

## Summary Points and Consensus Recommendations from the Nestlé Nutrition Institute North American Surgical Nutrition Summit

McClave SA, Kozar R, Martindale RG, Heyland DK, Braga M, et al.  
*JPEN*. 2013;37(5 Suppl):99S-105S.

The North American Surgical Summit sponsored by Nestlé Nutrition Institute, took place September 21-23, 2012 in Phoenix, Arizona. Key opinion leaders from across North America and Europe with expertise in the areas of general surgery, acute care surgery, oncologic surgery, and burns participated. Some of the key areas addressed were metabolic response to surgery or injury, what should be included in a nutrition assessment prior to surgery, the role of immunonutrition throughout the journey of the surgical patient (pre, peri, post), and the need for implementing protocols to help prepare patients before, during, and after surgery to reduce complications.

Five consensus recommendations are the key take a ways from this meeting with the experts. The recommendations are:

1. Optimal nutrition care involves a continuous timeline from the preoperative through the postoperative period. Greater emphasis on preoperative preparation and optimizing health status is most likely to improve outcome through surgery, by reducing infection, total complications, and hospital length of stay.
2. A nutrition screening should be performed as part of the physician's preoperative assessment on any patient that may require major surgery. The following should be included in the assessment: C reactive protein, Body Mass Index, actual body weight as a percent of ideal body weight, and history of weight loss prior to assessment.
3. Any patient anticipating major elective surgery should receive an immunonutrition formula containing arginine, fish oil, nucleotides, and antioxidants 500-1000 mL/d for 5-7 days before the scheduled procedure. For high risk patients, the same formula should be provided postoperatively as tolerated.
4. The night before a major elective operation, the patient should drink 800 mL of an isotonic 12% glucose solution. Two hours before delivery of anesthesia on the morning of the procedure, the patient should drink 400 mL more of the same solution.
5. Protocolizing nutrition therapy, modified for each institution based on expertise, culture, nursing practice, and existing leadership, is important to make sure that each patient is afforded the opportunity to get optimal evidence-based nutrition care through the perioperative period.

**Summary prepared by Nestlé HealthCare Nutrition, Inc. For a complete copy of the study go to the following site:**

[http://pen.sagepub.com/cgi/reprint/37/5\\_suppl/99S?ijkey=zyBjKODIplGM&keytype=ref&siteid=sppen](http://pen.sagepub.com/cgi/reprint/37/5_suppl/99S?ijkey=zyBjKODIplGM&keytype=ref&siteid=sppen)