National Centre for Oesophago-Gastric Cancer Surgery: A Dietetic Outpatient Service

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INTRODUCTION & AIM

- Nutrition is a modifiable risk factor impacting surgical outcomes in OG cancer. Its key role influencing health related quality of life is emerging with improved survivorship.
- Guidelines depicting optimal timing and type of dietetic intervention for this patient group are unclear.
- In order to best direct dietetic care, optimise timing of nutritional interventions and understand demand for service it is important to reflect on current provision.
- This audit aimed to describe the dietetic outpatient service to patients undergoing Upper Gastrointestinal (UGI) Surgery for cancer in a national centre for treatment of oesophageal cancer.

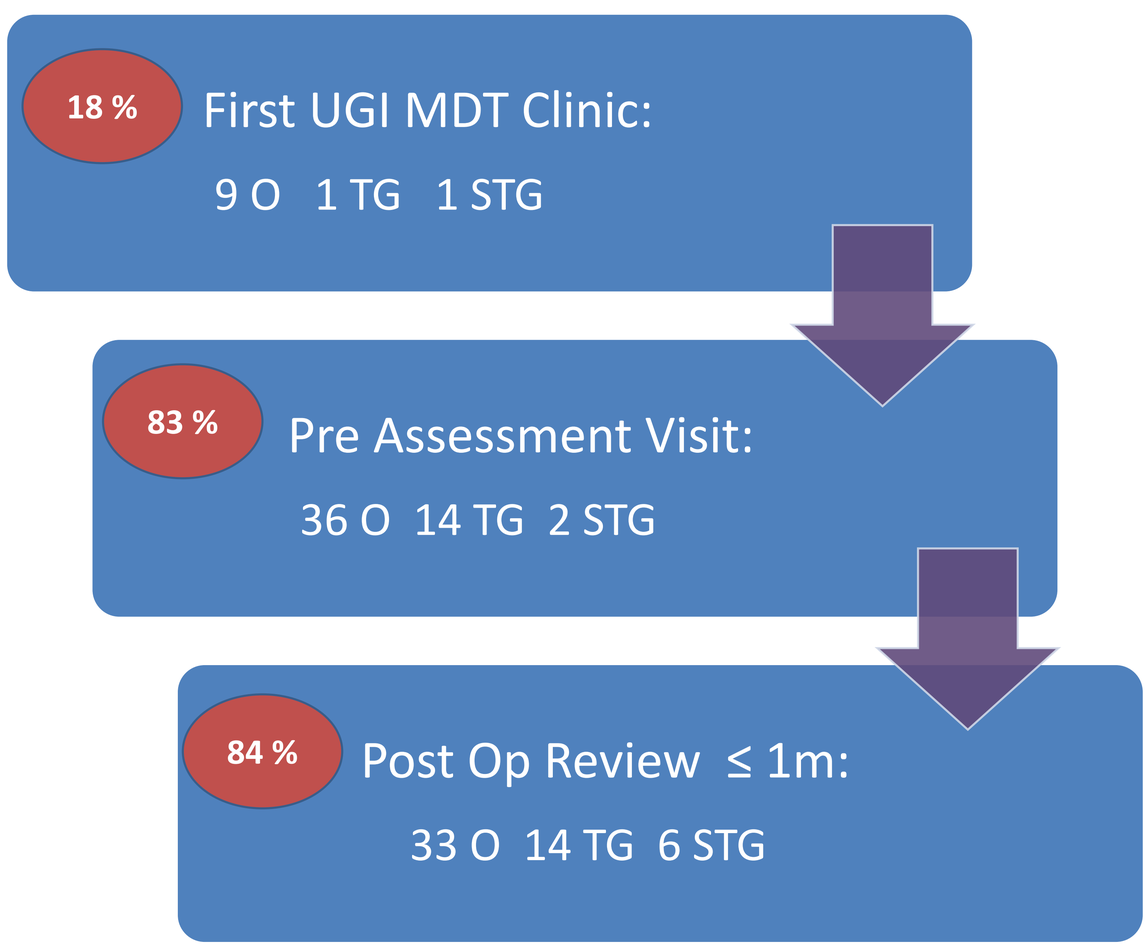
METHODS

- A retrospective review of dietetic records and statistics.
- Patients who underwent oesophagectomy (O), gastrectomy (G) or subtotal gastrectomy (STG) for cancer between May 2022- May 2023 were included.

RESULTS

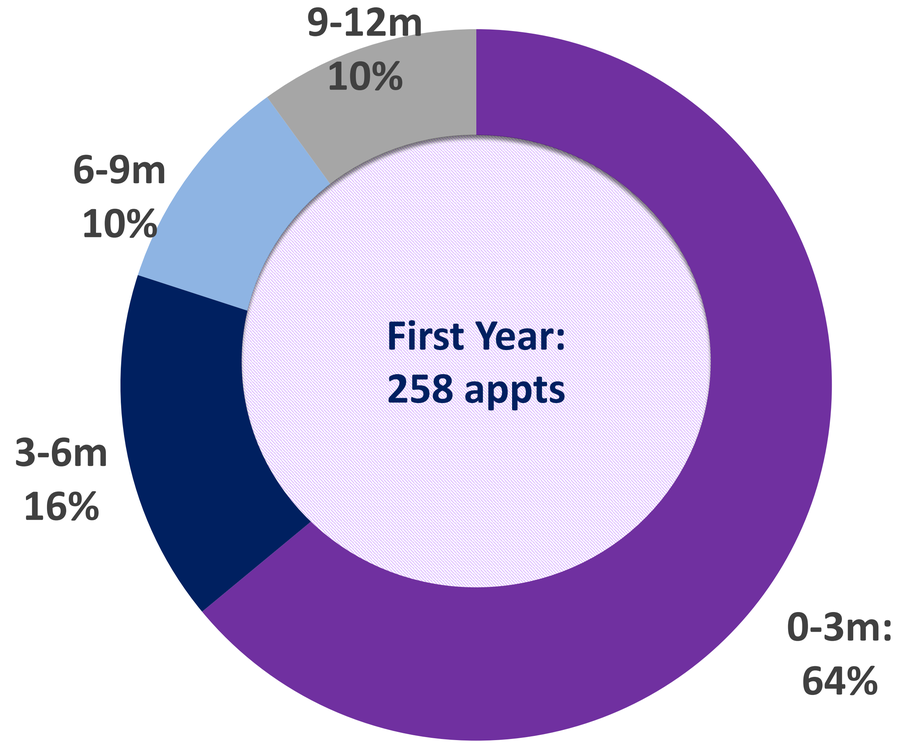
- 63 patients were included: 38 O, 17 TG, 8 STG.

Figure 1. Dietetic OPD Assessment



- 6 patients had an elective feeding tube (FT) inserted for neoadjuvant treatment (5 O, 1 STG).
- 89% of those for discharge on post-op home enteral feeding (HEF) were trained pre admission – organised as part of pre assessment visit to streamline discharge process.
- 55% with jejunostomy FT continued feeding for >6weeks post op, requiring increased dietetic follow up for this time.

Figure 2. Dietetic Follow up in 1st year post op N=63



- Median number of follow up appointments in the first post op year was 3.5 per patient, range (0-14 appointments).
- Primary reasons for > 4 follow up appointments included: management of dumping syndrome (n=2), malabsorption (n=5), management of anastomotic stricture– prolonged enteral tube feeding (n=5), readmission (n=2), tube issues (n=1), low mood and appetite (n=1), failure to thrive (n=1).

DISCUSSION

- In this high nutritional risk group only 18% are assessed by a dietitian at first visit to UGI MDT clinic, these patients are referred by UGI Surgeon or UGI Clinical Nurse Specialist, based on clinical judgement. This timepoint presents an opportunity to provide increased dietetic intervention to positively influence patient outcomes and quality of life.
- There is a successful pathway for immediate peri-operative dietetic care in patients post O and TG. The pathway for STG is less well established and may benefit from further development.
- Post operative dietetic interventions are concentrated in the first 3 months after surgery. There is no established approach to support longer term nutritional needs into survivorship,

RECOMMENDATIONS

For future work:

- A measure of patient experience and needs would be useful, to explore best type, delivery format and access routes to future services.
- Early Intervention: Nutritional screening and /or stratified levels of nutrition intervention should be evaluated.
- Survivorship: A model for post operative nutritional follow up needs to be developed and measures to capture incidence of post op nutritional issues may be useful to guide future care.

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