Early oral feeding after open colorectal surgery

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Early or traditional?
- Early feeding = initiation of oral intake in post-surgical colorectal patients before bowel function is evidenced
- Traditional feeding = initiation of oral intake after passage of flatus or bowel movement

Why not feed early?
- Beliefs – feeding causes intolerance when bowels have not regained motility temporarily lost in surgery
- Fears – early feeding cause bowel distension and obstruction, aspiration pneumonia, anastomotic leak

Finding the evidence
- 6 electronic databases searched from 1995
- Population = adult patients undergoing elective open colorectal surgery
- Intervention = early feeding
- Comparison = traditional feeding
- Outcome measures = complications, vomiting, time to first flatus, time to first bowel movement, ability to tolerate early feeding, length of hospital stay
- Type of study = experiment or observation

Results

Safe
- 15 studies reviewed, including 5 randomised controlled trials (RCTs)
- Safety of early feeding proven by all RCTs and supported by all other studies reviewed
- Early feeding does not cause more complications than traditional feeding
- Fear of anastomotic leak, aspiration pneumonia and bowel obstruction not supported by evidence

Well-tolerated
- Early feeding tolerated by 73–95.5% of patients who received the intervention in 11 studies
- To tolerate = no vomiting, no nasogastric tube insertion, no abdominal distension, no complaints

Beneficial
- Contrary to common belief, early feeding shortens duration of ileus
- Early feeding shortens length of hospital stay
- These benefits are associated with multimodal care approach that also uses early mobilisation, non-opioid epidural analgesia, and keen patient education

Conclusion

Evidence-based practice
- Evidence shows early oral feeding of patients after elective open colorectal surgery is safe, well-tolerated and beneficial
- Nurses still following tradition of long postoperative fast must bring this evidence into practice

Nurses’ role
-Provide keen perioperative education that will help patients benefit from early feeding
-Prepare patients for what to expect postoperatively and encourage them to take active participation in their recovery

Nursing research
- To understand patient experience of early feeding and factors that promote ability to tolerate it
- To improve patient education that will help patients reap maximum benefits from early feeding
- To understand and enhance early feeding benefits that may not be quantifiable, e.g. feeling of well-being from eating rather than fasting
- To increase success rate of early feeding by improving feeding regimens, among others

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Selected references
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