



# Exercise And Physical Activity After Stoma Surgery

Best Practice Recommendations

## EXPASS

## MATRIX AND PATHWAYS

November 2025



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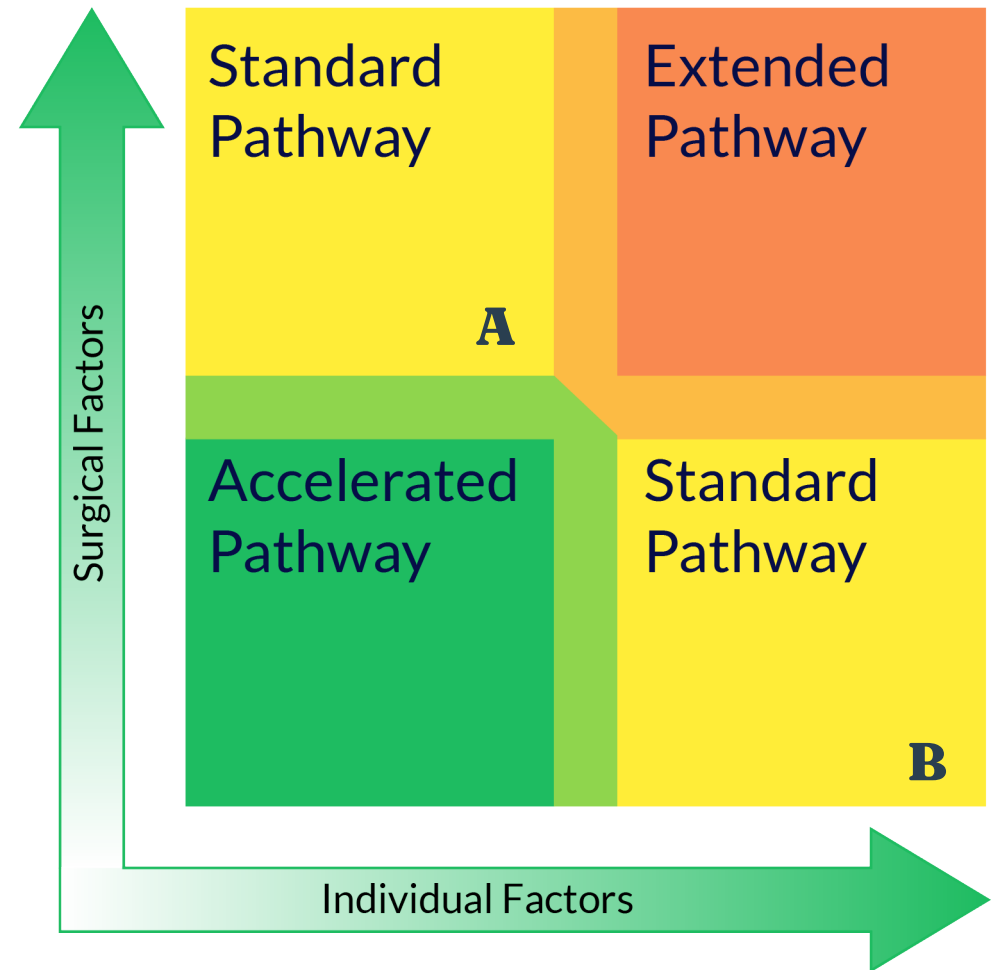


# EXPASS MATRIX

Note. The EXPASS matrix stoma surgery framework. **A** = individual likely to have undergone more complex surgery, **B** = individual likely to be more deconditioned, frail, unwell, elderly; have had significant condition-related complications; or may have other comorbidities. APER = abdominoperineal resection, TPE = total pelvic exenteration.

- Highly complex surgery
- Multiple surgery history
- APER or TPE
- Pelvic floor reconstruction
- Abdominal reconstruction
- Emergency laparotomy
- Complications resulting in lengthy admission

- Defunctioning loop stoma
- Laparoscopic/robotic
- Single stoma formation
- Short admission, rapid recovery
- No complications



- Fit otherwise well
- Minimal weight loss
- No comorbidities
- Well nourished
- Motivated
- Previous exercise experience

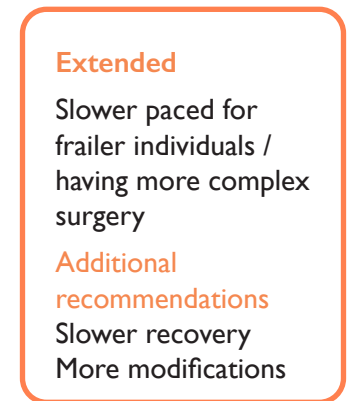
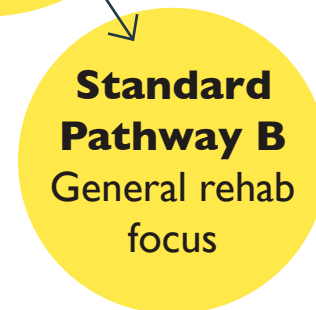
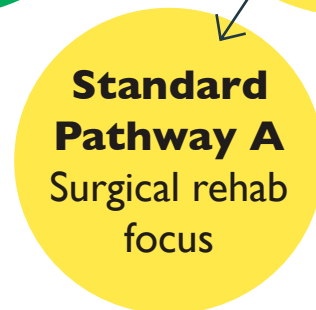
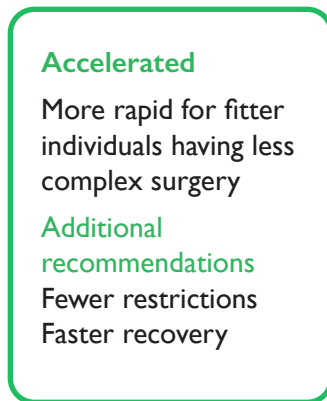
- Significant weight loss – sarcopenia
- Existing comorbidities
- Malnourished
- Inactive sedentary
- Undergoing chemotherapy
- Other



# EXPASS MATRIX

## Possible Pathways

Note. Standard pathway includes two variants: A and B. A) top left quadrant of the EXPASS matrix indicates more focus on specific surgical rehabilitation. B) bottom right quadrant of the EXPASS matrix indicates more focus on condition-related/general rehabilitation.



# 1. EXPASS CORE EXERCISE RECOMMENDATIONS

## Accelerated

- Postsurgery phase shorten to 2–4 weeks.
- Can progress through core exercise levels 3–5 more quickly if able
- Unlikely to be any long-term restrictions on any core exercise if all levels have been completed. Modify if needed and build up slowly over time.
- Be self-guided

## Standard Pathway

### Postsurgery up to 6 weeks

- Master correct breathing mechanics and core function exercises
- Start core exercises level 1 after ~24 hr, if able
- Gradually build through levels 1-3 during phase
- Exercise daily, little and often
- Slowly increase repetitions and duration of exercise session

### Recovery phase 6–16 weeks

- Continue to build on exercises gradually increasing through levels 3, 4, and 5 as able – continuing to increase challenge, duration, repetition, and frequency
- 2-3 x per week of 20-30 minutes is optimum
- Modification/avoidance of some level 5 and advanced core exercises likely required
- Be guided by self-evaluation

### Long-term considerations

- Maintain 2-3 sessions specific core training per week (30–60 mins per session) if possible
- Modification of advanced core exercises may be required for some time (> 12 months)
- Be guided by self-evaluation
- Increase variety of more advanced exercises before increase in repetition

## Extended

- Post surgery phase extend to 12–14 weeks
- Slower progression through core exercises levels 3–4
- Avoid or modify level 5 and advanced exercises for 12 months+
- Some long-term modifications or avoidance may be needed for some level 5 or advanced exercises



Note. Timelines are approximate. The Self-Evaluation Assessment Tool should guide progression. Adjustment made (November 2025) to the timing for the start of core exercises postsurgery following publication in Figure 4 of the EXPASS best practice recommendation document.

# 2. EXPASS DAILY ACTIVITIES AND OCCUPATION RECOMMENDATIONS

## Accelerated

- Postsurgery phase shorten to 2–4 weeks
- Be less restrictive with lifting in post surgery phase
- Return to active occupations and moderate daily activities without restriction
- Unlikely to be limited long term. But some modifications for extreme occupations or hobbies may be required

## Standard Pathway

### Postsurgery up to 6 weeks

- A gradual return to normal activities, alongside core rehabilitation.
- Normal personal care. Meal preparation and activities in home.
- Phased return to light occupations.
- Return to lifting of light/moderate weight items (including babies) with good technique. Light housework (e.g., dusting).
- Care/modify with awkward heavy lifting (children) and more physical housework, gardening DIY and pushing/pulling activities.
- Learn to engage core muscles when lifting, pulling or exerting.
- Use self-evaluation assessment

### Recovery phase 6–16 weeks

- Gradual return to moderate lifting, more active occupations and everyday activities alongside core exercises and general rehabilitation.
- Avoid **very** heavy repetitive lifting/challenging tasks and extreme occupations until 4–6 months approximately after appropriate rehabilitation.
- Use self-evaluation assessment

### Long-term considerations

- Considerable rehabilitation needed for safe return to demanding occupations and hobbies.
- Potentially 6–12 months recovery before return to work in full capacity in demanding jobs.
- Very heavy/repetitive awkward tasks, DIY, and gardening may need some modifications/adaptations long term.
- Core rehabilitation needed to support heavy lifting and repetitive activities.
- Use self-evaluation assessment

## Extended

- Post surgery phase extend to 12–14 weeks
- Personal aids may be of benefit post surgery
- Be more cautious with lifting in post surgery phase
- Split loads and use modifications
- Slower return to active occupations. Core rehab needed
- Some long-term modifications or avoidance may be needed for some heavy or awkward tasks/jobs



Note. Timelines are approximate. Self-Evaluation Assessment Tool should guide progression. DIY = do-it-yourself.

# 3. EXPASS INTENTIONAL PHYSICAL ACTIVITY AND EXERCISE RECOMMENDATIONS

## Standard Pathway

### Accelerated

- Postsurgery phase shorten to 2–4 weeks
- Be less restrictive with lifting in post surgery phase
- Return to active occupations and moderate daily activities without restriction
- Unlikely to be limited long term. But some modifications for extreme occupations or hobbies may be required

### Postsurgery up to 6 weeks

- Gradual return to normal exercise, alongside core rehabilitation
- Walking little and often. Balanced with rest
- Build up duration up to 60+ min, if able
- Light cardio exercise (walking on treadmill, stationary bike, etc) if desired.
- Swimming is possible if wounds have healed
- Light strength and conditioning exercises
- Be self-guided

### Extended

- Post surgery phase extend to 12–14 weeks
- Personal aids may be of benefit post surgery
- Be more cautious with lifting in post surgery phase
- Split loads and use modifications
- Slower return to active occupations. Core rehab needed
- Some long-term modifications or avoidance may be needed for some heavy or awkward tasks/jobs

### Recovery phase 6–16 weeks

- Gradually build duration, volume, and intensity/load of desired activities as tolerated over time
- Refer to return to sport for details of specific activities
- Strength exercises—high reps/low weights building up as tolerated with gradual increase in load
- Some modifications may be desired for more extreme/strenuous activities or very heavy/awkward lifting high repetition of movement
- Be self guided
- Avoid high-impact sports (running and jumping), after APER / pelvic floor surgery for 3 months

### Long-term considerations

- Most activities are possible
- Good core strength needed to tolerate more demanding activities (e.g., rowing, heavy weights, fitness competitions, extreme sports)
- Strength training—increase load and reduce reps over time
- Some long-term modifications may be indicated for some individuals
- Use the **Self-Evaluation Assessment Tool**



Note. Timelines are approximate. APER = abdominoperineal resection.