

Diet reintroduction after colorectal surgery

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BACKGROUND: Cancer is the second leading cause of death in worldwide and colorectal cancer is the third most common type. Surgical treatment is considered the first choice in cases of this disease. Studies have reported early oral intake helps enhance recovery after surgery when compared with the traditional method. Many studies recommend early postoperative nutritional care over this traditional approach, considered the early oral intake safety and feasibility.

HYPOTHESIS: The early oral intake has been recommended and reported to stimulate bowel recovery, lower hospital stays, can be orally or enteral nutrition, in the first 72 hours after the colorectal surgery within passage of flatus and defecation or not.

METHODS: The present study was observational, retrospective and description. For data analysis we used the statistical software MV2000. This study recruited 90 adult patients from August 2014 to December 2014. These patients requiring surgery for cancer colorectal accomplished by Department of Pelvic Surgery from AC Camargo Cancer Center. Variables as diagnosis, age, gender, weight, height, BMI, nutritional diagnosis, early oral or enteral feeding, complications after surgery (fistulas, infection, wound dehiscence and death) and gastrointestinal symptoms such as nausea, vomiting, pain, constipation, diarrhea, abdominal distension, postoperative complications and hospital stay. Postoperative feeding was recorded from the difference (in hours) between the end of the surgical procedure and the diet restart. The time (in days) of postoperative hospital stay was calculated as the difference between the date of discharge and the date of surgery.

RESULTS:

The sample consisted of 76 patients, 40 female (52,6%) and 36 male (47,4%). In the assessment of nutritional status 13,2% malnourished, 42,1% normal weight, 42,1% overweight and 31,6% obese. The average length of hospitalization was approximately 9,6 days for malnourished patients then obese just 8 days. We observed statistically significant association ($p < 0,001$) between the length of stay and the patients with early oral feeding (<72h) (mean days: 8,3) and lower prevalence of pain, vomiting, abdominal distension and gastroparesis; in relation to surgical complications was found fistulas and bleeding.

Abstract

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vomiting, abdominal distension and gastroparesis; in relation to surgical complications was found fistulas and bleeding.