Immediate Feeding vs. Traditional Feeding in Post-Op GI Patients
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Introduction
Traditionally, patients undergoing GI surgery have been kept NPO, until return of bowel function. Due to complications, such as post-op ileus, NPO post surgery can result in longer hospital stays, nosocomial infections, and delayed mobilization.

PICO Question
P: Adult patients undergoing abdominal surgery
I: kept NPO until return of bowel function
C: patients started on immediate enteral feeding within 24 hours
O: to identify which patients have better outcomes post-surgery

Do adult patients undergoing abdominal surgery (P) kept NPO until return of bowel function (I) compared to immediate enteral feeding within 24 hours (C) have better outcomes (O)?

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<th>Methods</th>
<th>Results</th>
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<td>Ng, W. Q. and Neill, J. (2006)</td>
<td>Meta-analysis 15 studies comprising of 1, 352 patients</td>
<td>Early feeding, tolerated without any nausea or vomiting, decreases length of hospital stay and decreases length of ileus</td>
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<td>Waters, J.M. (2010)</td>
<td>Systemic Review 8 studies</td>
<td>Feeding patients early, or advancing to a regular diet as a first meal has no complications. Patients have increased energy, less weight loss, and early return of bowel function, and shorter hospital stay.</td>
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<td>Shrikhande S.V., Shetty, G.S., Singh, K., &amp; Ingle, S. (2009)</td>
<td>Meta-analysis 15 studies, 13 randomized 2 non-randomized</td>
<td>Early feeding could be started from the first postoperative day which resulted in patients requiring shorter hospitalization, decreased postoperative infections, and intra-abdominal abscess.</td>
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<td>Osland, E., Yunus, R., Khan, S., &amp; Memon, M. (2011)</td>
<td>Meta-analysis 15 studies included spanning 28 years</td>
<td>Early postoperative feeding decreases complications and does not affect mortality, anastomotic dehiscence, resumption of bowel function or hospital length of stay</td>
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<td>Warren, J., Bhalla, V., Cresci, G. (2011)</td>
<td>Systematic Review</td>
<td>Starting enteral nutrition early has a significant impact on healing and prevention of infectious complications. It also shows that there is a potential shortened length of stay, improved patient satisfaction, and earlier increased caloric intake which reduces weight loss and protein catabolism.</td>
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Discussion
Working on a surgical acute care floor, there is no consistency regarding nutritional diet advancement for post-operative GI or colorectal surgical patients among physicians. Some physicians prefer patients to remain NPO until return of bowel function, others advance diet as tolerated on post-op day one. Due to advancements in anesthesia, opioid sparing, and more minimally invasive surgery, there is reduced nausea, vomiting, and post-op ileus following surgery.

Methods
A literature search was conducted using CINAHL, EbscoHost, and PubMed databases.

Keywords: traditional feeding, early feeding, postoperative complications, GI surgery, ileus, nutrition, diet therapy

Inclusion Criteria: Articles within 10 years, inpatient hospitals, adult GI surgical patients

The initial search yielded 45 articles, 5 were researched and included for this project.

Conclusions
• traditional method, NPO until bowel function returns, not beneficial
• early post-op feeding showed no negative effects
• early feeding decreased patient mortality and wound dehiscence

Early post-op feeding:
• decreases length of hospital stay
• increases patient satisfaction
• reduces patient weight loss
• potentiates return of bowel function quicker

References
Warren, J., Bhalla, V., Cresci, G. (2011). Starting enteral nutrition early has a significant impact on healing and prevention of infectious complications. It also shows that there is a potential shortened length of stay, improved patient satisfaction, and earlier increased caloric intake which reduces weight loss and protein catabolism. Supportive Care in Cancer, 19, 119-126.

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