

# Francesco Carli

## List of Publications by Year in descending order

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Version: 2024-02-01

49  
papers

4,649  
citations

270111

25  
h-index

223390

49  
g-index

51  
all docs

51  
docs citations

51  
times ranked

3500  
citing authors

#	ARTICLE	IF	CITATIONS
1	Virtual Prehabilitation in Patients With Cancer Undergoing Surgery During the COVID-19 Pandemic: Protocol for a Prospective Feasibility Study. <i>JMIR Research Protocols</i> , 2022, 11, e29936.	0.5	1
2	Advocating for prehabilitation for patients undergoing gynecology-oncology surgery. <i>European Journal of Surgical Oncology</i> , 2022, 48, 1875-1881.	0.5	6
3	Successes and challenges of implementing teleprehabilitation for onco-surgical candidates and patientsâ€™ experience: a retrospective pilot-cohort study. <i>Scientific Reports</i> , 2022, 12, 6775.	1.6	4
4	Multimodal Prehabilitation for Lung Cancer Surgery: A Randomized Controlled Trial. <i>Annals of Thoracic Surgery</i> , 2021, 112, 1600-1608.	0.7	37
5	From preoperative assessment to preoperative optimization of frail older patients. <i>European Journal of Surgical Oncology</i> , 2021, 47, 519-523.	0.5	22
6	Teleprehabilitation during COVID-19 pandemic: the essentials of "what" and "how". <i>Supportive Care in Cancer</i> , 2021, 29, 551-554.	1.0	23
7	Surgical patients and the risk of malnutrition: preoperative screening requires assessment and optimization. <i>Canadian Journal of Anaesthesia</i> , 2021, 68, 606-610.	0.7	7
8	Prehabilitation in Thoracic Cancer Surgery: From Research to Standard of Care. <i>Journal of Cardiothoracic and Vascular Anesthesia</i> , 2021, 35, 3255-3264.	0.6	7
9	Effects of preoperative nutrition and multimodal prehabilitation on functional capacity and postoperative complications in surgical lung cancer patients: a systematic review. <i>Supportive Care in Cancer</i> , 2021, 29, 5597-5610.	1.0	22
10	Malnourished lung cancer patients have poor baseline functional capacity but show greatest improvements with multimodal prehabilitation. <i>Nutrition in Clinical Practice</i> , 2021, 36, 1011-1019.	1.1	5
11	Patients with poor functional walking capacity experience significantly more medical complications post-colorectal surgery than those with higher functional walking capacity. <i>European Journal of Surgical Oncology</i> , 2021, 47, 1230-1231.	0.5	3
12	Functional capacity of prediabetic patients: effect of multimodal prehabilitation in patients undergoing colorectal cancer resection. <i>Acta Oncologica</i> , 2021, 60, 1025-1031.	0.8	3
13	Effects of multimodal prehabilitation on muscle size, myosteatosis, and dietary intake of surgical patients with lung cancer " a randomized feasibility study. <i>Applied Physiology, Nutrition and Metabolism</i> , 2021, 46, 1407-1416.	0.9	7
14	Feasibility of a novel mixed-nutrient supplement in a multimodal prehabilitation intervention for lung cancer patients awaiting surgery: A randomized controlled pilot trial. <i>International Journal of Surgery</i> , 2021, 93, 106079.	1.1	10
15	Exercise intervention in cancer patients with sleep disturbances scheduled for elective surgery: Systematic review. <i>International Journal of Surgery</i> , 2021, 93, 106069.	1.1	3
16	Prehabilitation: finally utilizing frailty screening data. <i>European Journal of Surgical Oncology</i> , 2020, 46, 321-325.	0.5	23
17	Effect of Multimodal Prehabilitation vs Postoperative Rehabilitation on 30-Day Postoperative Complications for Frail Patients Undergoing Resection of Colorectal Cancer. <i>JAMA Surgery</i> , 2020, 155, 233.	2.2	266
18	Prehabilitation for the Anesthesiologist. <i>Anesthesiology</i> , 2020, 133, 645-652.	1.3	30

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19	Postoperative insulin secretion is decreased in patients with preoperative insulin resistance. <i>Acta Anaesthesiologica Scandinavica</i> , 2019, 63, 232-239.	0.7	5
20	Trimodal prehabilitation for colorectal surgery attenuates post-surgical losses in lean body mass: A pooled analysis of randomized controlled trials. <i>Clinical Nutrition</i> , 2019, 38, 1053-1060.	2.3	92
21	Multimodal prehabilitation in colorectal cancer patients to improve functional capacity and reduce postoperative complications: the first international randomized controlled trial for multimodal prehabilitation. <i>BMC Cancer</i> , 2019, 19, 98.	1.1	204
22	In-hospital resistance training to encourage early mobilization for enhanced recovery programs after colorectal cancer surgery: A feasibility study. <i>European Journal of Surgical Oncology</i> , 2019, 45, 1592-1597.	0.5	20
23	Considerations in Prehabilitation for Esophagogastric Cancer Surgery—Reply. <i>JAMA Surgery</i> , 2019, 154, 463.	2.2	1
24	The impact of improved functional capacity before surgery on postoperative complications: a study in colorectal cancer. <i>Acta Oncologica</i> , 2019, 58, 573-578.	0.8	40
25	Supervised exercise training with multimodal prehabilitation leads to earlier functional recovery following colorectal cancer resection. <i>Acta Anaesthesiologica Scandinavica</i> , 2019, 63, 461-467.	0.7	39
26	Reply to: Perioperative use of cefazolin without preliminary skin testing in patients with reported penicillin allergy. <i>Surgery</i> , 2019, 165, 486-496.	1.0	1
27	Maximizing patient adherence to prehabilitation: what do the patients say?. <i>Supportive Care in Cancer</i> , 2018, 26, 2717-2723.	1.0	99
28	Evaluation of supervised multimodal prehabilitation programme in cancer patients undergoing colorectal resection: a randomized control trial. <i>Acta Oncologica</i> , 2018, 57, 849-859.	0.8	126
29	Prehabilitation and functional recovery for colorectal cancer patients. <i>European Journal of Surgical Oncology</i> , 2018, 44, 919-926.	0.5	100
30	Effect of Exercise and Nutrition Prehabilitation on Functional Capacity in Esophagogastric Cancer Surgery. <i>JAMA Surgery</i> , 2018, 153, 1081.	2.2	286
31	Preoperative Preparations for Enhanced Recovery After Surgery Programs. <i>Surgical Clinics of North America</i> , 2018, 98, 1149-1169.	0.5	18
32	Effects of Nutritional Prehabilitation, With and Without Exercise, on Outcomes of Patients Who Undergo Colorectal Surgery: A Systematic Review and Meta-analysis. <i>Gastroenterology</i> , 2018, 155, 391-410.e4.	0.6	336
33	De-labeling of $\beta$ -lactam allergy reduces intraoperative time and optimizes choice in antibiotic prophylaxis. <i>Surgery</i> , 2018, 164, 117-123.	1.0	38
34	Promoting a culture of prehabilitation for the surgical cancer patient. <i>Acta Oncologica</i> , 2017, 56, 128-133.	0.8	144
35	Preoperative modifiable risk factors in colorectal surgery: an observational cohort study identifying the possible value of prehabilitation. <i>Acta Oncologica</i> , 2017, 56, 329-334.	0.8	75
36	Multimodal prehabilitation improves functional capacity before and after colorectal surgery for cancer: a five-year research experience. <i>Acta Oncologica</i> , 2017, 56, 295-300.	0.8	176

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37	Surgical Prehabilitation in Patients with Cancer. <i>Physical Medicine and Rehabilitation Clinics of North America</i> , 2017, 28, 49-64.	0.7	162
38	Preoperative functional assessment and optimization in surgical patient: changing the paradigm. <i>Minerva Anestesiologica</i> , 2017, 83, 214-218.	0.6	16
39	Patients with poor baseline walking capacity are most likely to improve their functional status with multimodal prehabilitation. <i>Surgery</i> , 2016, 160, 1070-1079.	1.0	138
40	The six-minute walk test as a measure of postoperative recovery after colorectal resection: further examination of its measurement properties. <i>Surgical Endoscopy and Other Interventional Techniques</i> , 2016, 30, 2199-2206.	1.3	71
41	Preoperative pulse and thermal radiofrequency facilitates prehabilitation and subsequent rehabilitation of a patient scheduled for total knee arthroplasty. <i>Canadian Journal of Anaesthesia</i> , 2015, 62, 1355-1356.	0.7	9
42	Physiologic considerations of Enhanced Recovery After Surgery (ERAS) programs: implications of the stress response. <i>Canadian Journal of Anaesthesia</i> , 2015, 62, 110-119.	0.7	147
43	Prehabilitation to Enhance Perioperative Care. <i>Anesthesiology Clinics</i> , 2015, 33, 17-33.	0.6	222
44	In Reply. <i>Anesthesiology</i> , 2015, 122, 1438-1439.	1.3	8
45	Prehabilitation <i>versus</i> Rehabilitation. <i>Anesthesiology</i> , 2014, 121, 937-947.	1.3	640
46	Impact of a trimodal prehabilitation program on functional recovery after colorectal cancer surgery: a pilot study. <i>Surgical Endoscopy and Other Interventional Techniques</i> , 2013, 27, 1072-1082.	1.3	436
47	Evidence Basis for Regional Anesthesia in Multidisciplinary Fast-Track Surgical Care Pathways. <i>Regional Anesthesia and Pain Medicine</i> , 2011, 36, 63-72.	1.1	148
48	Impact of preoperative change in physical function on postoperative recovery: Argument supporting prehabilitation for colorectal surgery. <i>Surgery</i> , 2011, 150, 505-514.	1.0	362
49	Obstructive sleep apnea uncovered after high spinal anesthesia: a case report. <i>Canadian Journal of Anaesthesia</i> , 2005, 52, 761-764.	0.7	10