



Immediate Feeding vs. Traditional Feeding in Post-Op GI Patients

Thu Thi Gazzio ADN, RN, Katrina Heintz BSN, RN, Hannah Railing BSN, RN, Brianne Ronaldo BSN, RN, Laura Schickel ADN, RN

Penn State Milton S. Hershey Medical Center
5th Floor AC Post-Surgical, 3 SAW

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**)?



Article	Methods	Results
Ng, W. Q. and Neill, J. (2006)	Meta-analysis 15 studies comprising of 1, 352 patients	Early feeding, tolerated without any nausea or vomiting, decreases length of hospital stay and decreases length of ileus
Waters, J.M. (2010)	Systemic Review 8 studies	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.
Shrikhande S.V., Shetty, G.S., Singh, K., & Ingle, S. (2009)	Meta-analysis 15 studies, 13 randomized 2 non-randomized	Early feeding could be started from the first postoperative day which resulted in patients requiring shorter hospitalization, decreased postoperative infections, and intra-abdominal abscess.
Osland, E., Yunus, R., Khan, S., & Memon, M. (2011)	Meta-analysis 15 studies included spanning 28 years	Early postoperative feeding decreases complications and does not affect mortality, anastomotic dehiscence, resumption of bowel function or hospital length of stay
Warren, J., Bhalla, V., Cresci, G. (2011)	Systematic Review	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.

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

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