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Perioperative nutrition in gastrointestinal malignancies

Renata Dobrila-Dintinjana
University Hospital Rijeka, Croatia

Abstract

Approximately half of patients with gastrointestinal cancer have a weight loss before surgery. Patients have a reduced food intake due to a poor appetite , postprandial symptoms, malabsorption and cachexia-anorexia syndrome (CAS). Surgical patients with poor nutritional status have increased postoperative morbidity and mortality.

In malnourished patients, postoperative enteral feeding with standard feeds should be preferred to parenteral nutrition but patients with postoperative defective gastrointestinal function who are unable to receive and absorb oral/enteral feeding for at least 7 days needs to be trated with total parenteral nutrition (TPN) .

Oral or tube feeding proximal to the anastomosis within 24 h postoperatively, is not only safe, but might be associated with significant benefits to the postoperative course.

Supplementation of an enteral diet with arginine, RNA and omega-3 fatty acids can modulate the acute phase reaction as indicated by the reduction in concentrations of TNF-alpha and IL-6 in the group fed the supplemented diet. Patients receiving the supplemented diet also showed accelerated recovery in the concentrations of IL-1 beta and IL-2 receptor and enhanced cytotoxicity of T cells and NK cells.

The proper short-term perioperative administration of growth hormone, somatostatin, and insulin in combination with hypocaloric parenteral nutrition can overcome the postoperative stress response through the increase of protein synthesis to improve immune function in patients with gastrointestinal cancer after surgery.

Biography

Renata Dobrila-Dintinjana, Professor of Internal medicine, specialist of Internal medicine, subspecialist of Medical Oncology.
Current position: Head of Radiotherapy and Oncology Clinic, University Hospital Rijeka, Croatia.
Field of interest: Gastrointestinal Cancers, Supportive Cancer Care, especially nutrition.
Published chapters in 7 books and more than 30 papers.
Member of EACR, ESMO, ASCO, MASCC and Coordinator for Oncology Section of IASGO.