PROSPECTIVE STUDY OF “EARLY VS LATE ENTERAL FEEDING IN EMERGENCY GASTRO INTESTINAL SURGERIES”

ABSTRACT

BACKGROUND

Nutritional support plays important roles in wound healing and postoperative recovery. A poor nutritional status is strongly associated with delayed wound healing and longer hospital stays after surgery. After emergency gastrointestinal (GI) surgery, nutritional status is impaired and basal energy expenditure is raised and thus, nutritional support is of considerable importance.

AIMS AND OBJECTIVES

To assess the feasibility of early enteral feeding in patients who have undergone emergency gastrointestinal surgeries and compare the complications and duration of hospital stay with that of late enteral feeding group in General Surgery department in GRH Madurai for 1 year.

MATERIAL AND METHOD

All patients in general surgical ward undergoing emergency gastrointestinal surgeries in acute abdomen within 24 hours under criteria will be subjected to 2 groups. Group 1 getting early enteral feeding(E
group) by oral or nasogastric 24 to 48 hrs after surgery(POD -2) and group 2 getting late enteral feeding(L group)(more than 48 hrs). After that patients are followed up closely for various complication namely wound infections, pulmonary complications and post op ileus along with duration of hospital stay.

CONCLUSION

In this study we have documented and analysed cases patients undergoing emergency gastrointestinal surgeries and studied the outcome of early enteral feeding versus late enteral feeding in such patients. The post-operative follow up and documentation of various complications in the post-operative period were noted and statistically analysed comparing the case and control group. In conclusion we infer that.

- Early enteral feeding is feasible in patients undergoing emergency gastrointestinal surgeries post operatively.

- The rates of complications like pulmonary complications, wound infections and ileus in post-operative patients is found to be significantly lower in the Early enteral feeding group.

- The length of hospital stay in patients started on early enteral feeds were significantly lower.