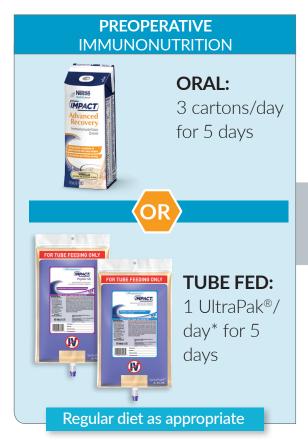
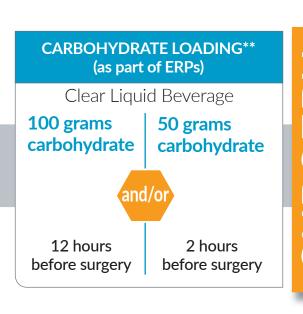
### ENHANCED RECOVERY PROTOCOLS (ERPs): IMMUNONUTRITION & CARBOHYDRATE LOADING

# **Complementary Protocols for Major Elective Surgery**







• Immunonutrition and Carbohydrate Loading are complementary practices. Society recommendations include perioperative immunonutrition and preoperative carbohydrate loading.<sup>1</sup>

#### Immunonutrition with IMPACT® Formulas

- Shown to improve outcomes with or without the addition of carbohydrate loading<sup>2,3</sup>
- Improved clinical outcomes associated with use of immunonutrition (arginine, omega-3 fatty acids from fish oil, and nucleotides), do not require the adoptions of ERPs<sup>2</sup>, but may be enhanced by them<sup>3-5</sup>

#### **Carbohydrate Loading**

- Shown to improve clinical outcomes when an ERP bundle<sup>6</sup> of protocols are in place<sup>7</sup>
- Limited clinical benefit as a separate intervention8
  - No difference in length of stay (LOS) when compared to water or placebo<sup>9</sup>



<sup>\*</sup>Initiate IMPACT® tube feeding and advance to ≥1000 calories/day to meet nutritional needs for 5 days. Also available in open system.

<sup>\*\*</sup>Carbohydrate loading not appropriate for patients with Type 1 Diabetes<sup>1</sup>.

These are suggested guidelines based on clinical references and should not be construed as a substitute for medical advice or existing facility protocols.

## What are Enhanced Recovery Protocols (ERPs)?

### Protocol components implemented Pre-, Intra- and Postoperatively

- Mid-thoracic epidural anesthesia/ analgesia
- No nasogastric tubes
- Prevention of nausea and vomiting
- Avoidance of salt and water overload
- Early removal of catheter
- EARLY ORAL NUTRITION
- Non-opioid oral analgesia/NSAIDs
- Early mobilization
- Stimulation of gut motility
- Audit of compliance and outcomes

- Preadmission counseling
- FLUID AND CARBOHYDRATE LOADING
  - No prolonged fasting
    - No/selective bowel preparation
      - Antibiotic prophylaxis
      - Thromboprophylaxis
      - No premedication
- Intraoperative
- · Short-acting anesthetic agents
- Mid-thoracic epidural anesthetic/analgesia
- No drains
- Avoidance of salt and water overload
- Maintenance of normothermia (body warmer/warm intravenous fluids)

- ERPs may have 17+ types of interventions across multiple functions.
- Institutions may customize which interventions to implement.
- Immunonutrition and carbohydrate loading protocols can be included as complementary nutrition interventions.
- ERPs that include **IMPACT Advanced Recovery**® drink have shown:
  - Reductions in length of stay (LOS)<sup>5</sup>
  - Reductions in 90-day readmissions<sup>5</sup>
  - Reductions in infection rates<sup>4</sup>
  - Reductions in postoperative CRP values<sup>3</sup>
  - Improved diet advancement<sup>5</sup>
  - Improved time to flatus/bowel movements<sup>5</sup>

References: 1. American Society of Enhanced Recovery (ASER). Enhanced Recovery Implementation Guide. Published on line Sept 2016. http://aserhq.org/ 2. Drover JW et al. *J Am Coll Surg* 2011;212(3):385-399. 3. Alito Aprelino M and de Aguilar-Nascimento JE. *Nutrition Journal* 2016;15:34. 4. Hamilton-Reeves JM et al. *Eur Urol* 2016;69(3):389-392. 5. Majumder A et al. *J Am Coll Surg* 2016;222:1106-1115. 6. Lassen K et al. *Clin Nutr* 2012;31:817-830. 7. Zhuang CL et al. *Dis Colon Rectum* 2013;56(5):667-678.

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