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Early Versus Delayed Oral Feeding in Emergency Gastrointestinal Surgeries

Alimentation Orale Précoce Versus Retardée Après Chirurgie Gastro-intestinale d'Urgence

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ABSTRACT

BACKGROUND: Early postoperative oral feeding has been documented to improve outcomes in patients who have undergone open or laparoscopic elective bowel surgeries. Available data on the safety and outcomes of early postoperative oral feeding in patients who underwent emergency gastrointestinal surgeries are inconclusive.

OBJECTIVE: This study was conducted to compare and determine the safety, benefits and outcomes of early postoperative oral feeding and delayed oral feeding after emergency gastrointestinal surgeries.

METHODS: Sixty patients who underwent emergency gastrointestinal surgeries were randomized either into the early feeding group (EFG) or the delayed feeding group (DFG). The patients in EFG commenced a graded oral liquid diet on postoperative day 1 (POD 1) while patients in DFG were commenced on a graded oral diet after the return of bowel function. The main endpoints were the need to re-insert the nasogastric tube and the overall length of hospital stay.

RESULTS: The mean age of patients in the EFG and DFG were similar (33.2 ± 8.94 versus 33.9 ± 8.91 ; $p = 0.7407$). Seventeen (56.7%) patients in EFG failed to tolerate early oral feeding compared to 8 (26.7%) patients in DFG who failed to tolerate feeding following the commencement of oral feeding ($p = 0.036$). Of the patients that were unable to tolerate oral feeding; thirteen (76.5%) of the 17 patients in EFG required re-insertion of NG tube for stomach decompression as compared to two (25%) of the 8 patients in DFG ($p = 0.0441$). The mean length of hospital stay was longer in EFG (9 ± 2.34 vs 6.5 ± 1.04 ; $p < 0.001$).

CONCLUSION: Early postoperative oral feeding in patients who underwent emergency gastrointestinal surgeries was associated with a high failure rate and increased risk of postoperative complications with a prolonged length of hospital stay.

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KEYWORDS: Postoperative, Early oral feeding, Delayed oral feeding, Bowel surgery.

RÉSUMÉ

CONTEXTE: L'alimentation orale précoce après une intervention chirurgicale a été documentée pour améliorer les résultats chez les patients ayant subi des chirurgies électives ouvertes ou laparoscopiques de l'intestin. Les données disponibles sur la sécurité et les résultats de l'alimentation orale précoce chez les patients ayant subi des chirurgies gastro-intestinales d'urgence sont inconclusives.

OBJECTIF: Cette étude a été menée pour comparer et déterminer la sécurité, les avantages et les résultats de l'alimentation orale précoce et retardée après des chirurgies gastro-intestinales d'urgence.

MÉTHODES: Soixante patients ayant subi des chirurgies gastro-intestinales d'urgence ont été randomisés soit dans le groupe d'alimentation précoce (EFG), soit dans le groupe d'alimentation retardée (DFG). Les patients du groupe EFG ont commencé un régime liquide oral progressif dès le premier Jour 1 postopératoire (JPO 1), tandis que les patients du groupe DFG ont commencé un régime oral progressif après le retour de la fonction intestinale. Les principaux critères d'évaluation étaient la nécessité de réinsérer la sonde nasogastrique et la durée totale de l'hospitalisation.

RÉSULTATS: L'âge moyen des patients dans les groupes EFG et DFG était similaire ($33,2 \pm 8,94$ contre $33,9 \pm 8,91$; $p = 0,7407$). Dix-sept (56,7%) patients du groupe EFG n'ont pas toléré l'alimentation orale précoce, contre 8 (26,7%) patients du groupe DFG qui n'ont pas toléré l'alimentation après le début de l'alimentation orale ($p = 0,036$). Parmi les patients incapables de tolérer l'alimentation orale, treize (76,5%) des 17 patients du groupe EFG ont nécessité une réinsertion de la sonde nasogastrique pour décompression gastrique, contre deux (25%) des 8 patients du groupe DFG ($p = 0,0441$). La durée moyenne de l'hospitalisation était plus longue dans le groupe EFG ($9 \pm 2,34$ contre $6,5 \pm 1,04$; $p < 0,001$).

CONCLUSION: L'alimentation orale précoce chez les patients ayant subi des chirurgies gastro-intestinales d'urgence était associée à un taux d'échec élevé et à un risque accru de complications post-opératoires, avec une prolongation de la durée de l'hospitalisation.

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Mots-clés: Postopératoire, Alimentation orale précoce, Alimentation orale retardée, Chirurgie intestinale.

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