Abstract

Current less invasive surgical techniques, the use of new analgesic and anesthetic drugs, and early mobilization (“multimodal surgical strategies”) reduce the occurrence of post-surgery paralytic ileus and vomiting, making possible early nutrition by the digestive route. With these premises, a nutrition protocol was designed for its implementation in colorectal pathology susceptible of laparoscopy-assisted surgery. Objective: to assess the efficacy of this protocol that comprises 3 phases. Phase I: home preparation with 7 days duration; low-residues and insoluble fiber diet, supplemented with 400 mL of hyperproteic polymeric formula with no lactose or fiber, bowel cleansing 2 days prior to surgery and hydration with water, sugared infusions, and vegetable broth. Phase II: immediate post-surgical period with watery diet for 3 days with polymeric diet with no fiber. Phase III: semi-solid diet with no residues, nutritional formula and progressive reintroduction of food intake in four stages of varying duration according to surgery and digestive tolerance. Setting and patients: prospective study performed at our hospital with patients from our influence area, from February 2003 to May 2004, including 25 patients, 19 men and 6 women, with mean age of 63.3 years (range = 33-79) and mean body mass index of 26.25 kg/m² (range = 20.84-31.3), all of them suffering from colorectal pathology susceptible of laparoscopy-assisted surgery, and to which the study protocol was applied. Fourteen left hemicolectomies, 5 right hemicolectomies, 4 low anterior resections with protective colostomy, and subtotal colectomies and lateral ileostomy were done. Final diagnoses were: 3 diverticular diseases; 3 adenomas; 7 rectosigmoidal neoplasms; and 12 large bowel neoplasms in other locations. The pathology study confirmed: pT3N0 (n = 7), pT3N1 (n = 3), pT3N2 (n = 1), and pT3N1M1 (n = 1), pT1N0 (n = 4), pT1N1 (n = 2), pTis (n = 1). Twelve patients were started on adjuvant therapy of which 3 had received an initial treatment with QT or RT. Results: Intestinal cleansing was poorly effective in 3 patients diagnosed with sub-occlusive neoplasm. Feeding was started within 24 hours in 13 patients, within 48 h in 7 patients, and at day 5 in one patient because of paralytic ileus. Hospital discharge was within the 3d-5th day in 60% of the patient, between 6th-10th day in 28%, and in 12% it occurred more than 20 days later due to complications. Progressive regimens were well tolerated by all patients, with no occurrence of diarrhea syndrome, the number of defecations varying from 2 to 4 and with a soft-normal consistency. In ponderal evolution, it is remarkable disease-related weight loss greater than 5% in 8 patients. By the end of the progressive diet, 5 patients had weight loss greater than 10% (4 for adjuvant therapy, 1 for depressive syndrome because of carrying a stoma). These patients were monitored 3 months later and they had recovered their regular weight. Conclusions: Early nutrition in colorectal surgery is possible. Following a progressive feeding
regimen allows for a better digestive tolerance as well as a good physical and functional recovery of the patient.

Keywords