

Parenteral Nutrition in Surgery and Surgical Recovery



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Support Surgical Recovery with Appropriate Nutritional Care

- **Preoperative and postoperative nutrition support** with parenteral nutrition **supports recovery** by providing the nutrients needed when oral or enteral nutrition is not possible.
- **Preoperative** parenteral nutrition is indicated, in severely malnourished patients for 7 - 14 days, to reduce post-operative complications.
- If it is expected that a patient will **not be able to eat for more than 5 days** it is recommended that undernutrition is corrected with **perioperative** nutritional support, and if enteral nutrition is contra-indicated e.g. bowel obstruction, intestinal ischaemia, high output fistula etc. parenteral nutrition should be used.
- **Postoperatively** parenteral nutrition may be indicated if patient has been **without intake for more than 5 days** due to ileus and/or acute colonic pseudo-obstruction, which can be triggered by excess fluid administration, opiates, and intraoperative gut handling.
- Other **postoperative indications for parenteral nutrition** are linked to direct **surgical complications**, such as, leaks or anastomotic breakdown, high output fistulae (>500 mL/day) and chyle leaks.

Reference: Fragkos KC, Sebeos-Rogers G, Rahman F. When is parenteral nutrition indicated in the hospitalized, acutely ill patient? Curr Opin Gastroenterol. 2020 Mar;36(2):129-135. doi: 10.1097/MOG.0000000000000615. PMID: 31895227.



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