

# EARLY ENTERAL FEEDING VS LATE ENTERAL FEEDING IN PATIENTS UNDERGOING UPPER GASTROINTESTINAL SURGERY IN GOVT RAJAJI HOSPITAL, MADURAI

## Abstract

Post operative 'nil per mouth' is the most commonly practiced methodology after a patient undergoes upper gastrointestinal surgeries like gastrectomy, gatrojejunal anastamosis and closure of perforated stomach or duodenum. The rationale behind that was to give time for the anastamosis to heal before being challenged by liquid or solid diets and to prevent post operative nausea and vomiting. The concept of early enteral feeding though having proper advantages has not had widespread following. Contrary to the commonly known opinion the oral feeds following upper gastrointestinal surgeries would increase the risk of anastamotic dehiscence and also worsen the ileus of the bowel, early feeds are absorbed well and also have a faster recovery of paralytic ileus, cause lesser septic complications, improve nutrition and lesser hospital stay.

**Objective:** To show the advantages of starting the patients undergoing upper gastrointestinal surgeries on early feeding using a nasojejunal tube with milk based diet over the conventional late enteral feeding.

**Methodology:** Two groups of patients with 25 in each are put up as study and control groups. Patients in the study group are inserted a nasojejunal tube during surgery and started on early enteral feeding with milk based diet following the feeding protocol. Control groups are managed by conventional nil per mouth and late enteral feeding. The parameters monitored are patient weight,

haemoglobin, S.albumin, duration of paralytic ileus, time taken to start oral feeds, duration of hospital stay, septic complications and surgical site infections.

Results: The mean age of the patients in the study group was 46.88yrs whereas in the control group was 47.96yrs. The mean weight of the study cases pre operatively was 57.56 kg but weight increased to about 58.6kg by post operative day 7. The same was not seen in control cases. . The mean pre operative haemoglobin among the cases in study group was 9.7g% and levels increased to 9.98g% by post operative day7. The same was not seen in control group. The pre operative S.albumin levels among the patients started on early feeding was 2.74g/dl and by post operative day7 it was 3.13g%. The same increase was not observed in control patients. The mean duration of paralytic ileus among the cases in the study group was 2.4 days whereas in the control group was 4.04 days. The mean duration taken to start oral feeds is 4.4 days in study group when compared to those cases in the control group where the mean duration is 6 days. The rate of anastamotic leak when comparing both groups was not significant. Among the control group patients in the study about 9 patients developed surgical site infection when compared to to nil patients in study group. Septic complications like pneumonia and urinary tract infections developed in 2 cases of the study group whereas 13 cases in the control group developed the same. Side effects due to feeds were seen among 13 patients of the study group. The mean duration of hospital stay among the patients of the

study group was 7.6 days whereas among those in the control group was 10.2 days.

**Conclusion:** This study clearly proves that early enteral feeding has great advantages over the conventional method of late enteral feeding in patients undergoing upper gastrointestinal surgeries and that it can be followed as a routine for better post operative outcomes.

Keywords: nasojejunal tube, early enteral feeding, upper gastrointestinal surgery