ball



29. ADIM, knee-plank

30. ADIM with ball

31. Chair-plank, extend legs, ADIM

Figure 4. Overview of exercises for the Late group.

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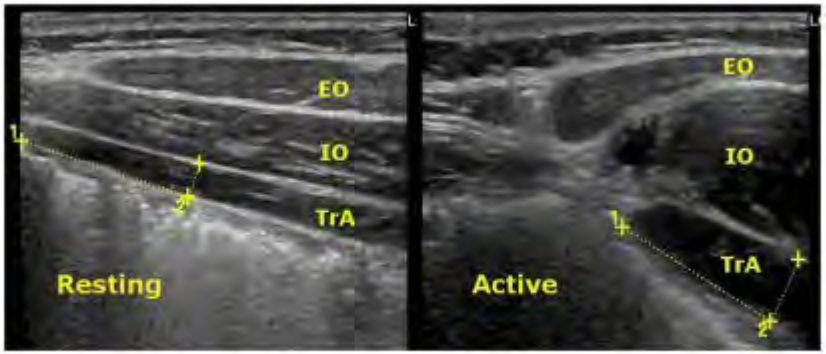

Figure 5. Example of ultrasound measurement of the transversus abdominis muscle. Left: resting thickness; right: active thickness; EO: external oblique; IO: internal oblique; TrA: transversus abdominis. TrA thickness was measured as the distance between the hyperechoic muscle fascia lines 2 cm from the anterior muscle-fascia junction.

Table 2. Transversus abdominis thickness.

Outcome	Stoma side	Opposite side
Resting thickness (mm[a]), median [IQR[b]] (range)	3.1 [2.7; 4.4] (1.6–5.8)	3.3 [2.7; 5.1] (1.2–6.7)
Active thickness (mm[a]), median [IQR[b]] (range)	4.9 [3.7; 6.5] (1.7–11.6)	4.8 [3.9; 6.8] (1.4–10.4)
Contraction ratio, median [IQR[b]] (range)	1.35 [1.20; 1.53] (1.01–2.39)	1.43 [1.26; 1.58] (1.03–2.41)

[a]mm: millimeters.
[b]IQR: interquartile range.

Early group

	Rectus abdominis		Obliquus externus		Obliquus internus + transversus abdominis	
Ex.	Left	Right	Left	Right	Left	Right
1	0%	9%	33%	20%	25%	13%
2	0%	0%	17%	10%	17%	13%
3	0%	0%	0%	10%	17%	0%
4	0%	0%	17%	0%	42%	33%
5	0%	9%	8%	10%	25%	57%
6r	17%	9%	17%	50%	50%	14%
6l	9%	10%	45%	11%	18%	40%
7	0%	0%	42%	30%	42%	25%
8	17%	10%	42%	40%	17%	25%
9	0%	0%	18%	22%	60%	50%
10	18%	10%	27%	33%	11%	57%

Intermediate group

	Rectus abdominis		Obliquus externus		Obliquus internus + transversus abdominis	
Ex.	Left	Right	Left	Right	Left	Right
6r	69%	87%	85%	73%	92%	53%
6l	77%	67%	85%	53%	54%	87%
11	0%	9%	45%	36%	55%	73%
12	8%	20%	38%	7%	38%	36%
13	25%	29%	46%	36%	33%	64%
14	8%	7%	62%	43%	33%	46%
15	0%	0%	38%	15%	50%	36%
16	82%	92%	100%	100%	91%	83%
17	31%	29%	54%	31%	31%	36%
18	25%	14%	46%	38%	58%	50%
19	25%	14%	31%	23%	50%	21%
20	36%	46%	75%	67%	91%	69%

Late group

	Rectus abdominis		Obliquus externus		Obliquus internus + transversus abdominis	
Ex.	Left	Right	Left	Right	Left	Right
21r	100%	100%	100%	100%	80%	56%
21l	100%	100%	100%	100%	80%	78%
22	100%	100%	100%	90%	70%	67%
23	30%	40%	50%	40%	50%	50%
24	30%	50%	30%	30%	30%	25%
25	100%	100%	100%	100%	100%	100%
26	44%	56%	78%	44%	44%	38%
27	38%	63%	50%	38%	63%	29%
28	29%	43%	71%	38%	57%	67%
29	40%	60%	70%	40%	40%	38%
30	40%	60%	60%	50%	80%	50%
31	100%	100%	100%	100%	80%	75%

Figure 7. Percentage of participants with muscle activity meeting onset criteria for each muscle and for each exercise. Ex: exercise number as per Figures 2–4.

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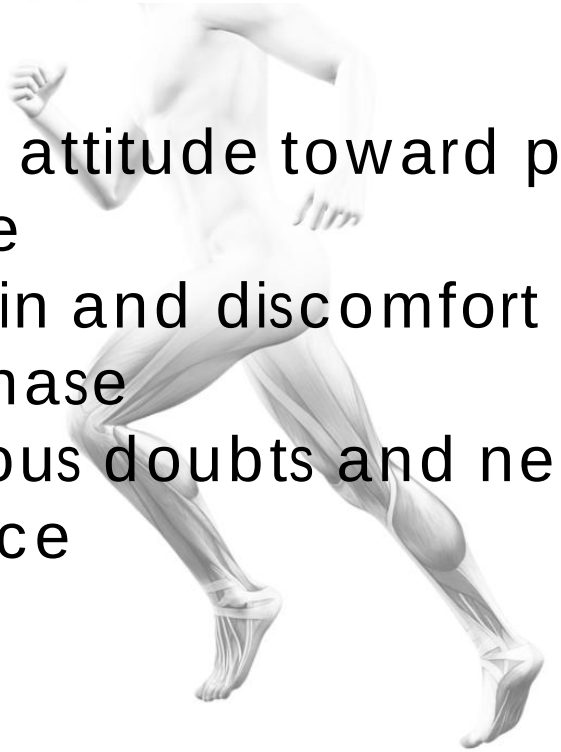


- Positive attitude toward physical exercise
- Low pain and discomfort even in the early phase
- Numerous doubts and need for guidance

Disability and Rehabilitation

ISSN: 0963-8288 (Print) 1464-5165 (Online) Journal homepage: https://www.tandfonline.com/loi/idre20

Evaluation of abdominal exercises after stoma surgery: a descriptive study

PROGRAM:

Takes into account the postoperative period
(activation, coordination, and strengthening starting from 2 weeks after surgery)

Considers the patient's abilities and any surgeon-prescribed restrictions

Involves healthcare professionals to:
Guide and support the patient
Provide information and education
Reduce perceived barriers to participation

Practical advices

sports

MDPI

Review

Return to Physical Activity in Individuals with Surgical Stomas: A Scoping Review

Andrea-Victoria Mena-Jiménez [1,2], Claudio-Alberto Rodríguez-Suárez [1,2,*] and Héctor González-de la Torre [2]

RESEARCH Open Access

Hernia Active Living Trial (HALT): a feasibility study of a physical activity intervention for people with a bowel stoma who have a parastomal hernia/bulge

Julie Munro[1*†], William Goodman[2†], Raymond Oliphant[3], Sarah Russell[4], Claire Taylor[5], Rebecca J. Beeken[2] and Gill Hubbard[1*]

FMSI FEDERAZIONE MEDICO SPORTIVA ITALIANA

Sistem ASST

GUIDANCE FOR HEALTH, MEDICAL, AND EXERCISE PROFESSIONALS

EXPASS

Exercise and Physical Activity After Stoma Surgery: Best Practice Recommendations

Providing personalised and empowering advice as well as practical interventions for exercise and physical activity to all individuals having stoma surgery should be an essential part of the stoma pathway

OVERARCHING PRINCIPLES

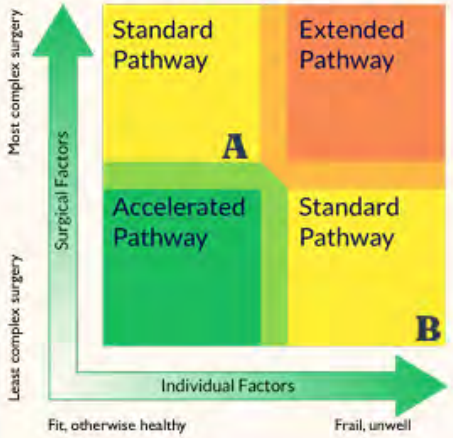
- Everyone needs personalised advice—one size does not fit al
- Specific core rehabilitation should be standard for everyone
- Exercise is safe and essential—focus on the can do
- Set people up for better quality of life with a positive mindset

EXPASS BEST PRACTICE RECOMMENDATIONS

- Actively promote the health benefits of exercise and physical activity for each individual preparing for and recovering from stoma surgery and for those living with a stoma.
- Develop in partnership with the individual a personalised recovery and exercise pathway for each person.
- Promote, when possible, appropriate physical prehabilitation to prepare each individual for stoma surgery.
- Encourage and support timely postoperative mobilisation and movement appropriate for each individual.
- Recommend suitable abdominal and pelvic floor exercises for all individuals having stoma surgery and living with a stoma.
- Involve and educate, where appropriate, relevant professionals to support each individual, specifically with exercise and rehabilitation.
- Encourage and support each individual, after appropriate physical rehabilitation, to return to or commence their chosen daily activities, lifestyle, and occupation.
- Encourage and support active (including athletes) individuals, after specific physical rehabilitation, to return to orcommence their chosen sports, fitness activities, competition, and physical occupations.

USE THE EXPASS MATRIX

TO IDENTIFY A PERSONALISED RECOVERY PATHWAY FOR EACH PERSON



PROVIDE INDIVIDUALISED ADVICE

Scan QR code to full EXPASS best practice recommendation

Stoma e sport: parte terza. Dalla teoria alla pratica

Marisa Conzimu

ASST Fatebenefratelli Sacco Milano

Lo sport come risorsa dopo la stomia

- La stomia rappresenta una sfida fisica e psicologica, ma non una limitazione definitiva.
- L'attività fisica regolare migliora qualità di vita, autostima e recupero funzionale.
- L'obiettivo: proporre dei suggerimenti pratiche per la ripresa dello sport.

Evidenze scientifiche

Return to Physical Activity in Individuals with Surgical Stomas: A Scoping Review

Andrea-Victoria Mena-Jiménez [1 2], Claudio-Alberto Rodríguez-Suárez [1 2], Héctor González-de la Torre [2]

Affiliations + expand

PMID: 39453239 PMCID: PMC11511191 DOI: 10.3390/sports12100273

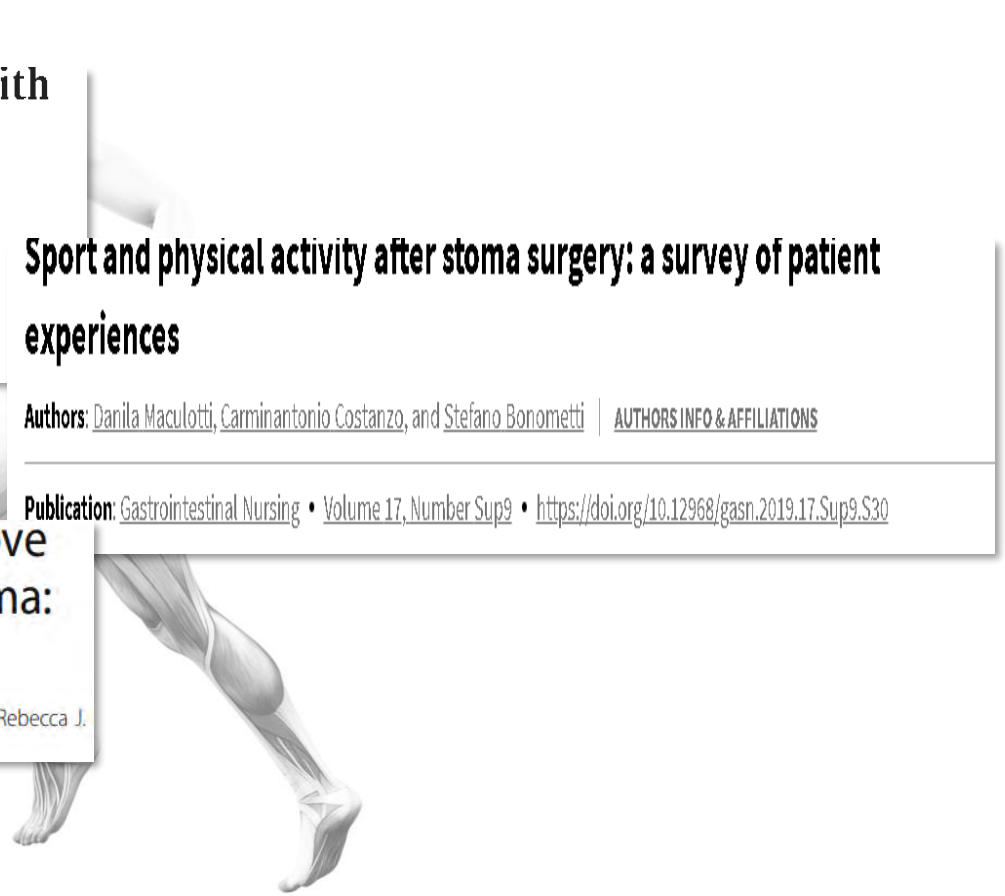
Sport and physical activity after stoma surgery: a survey of patient experiences

Authors: Danila Maculotti, Carminantonio Costanzo, and Stefano Bonometti | AUTHORS INFO & AFFILIATIONS

Publication: Gastrointestinal Nursing • Volume 17, Number Sup9 • https://doi.org/10.12968/gasn.2019.17.Sup9.S30

A physical activity intervention to improve the quality of life of patients with a stoma: a feasibility study

Gill Hubbard[1*], Claire Taylor[2], Angus J. M. Watson[3], Julie Munro[1], William Goodman[4] and Rebecca J.



Aspetti critici nella gestione dell'atleta con stomia

- Adesione e stabilità del dispositivo durante sforzo o sudorazione.
- Irritazioni cutanee peristomali.
- Gestione di idratazione e bilancio elettrolitico (soprattutto con ileostomia).
- Impatto psicologico e percezione di fragilità addominale.
- Rischio di ernia parastomale o prolasso.

Suggerimenti pratici generali

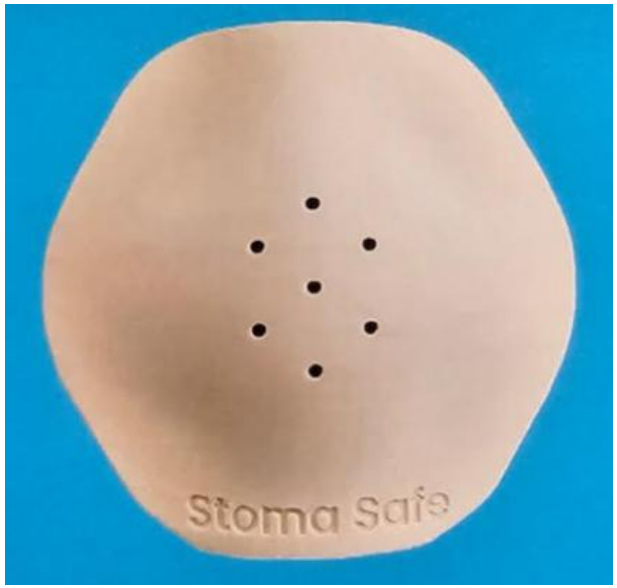
Attività consigliate e precauzioni

Camminata, nuoto, ciclismo, yoga, pilates.

Evitare inizialmente sport di contatto, sollevamento pesi pesanti o sforzi addominali intensi.

Usare protezioni per la stomia in sport a rischio di impatto.

Aumentare gradualmente intensità, evitando movimenti bruschi o torsioni.



Nutrizione e idratazione

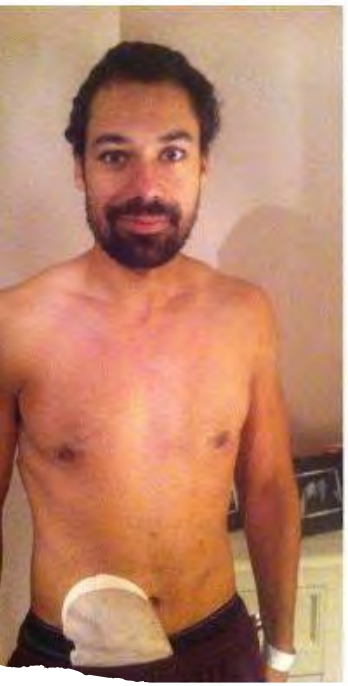
- Bere abbondantemente prima e dopo l'esercizio.
- Piccoli pasti frequenti, evitando cibi che favoriscono gas o gonfiore.
- Integrare elettroliti in caso di ileostomia o attività intensa.
- Evitare di provare nuovi alimenti prima della gara.

Aspetti psicologici

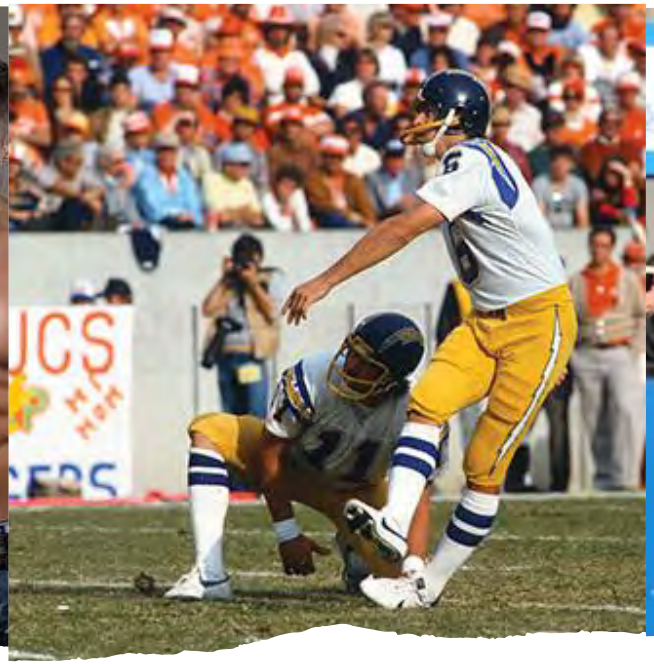
- Riprendere **l'attività** fisica favorisce autostima e immagine corporea.

- Supporto da parte di gruppi di pazienti e associazioni sportive.

Esempi reali di sportivi con stomia



The Ostomy Athlete



Rolf Benirschke

Michelle

Conclusioni

Con adeguata preparazione e protezione, la maggior parte degli sport è praticabile.

Necessità di protocolli personalizzati e più studi clinici.

Promuovere una cultura di normalità e fiducia nell'attività sportiva post-stomia.

Return to Physical Activity in Individuals with Surgical Stomas: A Scoping Review

by Andrea-Victoria Mena-Jiménez [1,2], Claudio-Alberto Rodríguez-Suárez [1,2,*] and Héctor González-de la Torre [2]

Il potere della resilienza

«Non penso alla mia stomia quando corro. Penso solo a quanto sono fortunata a poterlo fare.»

MALATTIE INFIAMMATORIE CRONICHE e SPORT

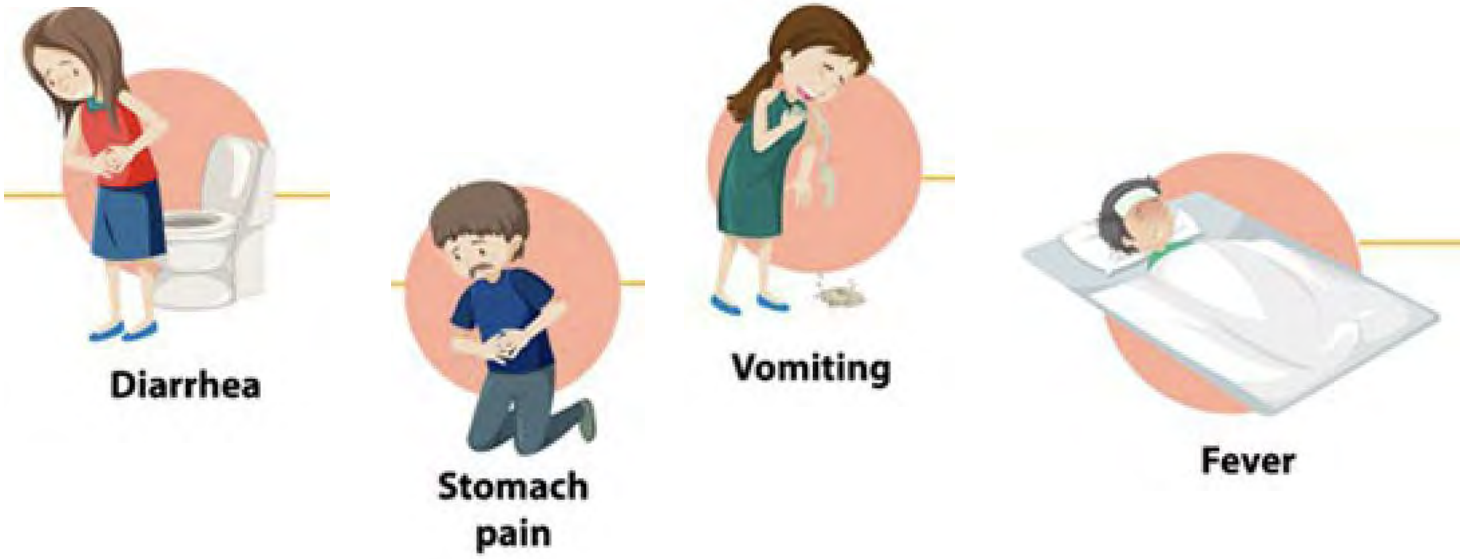
Ospedale Luigi Sacco
AZIENDA OSPEDALIERA - POLO UNIVERSITARIO

Dr. Francesco Colombo

HEAD of SURGICAL IBD UNIT H SACCO MILANO

QUALI MANIFESTAZIONI DELLE IBD POSSONO INFLUIRE SULLE PRESTAZIONI FISICHE?

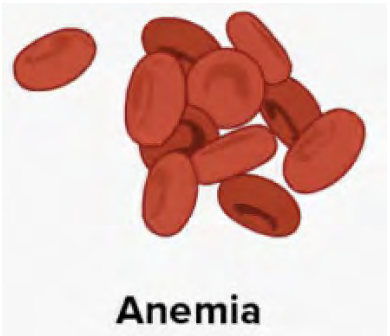
- **SINTOMI INTESTINALI TIPICI**

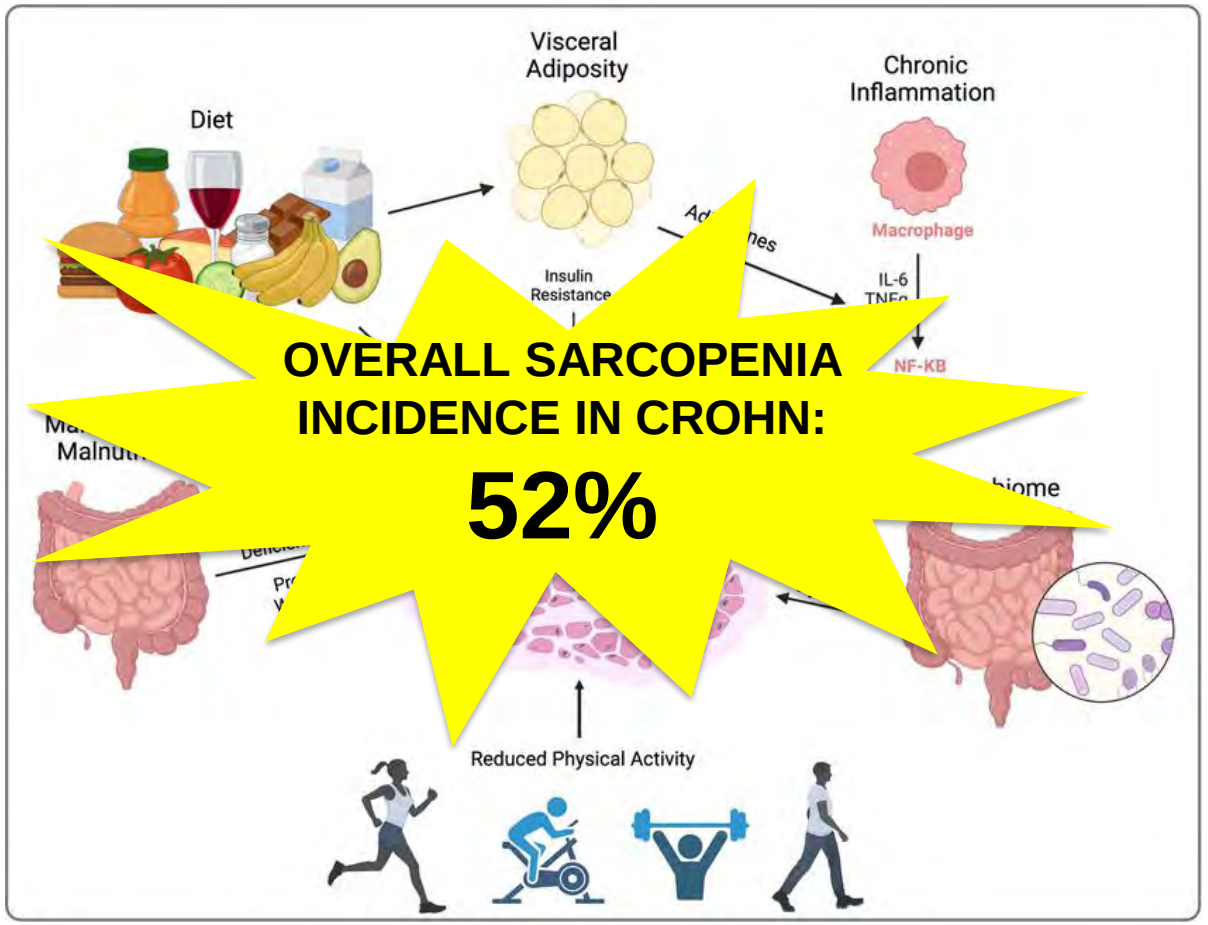


Da Silva ACA World J Gastroenterol 2025; Giri S World J Gastrointest Pathophysiol 2025; Severo JS J Clin Med 2025

QUALI MANIFESTAZIONI DELLE IBD POSSONO INFLUIRE SULLE PRESTAZIONI FISICHE?

- **SARCOPENIA, ANEMIA e FATIGUE**





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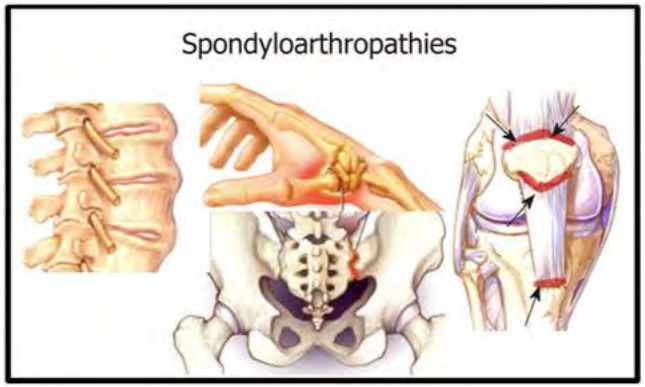
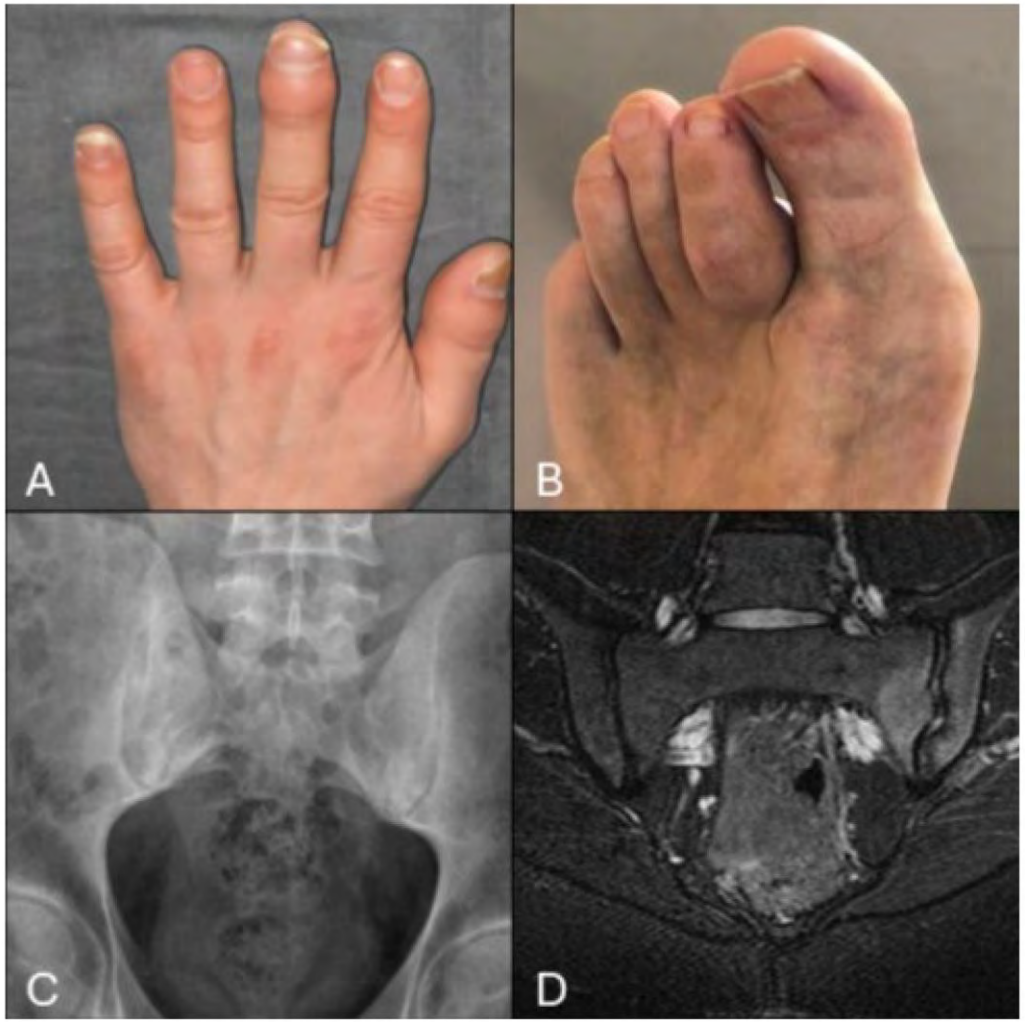
QUALI MANIFESTAZIONI DELLE IBD POSSONO INFLUIRE SULLE PRESTAZIONI FISICHE?

- **MANIFESTAZIONI EXTRAINTESTINALI**

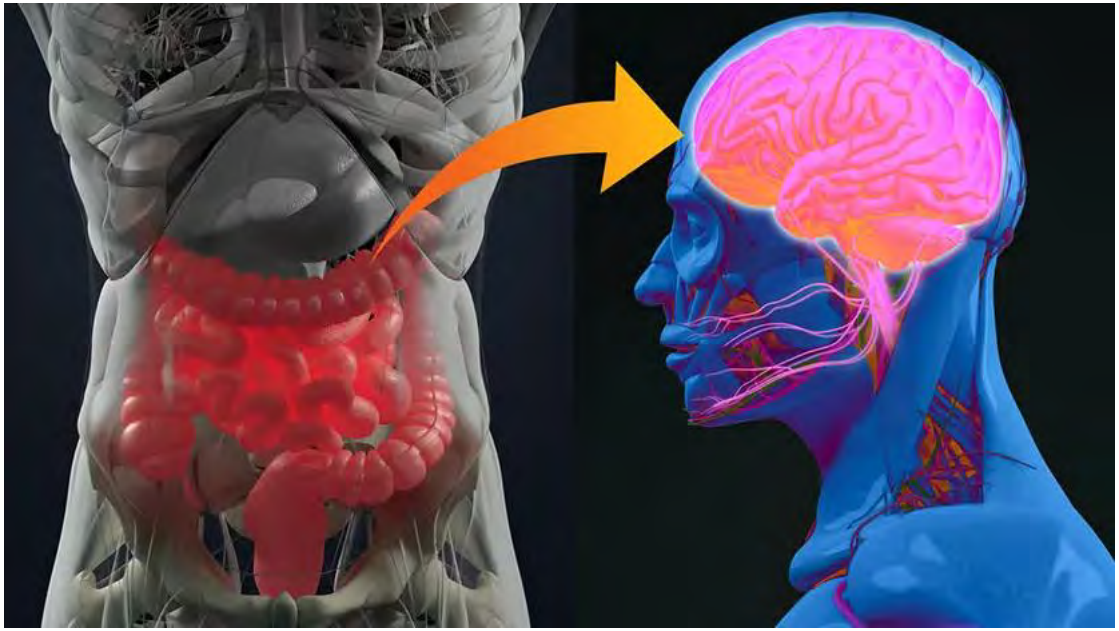




Da Silva ACA World J Gastroenterol 2025; Giri S World

QUALI MANIFESTAZIONI DELLE IBD POSSONO INFLUIRE SULLE PRESTAZIONI FISICHE?

- **ANSIA e DEPRESSIONE**



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IBD: GLI EFFETTI SULLA PARTECIPAZIONE SPORTIVA

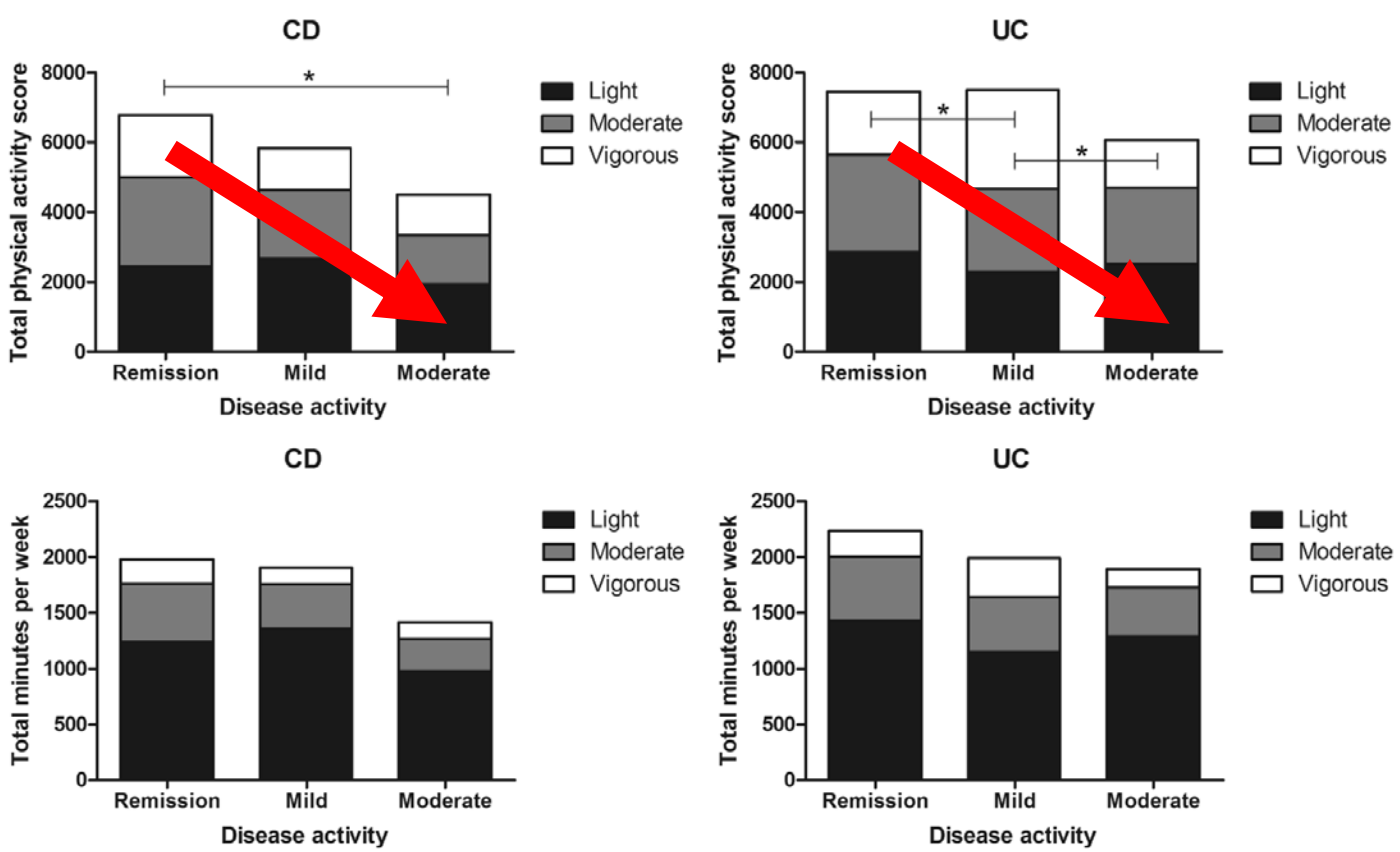


Fig. 2 Total physical activity score (top) and total minutes per week (bottom) of CD and UC participants stratified for disease activity, divided into light, moderate and vigorous physical activity. Total physical activity score was calculated by summing up the different activity scores which were calculated by the number of minutes per week of that activity times the corresponding metabolic equivalent of task (MET). *$p < 0.05$. *CD* Crohn's disease, *UC* ulcerative colitis

Patient experiences with the role of physical activity in inflammatory bowel disease: results from a survey and interviews

Carlijn R. Lamers[1,2*], Nicole M. de Roos[2], Lola J. M. Koppelman[2], Maria T. E. Hopman[3] and Ben J. M. Witteman[1,2]

BMC Gastroenterology 2021

BEST SPORTS IN IBD?

- **Swimming:** A full-body workout that is gentle on the joints and can help reduce inflammation and joint pain.

- **Walking:** A great way to get heart rate up without high impact. Patients can gradually increase the distance and intensity.

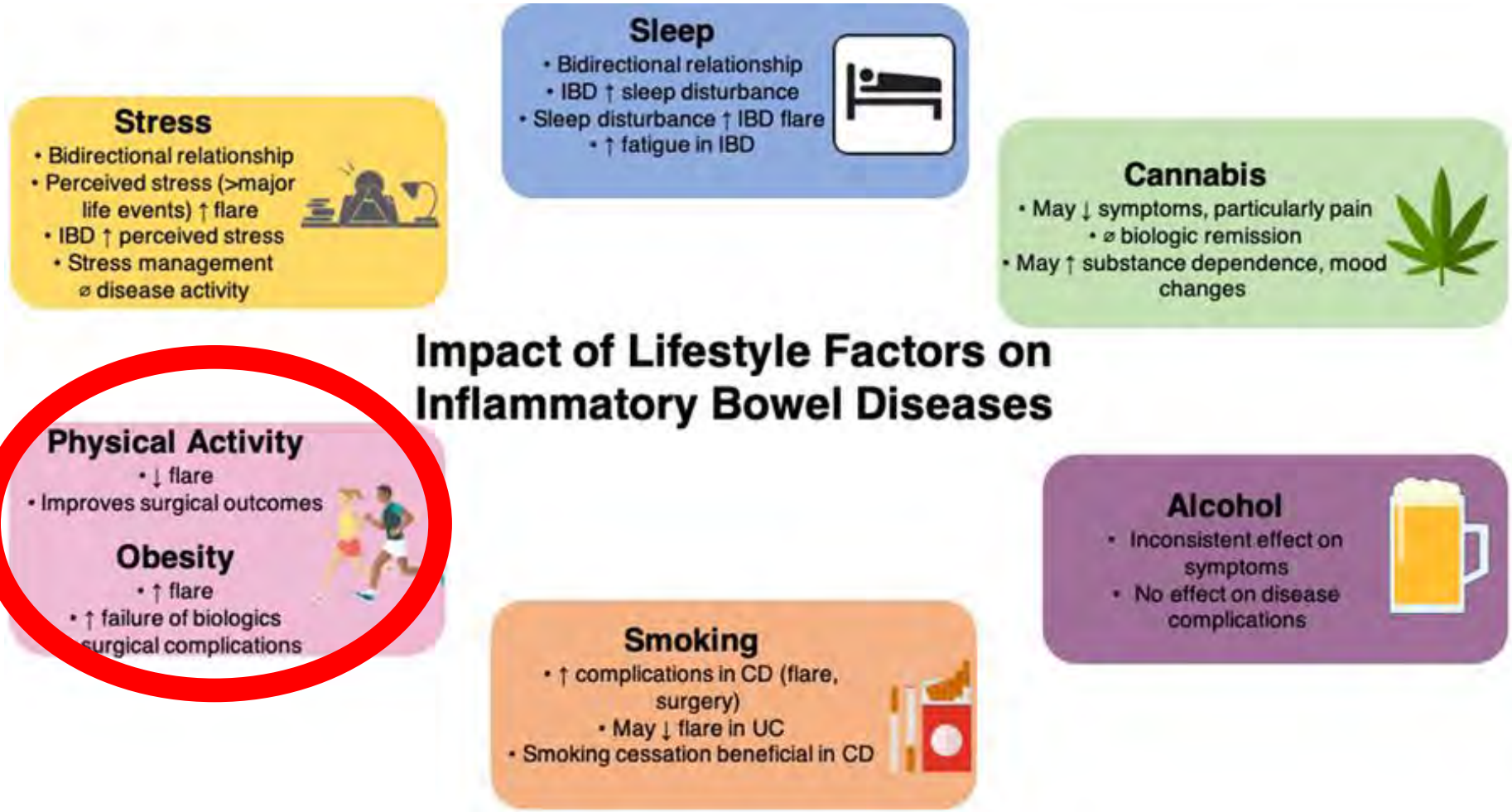
- **Cycling:** Can be done on a stationary bike or outdoors. It's a good way to build cardiovascular fitness.

- **Yoga and Pilates:** These activities combine stretching, strengthening, and breathing exercises that can help with joint mobility and pain management.

- **Light strength training:** Using weights or resistance bands can improve bone density, which is often a concern for those with IBD.

J Publ Health 2024; Cochrane Database Syst Rev 2023; Gastroenterol Rep 2023

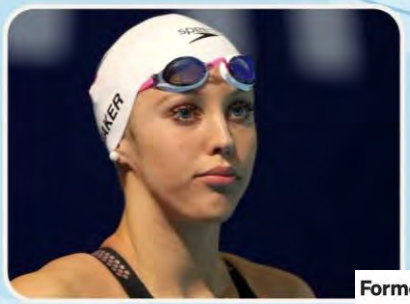
POTENZIALI BENEFICI DELL'ATTIVITÀ FISICA NEI PAZIENTI IBD



Rozich JJ Am J Gastroenterol 2020

SPORT CELEBRITIES CON IBD

Kathleen Baker, Olympic Swimmer



Big Swole, Wrestler

Former New England Patriots Offensive Lineman Matt Light

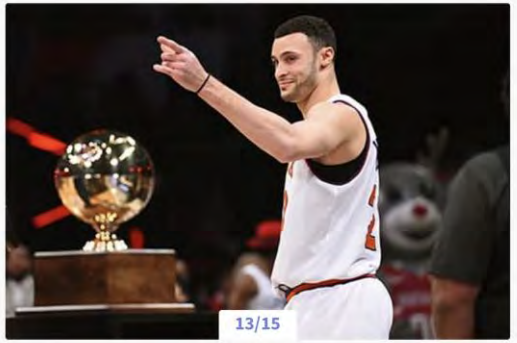
By Mike Purgatori (Larry Nance in for the slam)

L.A. Lakers forward Larry Nance Jr.

Olympic Kayaker Carrie Johnson

David Garrard, NFL Quarterback

Buffalo Bills Offensive Tackle Seantrel Henderson



Larry Nance Jr.

E I PAZIENTI IBD CON STOMIA?

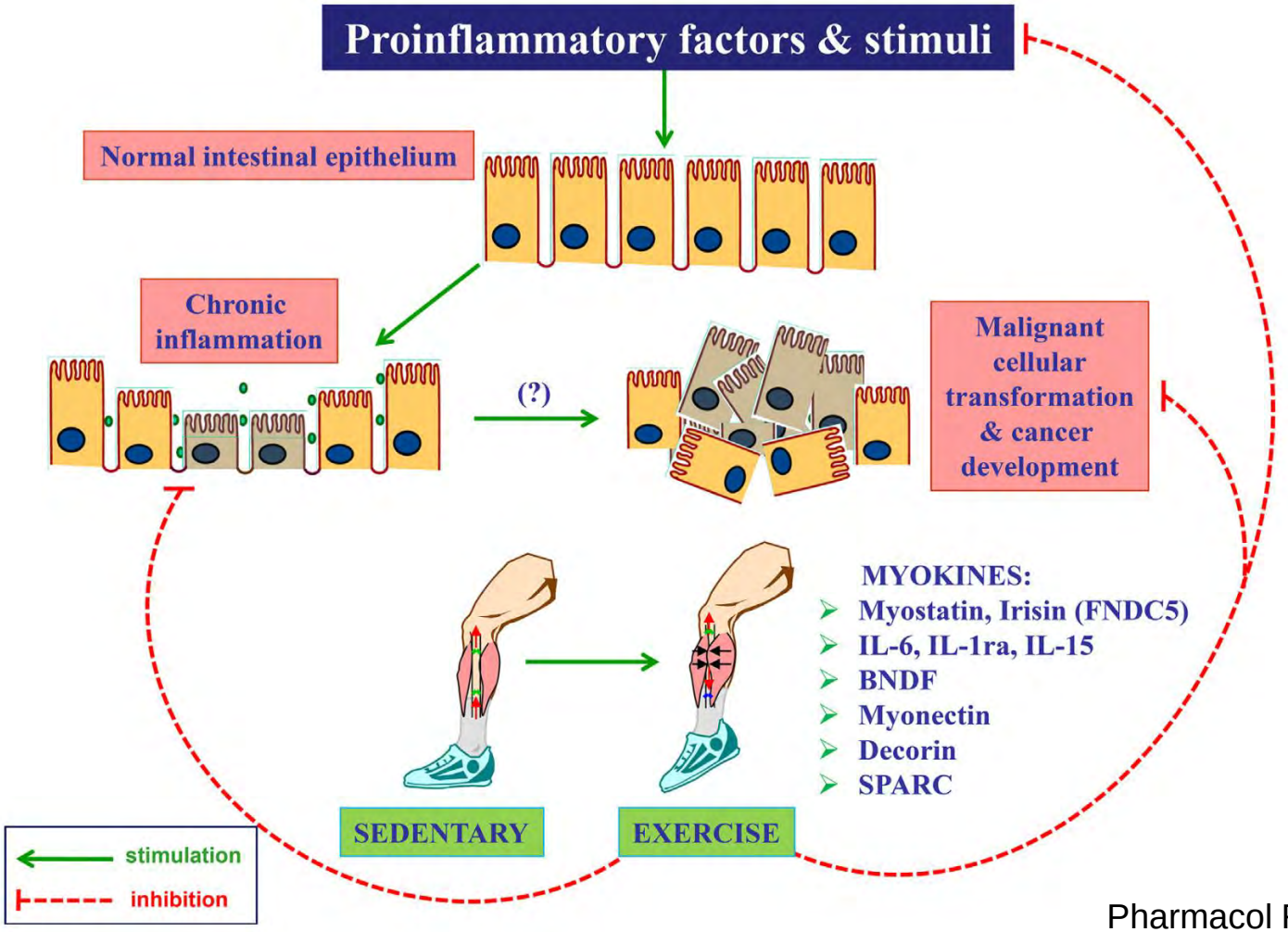
Exercise with an Ostomy & IBD

Ostomy & IBD Life Show with Elaine O'Rourke

Review article

Can exercise affect the course of inflammatory bowel disease? Experimental and clinical evidence

Jan Bilski [a], Agnieszka Mazur-Bialy [a], Bartosz Brzozowski [b], Marcin Magierowski [c], Janina Zahradnik-Bilska [b], Dagmara Wójcik [c], Katarzyna Magierowska [c], Slawomir Kwiecien [c], Tomasz Mach [b], Tomasz Brzozowski [c,*]

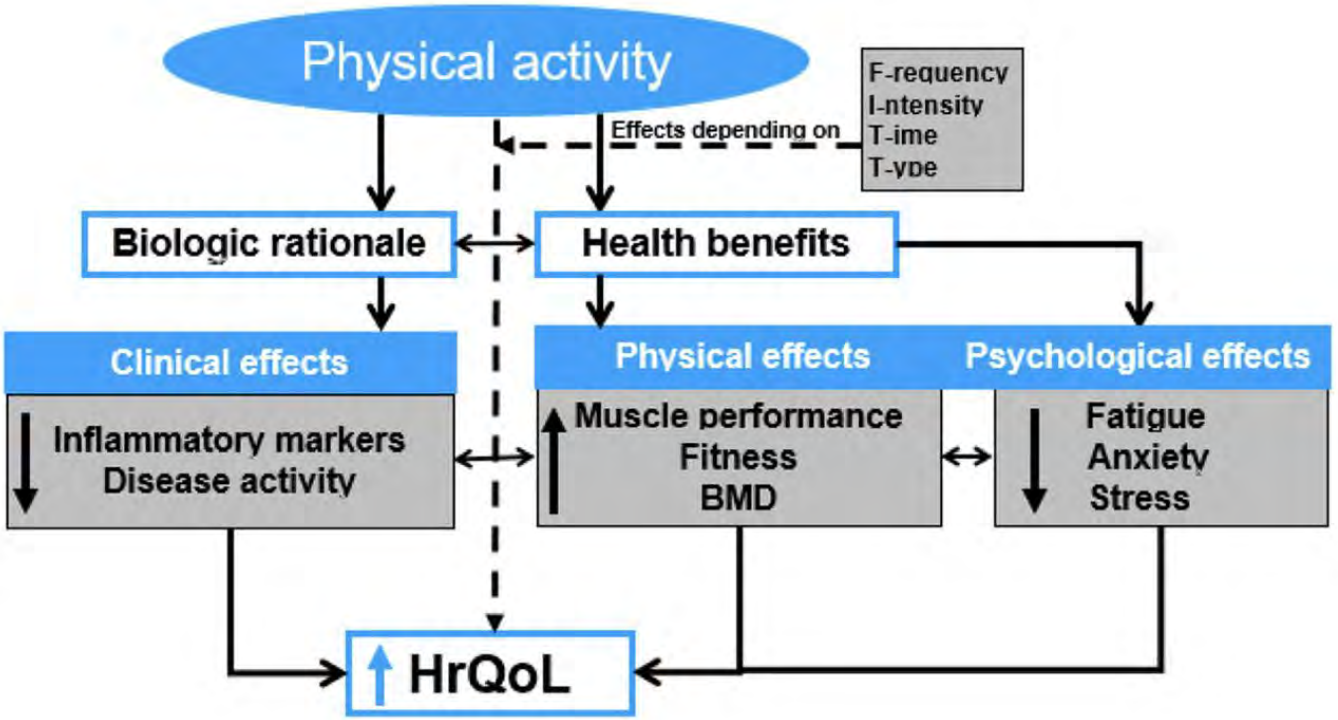


Pharmacol Rep 2016

RESEARCH ARTICLE Open Access

Structured physical activity interventions as a complementary therapy for patients with inflammatory bowel disease – a scoping review and practical implications

Katharina G. Eckert[1*], Isabelle Abbasi-Neureither[2], Maximilian Köppel[3] and Gerhard Huber[4]

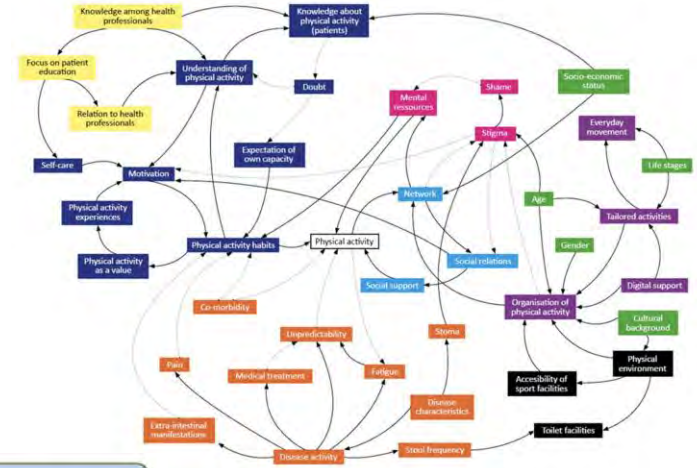


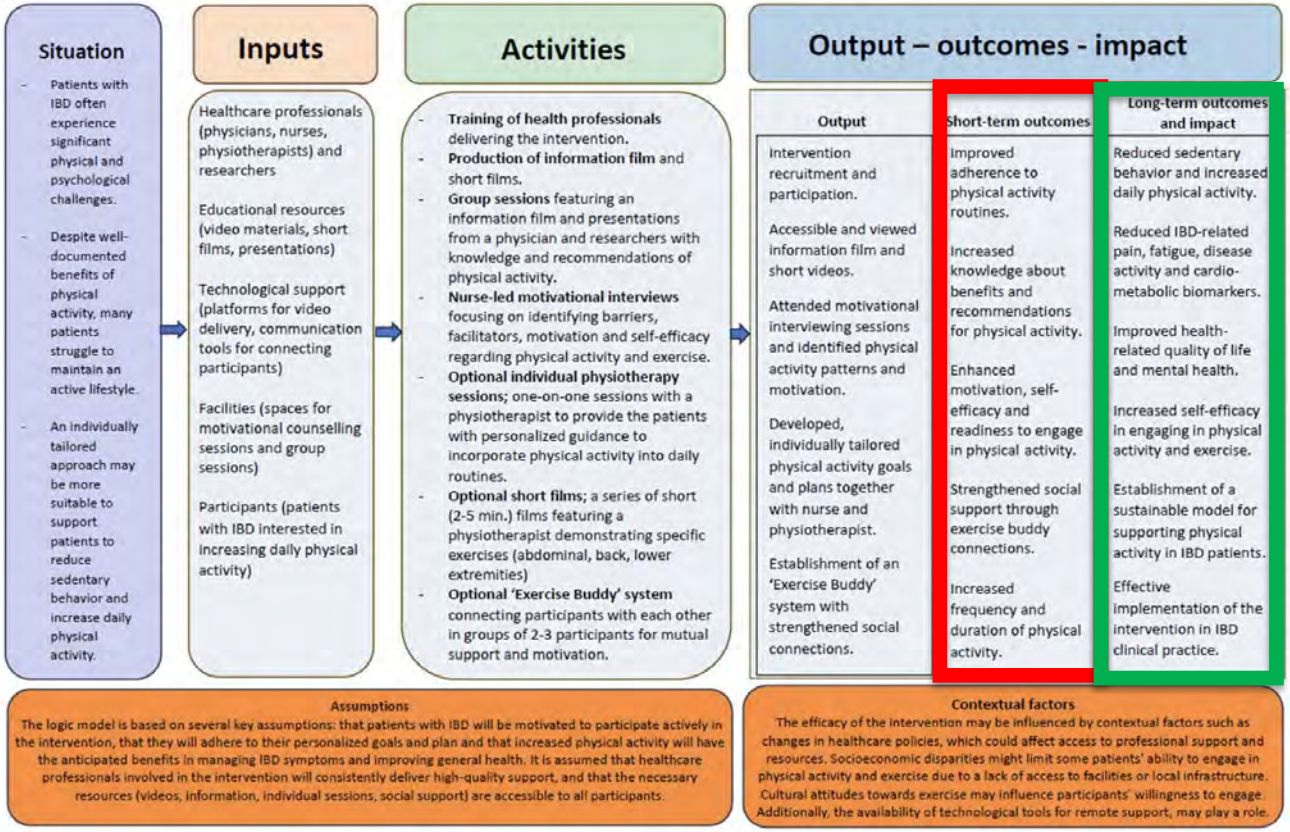
BMC Gastroenterology 2019

RESEARCH Open Access

Study design of 'PASIBO' - co-creation and development of a physical activity intervention to patients with inflammatory bowel disease

Tanja Thomsen[1,2,3*], Marie Villumsen[1,5], Anja Poulsen[3,4], Anders B. G. Hansen[1], Bente A. Esbensen[2,3], Tine Jess[5,6] and Mette Aadahl[1,3]





BMC Health Services Research 2025

TAKE HOME MESSAGES

- SPORT AND REGULAR PHYSICAL ACTIVITY REDUCE INFLAMMATION AND STRESS
- PHYSICAL ACTIVITY HELPS MANAGE ANXIETY AND DEPRESSION, COMMON IN IBD
- DURING ACTIVE DISEASE, FATIGUE AND ABDOMINAL PAIN MAY LIMIT EXERCISE
- SPORT IMPROVES FATIGUE AND QUALITY OF LIFE
- BEST SPORTS IN IBD COULD BE LOW IMPACT AEROBIC (WALKING, SWIMMIMG, CYCLING…) AND MIND-BODY ACTIVITY (YOGA, PILATES, TAI CHI…)

Il potere della resilienza

Grazie dell'attenzione