

ARTIFICIAL NUTRITIONAL SUPPORT

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Given the importance of adequate nutrition in recovery from illness and surgery , consideration for artificial nutritional support should be given in any patient who has had inadequate nutritional intake for 5 days or more. In patients with pre-existing chronic malnutrition, this should be instituted earlier, and ideally in the preoperative period if feasible. Patients due to undergo major surgery for head and neck or abdominal cancers (such as laryngeal or pharyngeal resections, oesophagectomies, gastrectomies and pancreaticoduodenectomies) are more likely to have difficulty consuming any or sufficient oral nutrition postoperatively because of oedema, obstruction, delayed gastric emptying and paralytic ileus. These patients are also more effects of the underlying disease. Forethought should be given preoperatively in these patients regarding the placement of intra venous access, nasojejunal tubes or feeding jejunostomies intraoperatively to facilitate postoperative nutrient delivery (Figure 25.3).

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