

The nutritional assessment and management of patients undergoing pancreatic resection is highly variable: Results from a UK-wide survey

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Background

- Patients who undergo pancreatic resection are frequently malnourished^{1,2}
- Most patients have a degree of pancreatic exocrine insufficiency (PEI)³
 - Optimum use of pancreatic exocrine replacement therapy (PERT) can improve outcomes^{4,5}
- “Prehabilitation” is associated with improved outcomes⁶
- Post-operative micronutrient deficiencies are common⁷

Aims of our study

Establish current UK practice:

- Nutritional assessment and management
- PERT
- Prehabilitation
- Checking of micronutrients

Method

- eSurvey on **JotForm.com**
 - form.jotform.com/202014896516051
- Emailed to all UK pancreatic resection units
- Questions regarding:
 - Dietetic team/service provided
 - Nutrition risk screening
 - Micronutrients
 - Prehabilitation
 - Post-op nutritional support
 - PERT

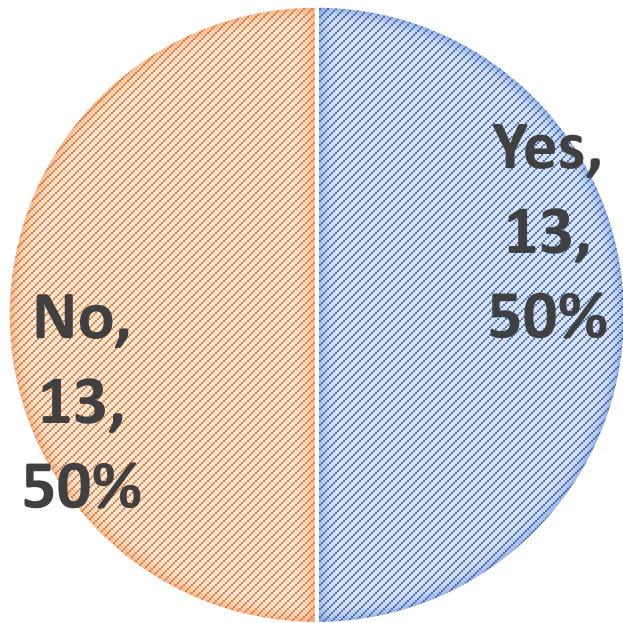
Response from 26 out of 31 units (83.9%)

Dietetic service

- 23 units have a dedicated service for pancreatic resection patients (88.5%)
 - 12 cover the entire treatment pathway (surgery + oncology) (52.2%)
 - 11 cover surgery alone (47.8%)
- Most nutrition teams dedicated to HPB patients are small in number
 - 13 have ≤ 1 staff (56.5%)
 - 2 have ≥ 5 (8.7%)

Nutrition risk screening (RS)

Do you routinely perform RS?

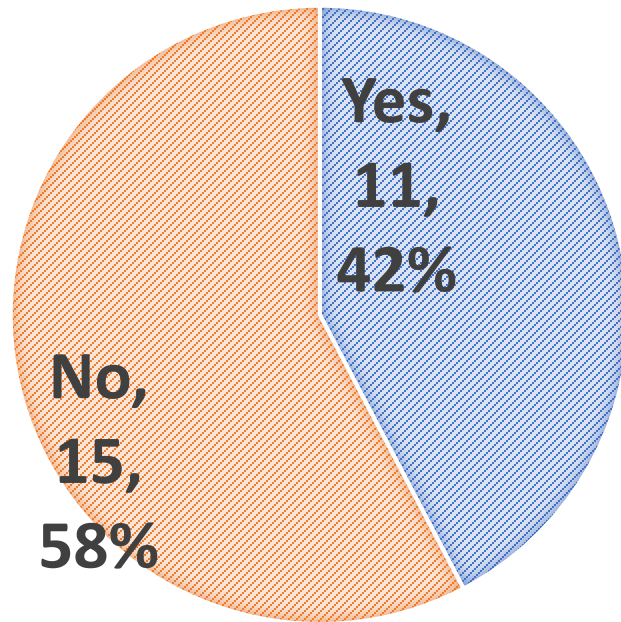


7 units selectively perform RS

- Low BMI
- Patient deconditioned
- Gastric outlet obstruction
- Pre-operative chemo/R-therapy
- Severe obesity

Micronutrients

Do you check micronutrients pre-op?

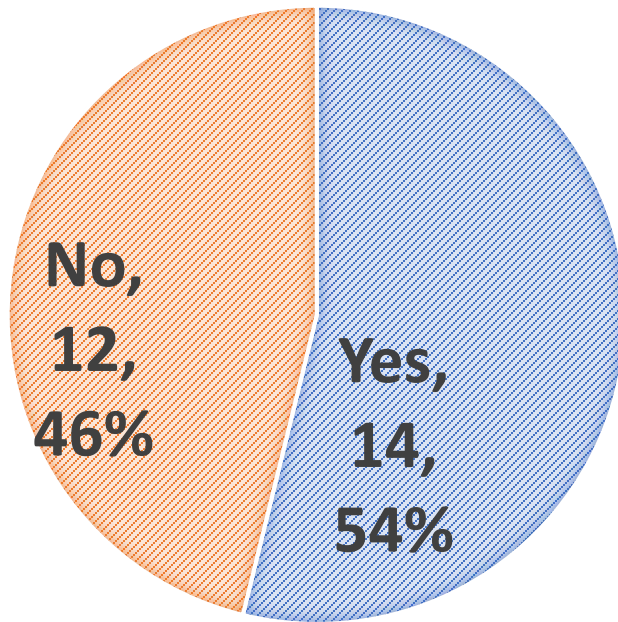


6 units do this selectively

- Deficiency suspected
- Patient malnourished
- Signs/symptoms of pancreatic insufficiency
- Prolonged period of steatorrhoea with poor response to PERT

Prehabilitation

Do you provide a prehab?

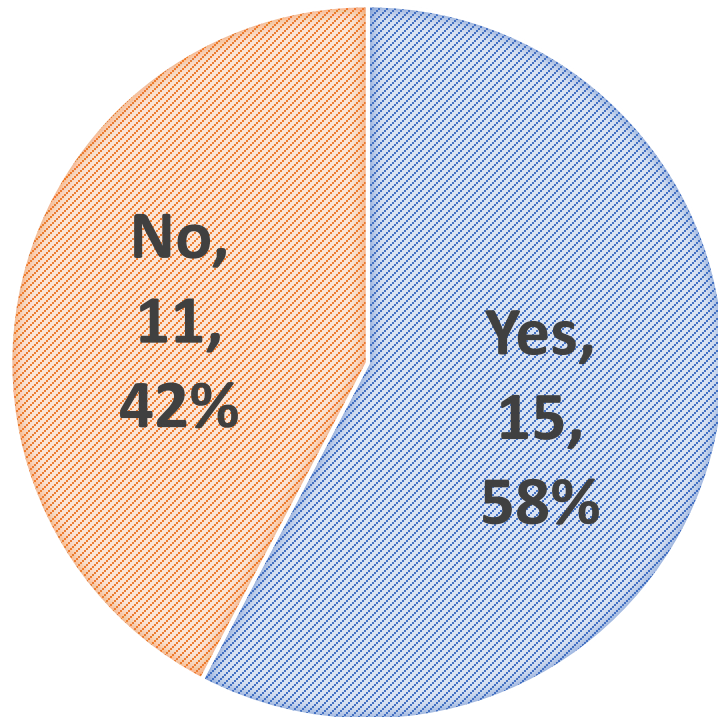


What do you provide?

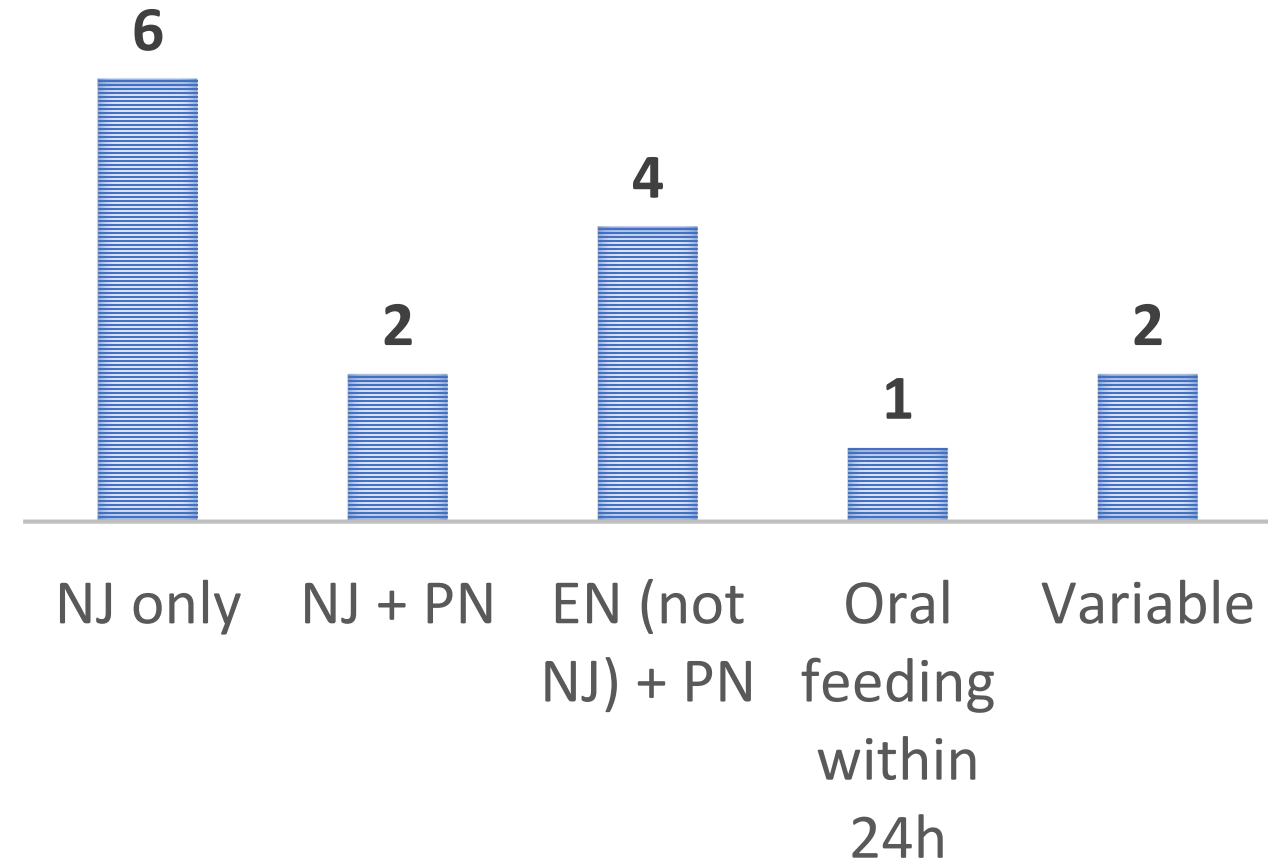
- Specialist dietitian dietary advice
- Specialist exercise prescription
- Counselling
- Occupational therapy
- Local website which signposts to prehab services

Post-op nutritional support

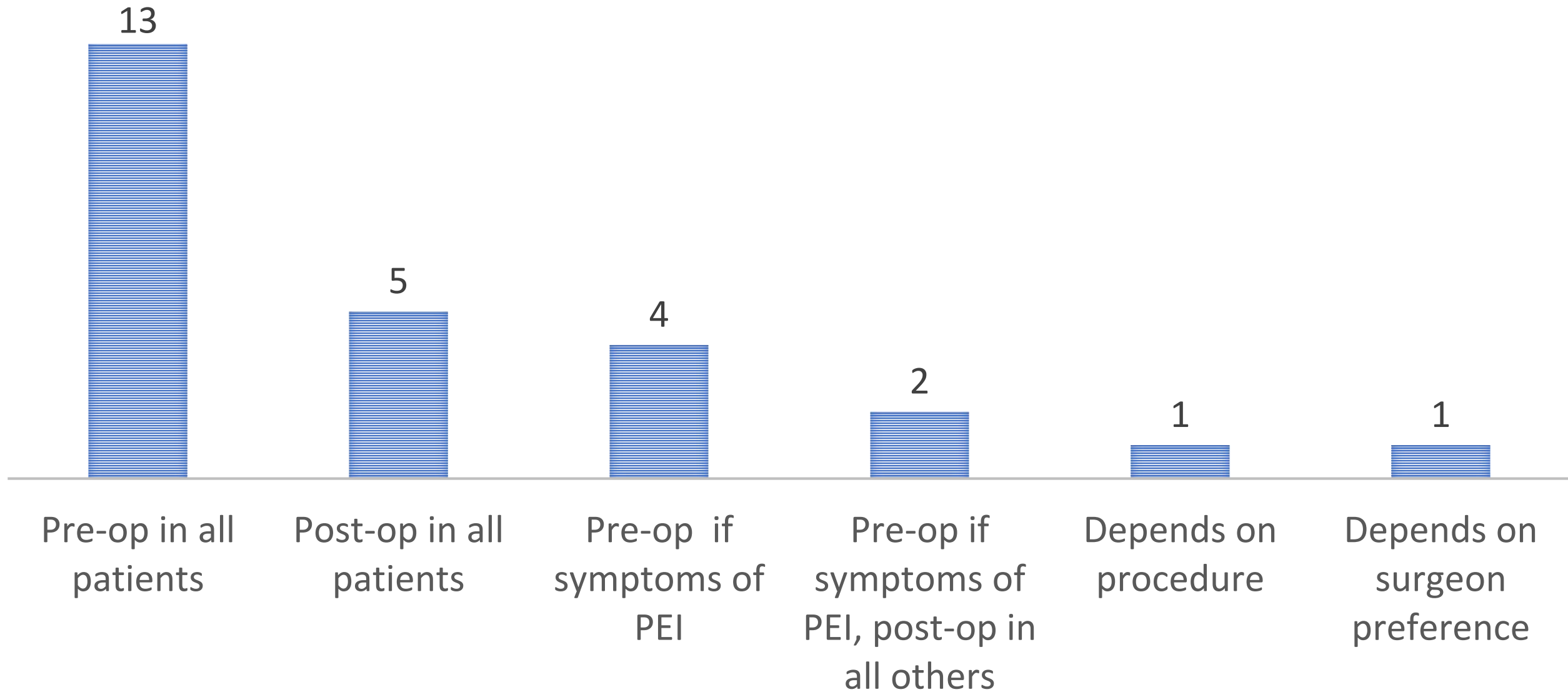
Do you routinely provide nutritional support post-op within 72hr?



What kind of support?



When do you commence PERT?



Conclusions

The nutritional assessment and management of patients undergoing pancreatic resection varies hugely across the UK

There is no consensus on optimum nutritional management

Larger, more robust, studies are required on the usefulness of pre-operative nutrition risk assessment and prehabilitation before formal guidelines can be proposed

Limitations

- Based on survey results and not hard data
 - Influenced by strong opinions
 - Subject to recall bias

References

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Thank you

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