

Postoperative Ileus and Perioperative Nutrition Optimisation in an Enhanced Recovery After Surgery Programme.

* Reyhani H¹, Macaninch E^{1,2}, Martyn K³, Copeland E²

1 Brighton and Sussex Medical School (BSMS), UK

2 Brighton and Sussex University Hospital, UK

3 University of Brighton, UK

Introduction

Malnutrition prior to Elective Lower Gastrointestinal Surgery (ELGIS) impacts on post-operative recovery. Prolonged post-operative ileus (PPOI) is a prevalent complication post-surgery that may require Total Parenteral Nutrition (TPN) with severe intestinal arrest.

The Malnutrition Universal Screening Tool (MUST) is validated for malnutrition screening. There has historically been poor uptake of nutrition screening and assessment in surgical patients.

Objectives

To gauge severity of PPOI via proportion of patients requiring TPN, and association of PPOI with MUST scores.

Methods

A retrospective audit of patients undergoing ELGIS at a 58-bedded tertiary Digestive Diseases Unit on the South Coast of England over 3 months was performed.

Primary outcomes: Incidence of PPOI; Proportion of patients requiring TPN for PPOI.

Secondary outcomes: Incidence of Preoperative MUST scoring; Post-operative time to MUST scoring and MUST scores documented.

Results

39 eligible patients were included. 11/39 (28%) developed PPOI; 0 (0%) progressed to TPN.

MUST scoring preoperatively was documented for 11 (28%) patients. 2/11 (18%) scored ≥ 1 [i.e. were at some risk of malnutrition]. Scores documented for these patients were: 1 and 2. Of these, 2/2 (100%) developed PPOI in their postoperative course.

MUST scoring postoperatively was documented for 36/39 (92%). 12/36 (33%) scored ≥ 1 . Of these, 6/12 (50%) developed PPOI. Average days to postop MUST scoring: 3.7 ± 2 . Of those with PPOI, 6/11 (55%) scored ≥ 1 on MUST postoperative.

Conclusions

PPOI is prevalent among ELGIS patients, but not associated with high TPN use in this sample.

Nutrition screening (MUST) is not routinely done preoperatively, reflecting a missed opportunity in nutrition optimisation for surgery. Larger studies are required to assess outcomes of improved nutrition screening.

High rate but low accuracy and timeliness of MUST scoring postoperatively was suggested by this study. Barriers to MUST utilisation and accurate scoring by surgical teams should be explored in future studies.