

## NURSE SY 8

# Nutritional Management For Patients With Pancreatic Surgery

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**Lecture :** Nutritional problems in surgical patients have 2 principal components: starvation (by diseases, restriction of oral intake, or both) and metabolic effects (by stress or inflammation, increased catabolism). It is well-known that malnutrition affects clinical outcomes after surgery. Therefore, the key factors in nutritional care of the surgical patients are as follows: 1) maintenance energy, 2) adequate nutrient and protein intake, 3) fluid and electrolyte balance. Patients after pancreatoduodenectomy (PD) suffer from poor clinical outcomes. This includes increased incidence of superficial and deep surgical site infections, sepsis, failure of ventilator weaning, pneumonia, length of hospital stays and overall hospital costs. This leads to a vicious cycle, as complications are detrimental to the nutritional status of the patient. Pancreatic insufficiency after PD (loss of pancreatic volume) can result in malabsorption and weight loss. Gastrointestinal tract reconstruction such as biliopancreatic diversion with duodenal switch is malabsorptive procedure for weight loss and micronutrient deficiencies. Recovery pattern of the nutritional status after surgical treatment for pancreatic head disease (including malignancy and non-malignancy), the body mass index decreased and remained long-termly low after PD. Therefore, this lecture is focused on the nutritional strategies and recommendations to minimized weight loss and malnutrition after PD.