

INTRODUCTION

In 2013, we conducted a 6 month observational study (abstract CP-016 EAHP 2014) about use of parenteral nutrition (PN) in the perioperative period in abdominal surgery. Following this study, surgeons were given specific information in order to improve prescription and dieticians were trained to screen treatments.

This is a follow-up study. The purpose is to highlight improvements that should manifest by an increase of prescription of enteral nutrition (EN), dietician consultations, compliance with guidelines, (especially in the postoperative period) and screening malnutrition. Prescription in diverticulitis and in the postoperative period should decrease.

METHOD

Selection of patients having received PN between January and July 2014.

Retrospective analysis of medical charts by the clinical pharmacist.

RESULTS

56 patients were included.

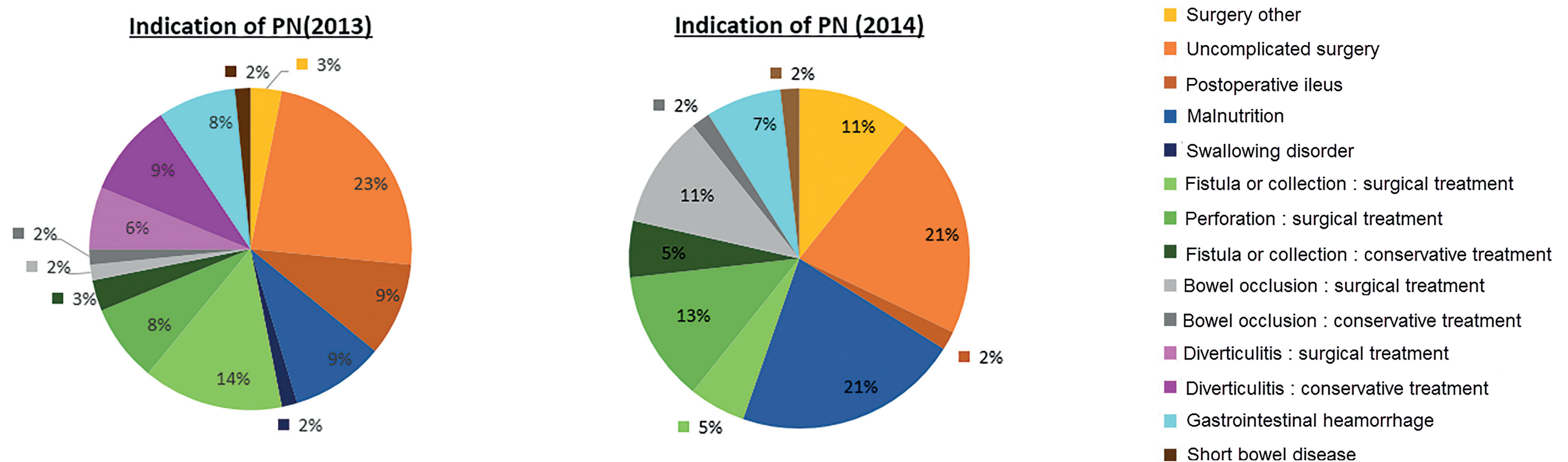
There was an improvement in the number of patients receiving EN as well as those having benefited from a consultation with the dietician. (Fig.1).

Figure 1 :

	2013 Study	2014 Study
Number of patients	64	56
Age (mean)	66,15	66,41
Age (median)	69,50	70,50
Enteral nutrition	0%	19,64%
Dietician consultation	21,88%	96,43%

Prescription for diverticulitis has dropped in 2014 (2013: 15% - 2014: 0%). However, the postoperative indications (orange) still represent a significant proportion of patients (2013: 35% - 2014: 34%). For these patients, a 7 day postoperative period without PN should have been observed in order to comply with guidelines. This was the case for none of the patients in 2014 (13.04% in 2013). We finally see that malnutrition is well reported in 2014 (21% - 2013: 9%).(Fig. 2)

Figure 2 :



CONCLUSION

All goals were achieved except for those concerning postoperative PN. These observations are the results of dispensing more information about adequate use of PN and dietician involvement. However, more information should be given about use of postoperative PN.