

NUTRITIONAL STATUS AND POSTOPERATIVE FUNCTIONAL OUTCOMES IN PATIENT UNDERGOING RADICAL CYSTECTOMY: A PROSPECTIVE OBSERVATIONAL STUDY

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INTRODUCTION AND OBJECTIVES

The postoperative nutritional approach is considered an incisive factor to determine postoperative outcomes after radical cystectomy (RC). In clinical practice patients are not generally fed by oral intake until a complete recovery of the bowel function is assessed; in fact a nutritional substitutive support is provided through total parenteral nutrition (TPN).

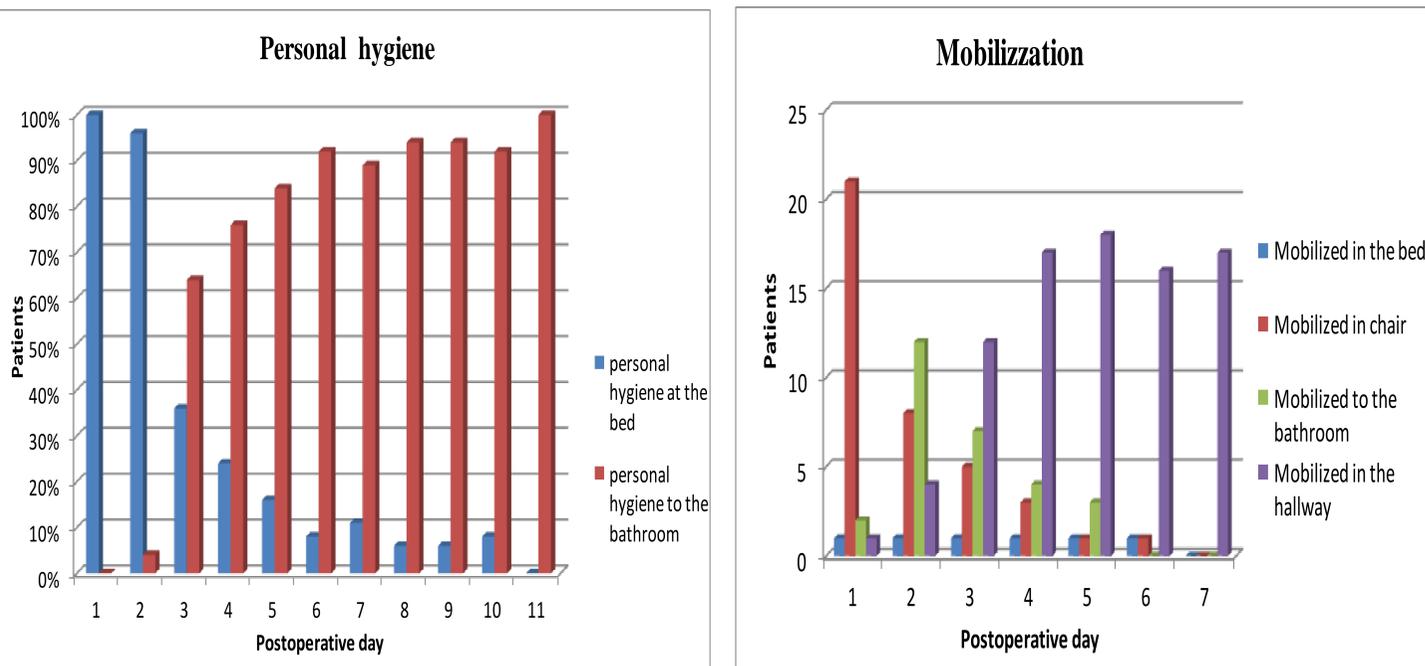
The aim of this study is to describe the impact of the nutritional support on functional outcomes in patients undergoing RC.

MATERIALS AND METHODS

A prospective observational study has been conducted in Dept. of Urology at San Raffaele Hospital (Milan) during the period April - September 2014, on a convenience sample of 25 patients undergoing RC with urinary diversion. Data relative to postoperative nutritional approach, bowel function, restart of Activities of Daily Living and complications have been collected..

RESULTS

On a 25 patients, 6 needed the use of TPN, discontinued on the average in postoperative day 4.8 (SD \pm 1.92). For 18 patients an early nutrition has been done within the third postoperative day after intervention independently from bowel recovery (SD \pm 4.59). 3 of patients needed the suspension of oral nutrition for intolerance (nausea and vomiting). For the patients with early oral nutrition, the time of first flatus was on day 2.64 (SD \pm 1.29) and the complete recovery of bowel activity was on day 4.88 (SD \pm 1.59); 16% had postoperative ileus. On the first day of hospitalization the 80% of sample has been mobilized in chair and within the eighth day 94% of patients were independent. The average distance walked from the patients that used oral nutrition was 88.42 m. (SD \pm 18.97) versus 26.67 m. (SD \pm 17.51) walked by patients that have done TPN. On the first day all patients were assisted for personal hygiene, whereas on third day 64% of patients were independent in toileting. The sleep-wake rhythm was restored in 84% of patients. The average of pain (Numerical Rating Scale - NRS), expressed by 52% of the patients, was on the first day: 2.62 (range 0-4), decreasing value during the hospitalization. The pain was well controlled with epidural catheter analgesia with NRS values that gradually decreased in consecutive days, involving a good tolerance to mobilization. The length of stay was 11.44 days (SD \pm 8.29).



CONCLUSION

The introduction of early oral nutrition on patients undergoing RC is associated with an improvement of analyzed outcomes. Furthermore, it emerged how the early removal of NGT associated with early oral nutrition, independently from the bowel activity, gives benefits, showing an improvement of patients general conditions. Further investigations are needed in order to confirm these preliminary results.

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