NUTRITIONAL ENHANCED RECOVERY: post-pyloric feeding after discharge following oesophagectomy

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Background

- Oesophagectomy is associated with:
 - Pre- and postoperative nutritional difficulties
 - Protein-energy malnutrition (defined as >10% weight loss)

Postoperative nutritional enhanced recovery:

Post-pyloric feeding (PPF) inserted at surgery: Surgical Jejunostomy

Early introduction of enteral feeding:

all patients

Discontinued prior to discharge

(Low risk of FTT)

Overnight feeding following discharge (High risk for FTT*)

*Considerations to continue PPF after discharge: unable to maintain >50% of required caloric intake, preoperative weight loss >10%, oral route compromised, low preoperative body weight, clinically significant postoperative weight loss prior to discharge

Methods

- This retrospective audit aimed to:
 - 1. Describe weight changes following oesophagectomy
 - 2. Investigate the influence of PPF following discharge on postoperative weight changes and readmissions
- Reviewed notes 210 patients who underwent oesophagectomy 1/1/12 – 30/4/14

Results

37 patients (17.6%) discharged home with post-pyloric feeding

Median	Post-pyloric Feeding (N=37)	No feeding (N=173)	
Duration after discharge	78 days		
Age	67 years	65 years	
Postoperative LoS	15 days	14 days	
Gender (male)	62 .1%	73.8%	
Preoperative BMI (kg/m²)	24.6	26.0 (p=0.016*)	

Change in weight: median weight loss vs. preoperative



‡ KW & post-hoc MW analyses with Holm's correction

Change in weight: weight loss >10% vs. preoperative



Change in weight: median weight loss



Readmissions: Failure to Thrive

	Post-pyloric feeding	No Post-pyloric Feeding	p-Value
Readmissions	18	64	0.359
Failure to Thrive	7 (38.9%)	42 (65.6%)	0.021*

Conclusions

- Oesophagectomy is associated with substantial weight loss over a short period of time
- Post-pyloric feeding after discharge associated with:
 - Significantly less weight loss
 - Significantly fewer readmissions with failure to thrive
- This audit supports the implementation of PPF at discharge in patients at risk of FTT