

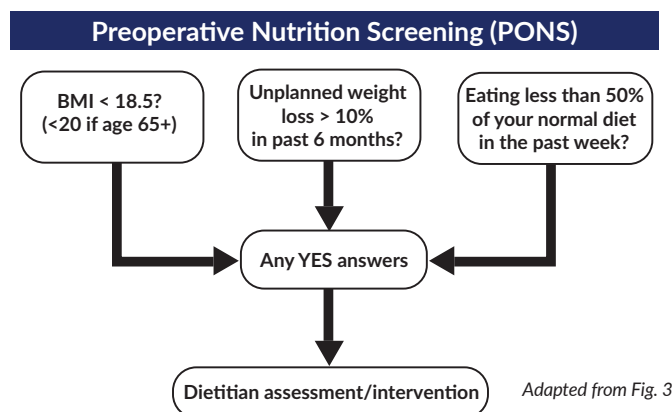
American Society for Enhanced Recovery (ASER) and Perioperative Quality Initiative (POQI) Joint Consensus Statement on Nutrition Screening and Therapy Within a Surgical Enhanced Recovery Pathway

Wischmeyer PE, Carli F, Evans DC et al for the Perioperative Quality Initiative (POQI) 2 Workgroup
Anesth Analg 2018;126:1883-95.

Purpose: To provide consensus perioperative nutrition recommendations for major surgery patients undergoing an Enhanced Recovery Pathway (ERP). Guidance is provided at several stages during the surgical journey.

Clinic Visit

Screen all patients to help identify malnutrition



Preoperative Period

Methods to Provide Nutritional Support and Optimize Nutritional Status:

- Prioritize meeting a protein goal (>1.2 g/kg/d) over a caloric goal.
- Immunonutrition should be considered for all elective major abdominal surgeries.
- Malnourished and at-risk patients need nutritional supplementation for a minimum of 7 days.
- Unrestricted access to solids for up to 8 hours and clears up to 2 hours before anesthesia are encouraged.
- Clears include a carbohydrate drink containing at least 45 g, except in patients with insulin deficiency (type 1 diabetes mellitus). Complex carbohydrate is suggested.

Postoperative Period

How to Optimize Nutrition Delivery:

- In most cases, initiate a high protein diet via food or supplementation on the day of surgery, with the following exceptions: bowel discontinuity, bowel ischemia, or persistent bowel obstruction.
- Immunonutrition should be considered in all major abdominal surgical patients for at least 7 days.
- Early EN is recommended for malnourished patients anticipated to be unable to consume >50% of needs orally. If goals cannot be met with EN, early PN, in combination with EN (if possible) is recommended.
- Post-hospital high protein oral nutritional supplements are recommended for all patients (4-8 weeks) after major surgery to meet both protein and calorie needs, especially in the malnourished, elderly and sarcopenic patient. Severely malnourished patients or those with lengthy postoperative or ICU stays may need supplementation for 3-6 months.

Key Take-Aways



1. Pre-op/Post-op nutrition screening essential	4. Consider oral nutrition supplements for all
2. Protein more important than calories	5. Oral before enteral before parenteral
3. Stop feeding late Pre-op, restart early Post-op	6. Nutrition management is a team game

Review Summary Prepared by Nestlé Health Science.

This article may be accessed at <https://pubmed.ncbi.nlm.nih.gov/29369092/>