

NUTRITION OF PATIENT UNDERGOING TO RADICAL CYSTECTOMY: A RETROSPECTIVE STUDY

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Introduction & Objectives

Radical cystectomy is a surgical procedure associated with a significant **morbidity** and **mortality**. In the last years patient's **nutritional status** has been considered an incisive factor in determining the outcomes after RC, representing an important aspect of the postoperative period. The aim is to describe the impact of **nutritional support** after RC on patients morbidity, complications and **nursing-sensitive outcomes**, comparing the efficacy of **early oral nutrition** and analyzing the impact on outcomes.

Materials & Methods

A **monocentric retrospective study** was conducted in the Department of Urology at San Raffaele Hospital, consulting **clinical records** of **50 patients** undergoing to RC with urinary diversion through the use of ileal conduit. Data collection was performed from January to September 2013 (9 months). The following **outcomes** were investigated: presence of PONV, presence of POI, day of NGT removal, NGT repositioning, time to normal intestinal activity recovery, health care-associated infections (UTI, BSI, SSI) presence, anastomosis and surgical wound dehiscence, hospital length of stay.

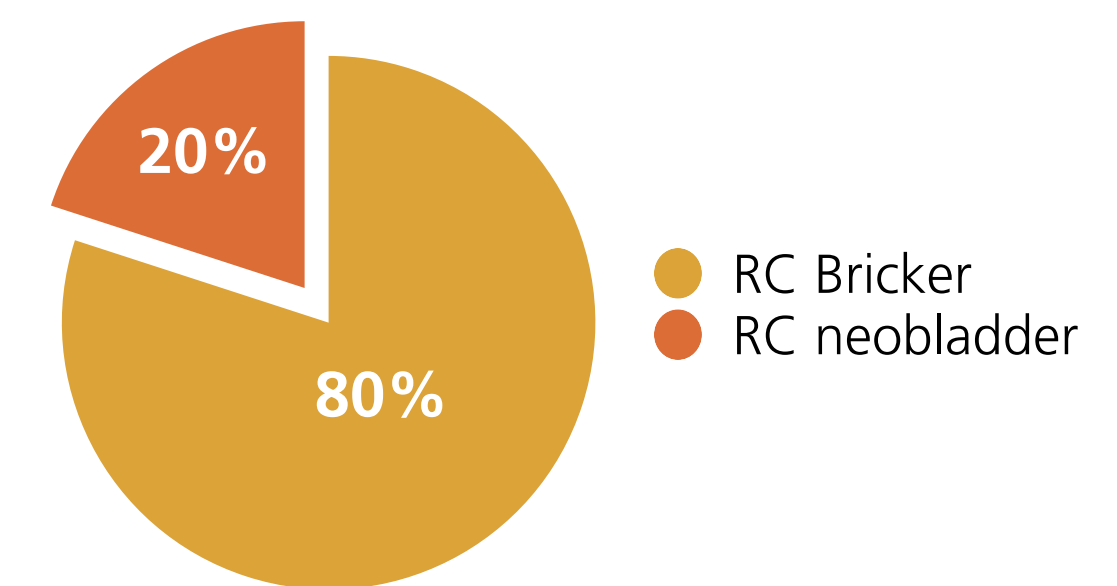
Results

The sample of 50 examined patients is made up of 43 men (86%) and 7 women (14%), with a mean age of 67.5 years (range 49-84 years); **40 patients** were subjected to RC with **Bricker ileal urinary conduit** and **10 patients** to RC with **orthotopic ileal neobladder**. Only 5 patients (10%) received an **early oral nutrition**; some patients (18%) needed a **parenteral support**, according to the specific clinical conditions. The **NGT** has been removed on average of 2.3 days after surgery; the **NGT repositioning** was necessary in 8 patients (16%). The **intestinal activity recovery** occurred on average of +2.56 postoperative-day for first flatus and on average of +5.46 postoperative-day for faeces. 21 patients (42%) presented **PONV** and 5 (10%) **POI**; in 10 patients (20%) **health care-associated infections** (UTI in 2, BSI in 6, SSI in 2) have been reported; **anastomosis and surgical wound dehiscence** respectively in 4% and 6% of patients. The **hospital length of stay** was on average of 15.6 days (range 6-30 days).

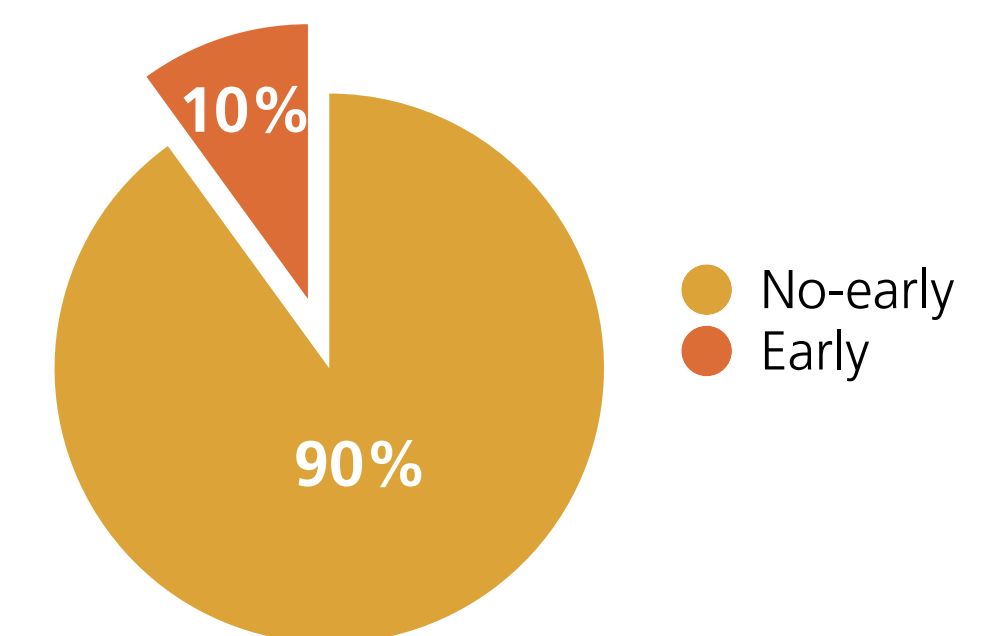
Conclusions

There are no clear indications on what kind of nutrition is better to give to patients undergoing RC and there is no a definition of ideal **parenteral support**. In the Department of Urology OSR it has been observed that enteral nutrition is not administered, though it is described in literature. Because of the sample's slenderness and the disparity between the number of patients undergoing to the two different surgical procedures and the number of patients that received the early nutrition compared to those who have not, it is necessary to perform further studies in order to determine post-RC outcomes and to analyze the benefits of a **multimodal approach** centered on **early oral nutrition** and on **intestinal function recovery**, on **pain control** and **early mobilization**.

SURGICAL PROCEDURES OF THE PATIENTS' SAMPLE:



EARLY ORAL NUTRITION VS. NO-EARLY ORAL NUTRITION:



Notes RC: radical cystectomy; PONV: postoperative nausea and vomiting; POI: postoperative ileus; NGT: naso-gastric tube; UTI: urinary tract infection; BSI: blood stream infection; SSI: surgical site infection; OSR: San Raffaele Hospital.

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