



Evaluation of dietetic service provision to patients with a diagnosis of colorectal cancer and new ileostomy or colostomy formation

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INTRODUCTION & AIM

International guidelines recommend nutritional screening and early nutrition intervention in patients with cancer undergoing surgery to maximise treatment outcomes and meet patient needs. The demand for the dietetic service outweighs capacity within the surgical service in Beaumont Hospital. This audit aimed to evaluate current dietetic service provision to patients with colorectal cancer undergoing ileostomy or colostomy formation, to help direct future service provision and development.

METHODOLOGY

A retrospective audit was carried out. All patients from January – December 2020 with colorectal cancer and a newly formed ileostomy or colostomy were included.

RESULTS & DISCUSSION

Figure 1: Stoma output in ileostomy & colostomy patients

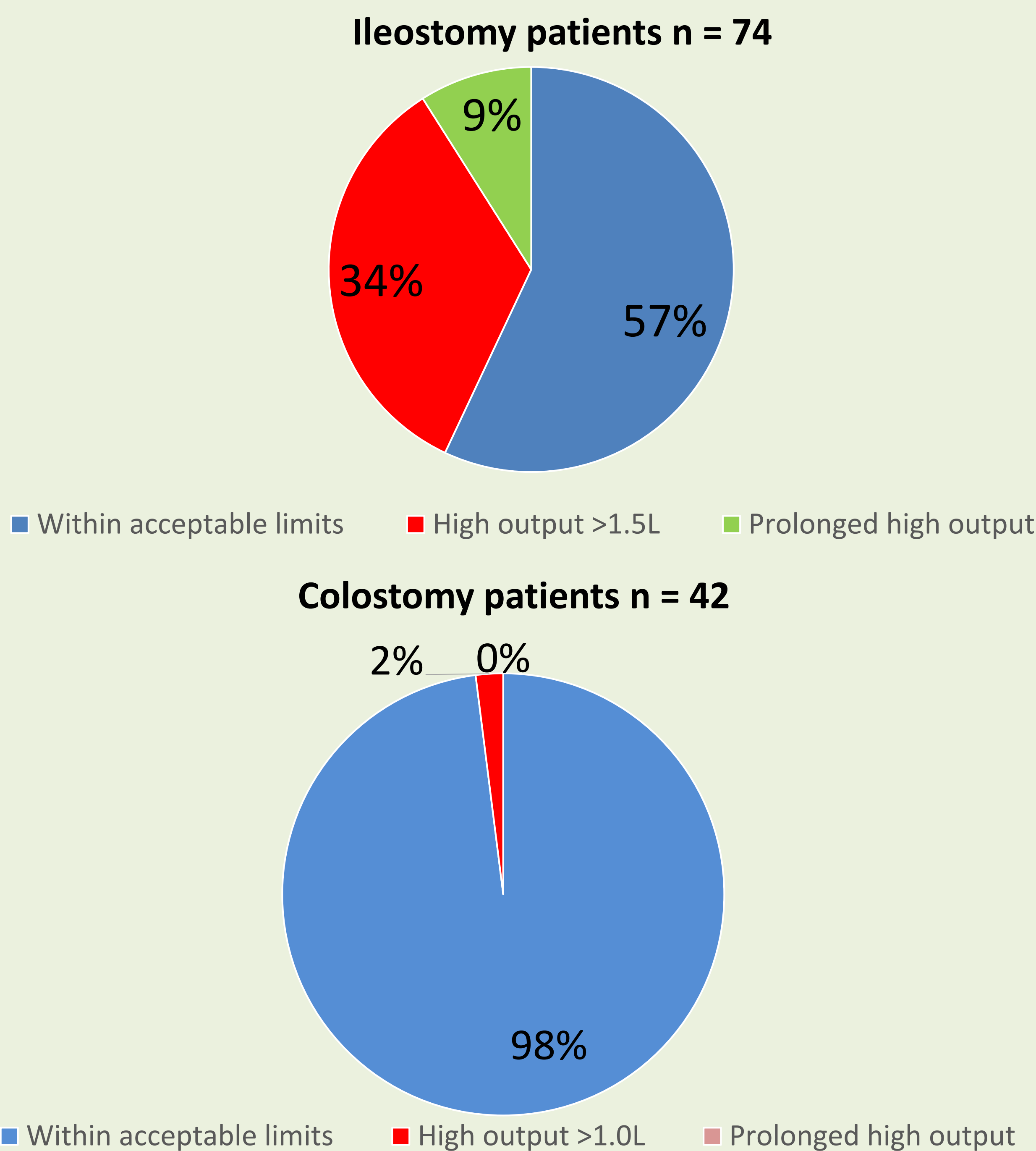


Figure 2: Dietetic interventions

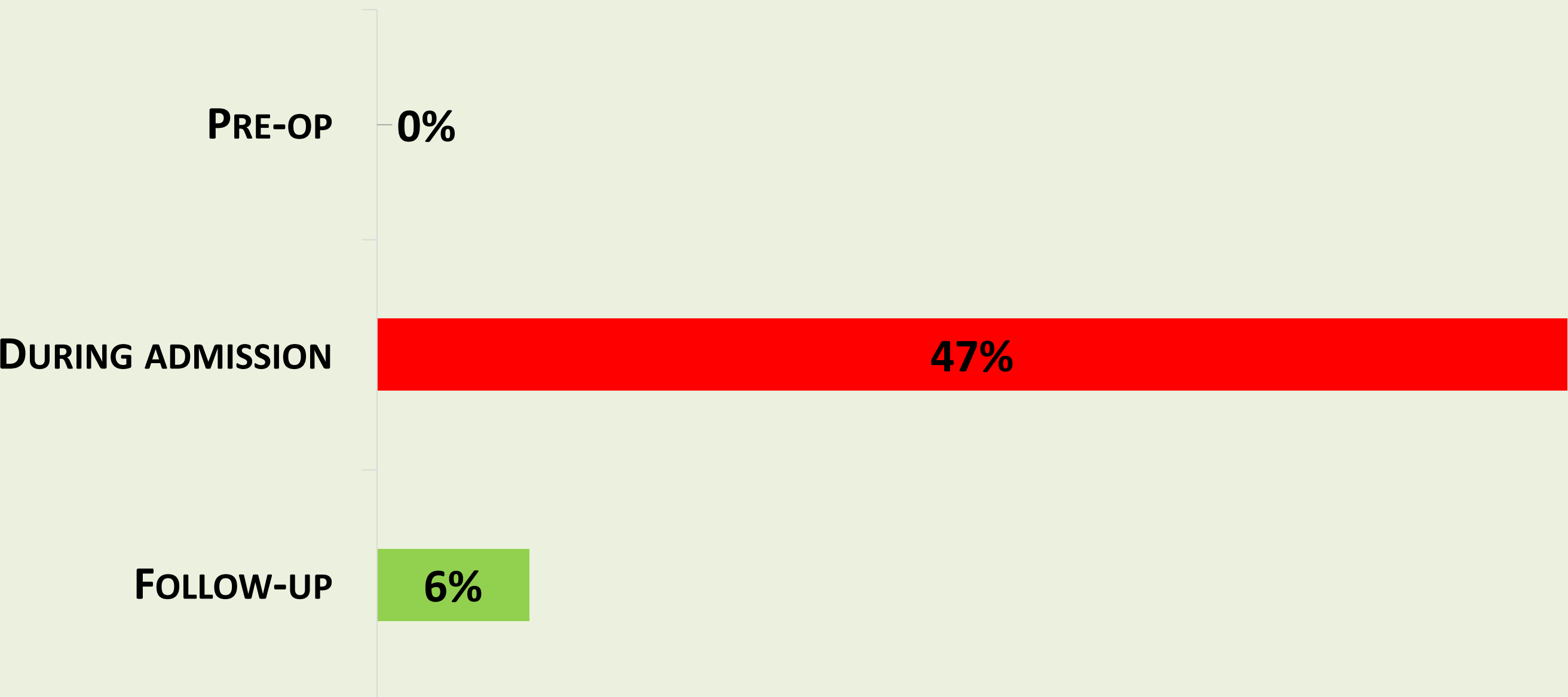
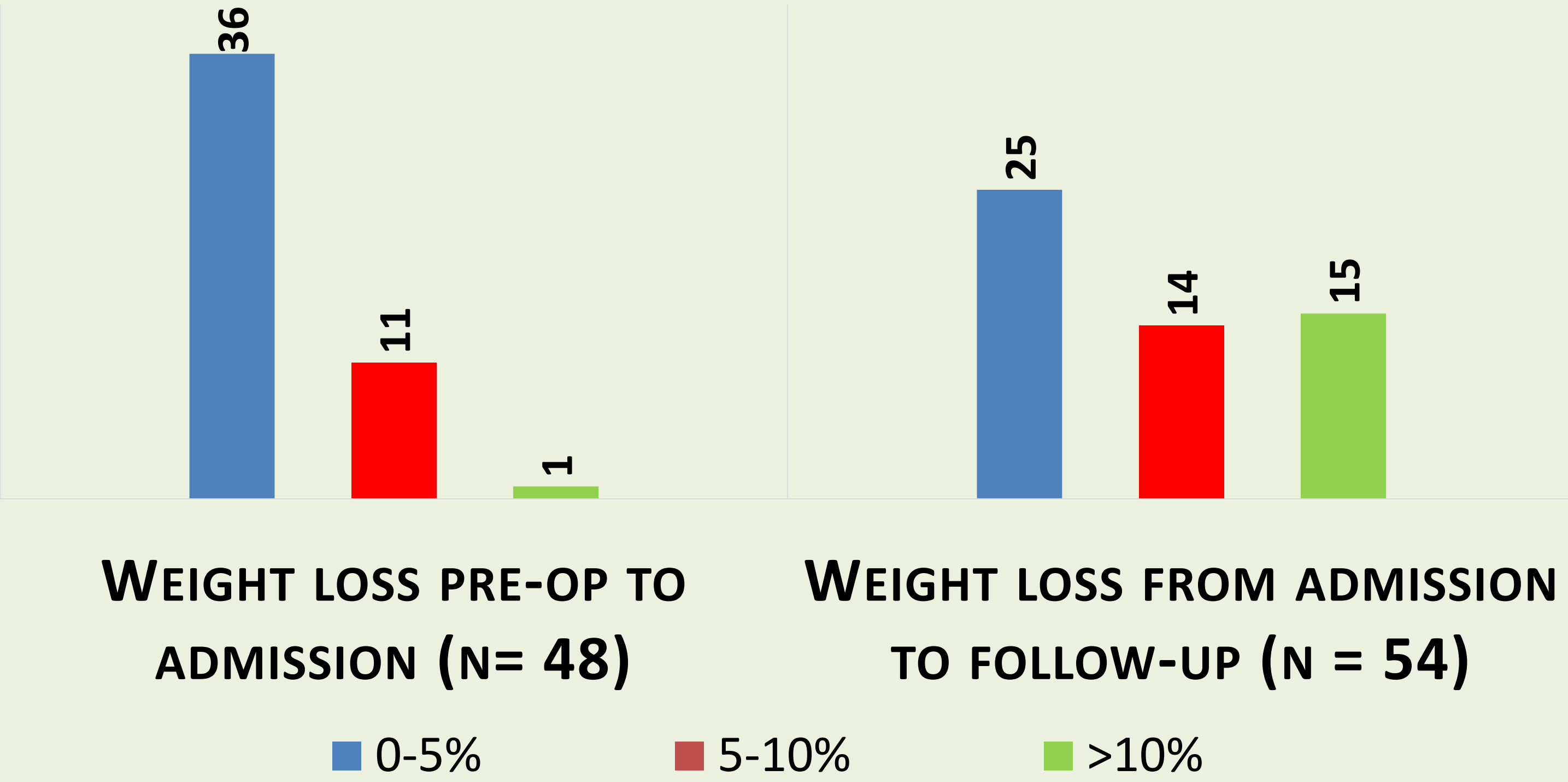


Figure 3: Weight loss



- 116 patients with a background of colorectal cancer had a new stoma formation in 2020. None had pre-operative nutritional assessment, 54 were seen by the dietitian during admission, and only 7 received dietetic follow-up.
- Despite a total of 33 ileostomy and colostomy patients experiencing a high output stoma during admission, only 18 were seen by the dietitian.
- Weights were not recorded for all patients. Only 5 of the 12 patients with a recorded pre-operative weight loss of >5% were seen by the dietitian upon admission. Of those with >5% weight loss post-operatively to follow-up, only 4 out of 29 were seen by the dietitian in an outpatient setting.

The above figures, relating to the occurrence of weight loss and a high output stoma in this patient cohort, highlight their complex nutritional care needs. Nutrition is a key modifiable risk factor influencing surgical and oncological outcomes and is an integral part of patient-centred care. At present, there is no access to an outpatient or prehabilitation dietetic service, contrary to international guidelines.

CONCLUSION & FUTURE RECOMMENDATIONS

Outpatient assessment and follow-up of this complex group is best served by multidisciplinary specialised care to aid early discharge, maximise surgical outcomes, and minimise re-admissions. Nutritional intervention is a pillar of multimodal cancer care and should not be overlooked as a cost effective and modifiable risk factor for this patient group.

To strive for the highest quality cancer care and international accreditation for standards in cancer care, the shortcomings in this service need to be urgently addressed.

References on request.

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