

A close-up photograph of a doctor's hands and torso. The doctor is wearing a white lab coat over a blue shirt and a dark tie. A stethoscope is visible around their neck. They are holding a silver pen in their right hand and writing on a clipboard held with their left hand. The background is a bright, out-of-focus indoor setting.

ALL THAT YOU NEED TO KNOW

ABOUT

PREOPERATIVE FEEDING

Presentation

The impact of food and nutrition on the functioning of the body, acting as a determining factor in health, has been increasingly studied and demonstrated.

This includes correct body development, enhancement of physical performance, disease prevention, and recovery in general. With the rehabilitation process after a surgery - a traumatic event to the organism - it would be no different.

Along with rest and medication, food is one of the pillars of a good post-surgical recovery. But this is not Nothing new! The most recent scientific findings are the change in fasting guidelines for patients, which impact the occurrence of postoperative complications, the number of days of hospitalization, and hospital costs.

In this eBook, you will find Everything You Need to Know about preoperative feeding.

Check it out and enjoy!



PERIOD Preoperative

Understanding the entire step that precedes the surgery, the preoperative period aims to prepare the patient for the procedure. Thus, includes: patient orientation, physical exams, laboratory tests and, traditionally, fasting before surgery.

Other steps can be included depending on the surgery-specific type, such as nutritional assessment, bowel cleansing, bladder emptying, suspension or use of medications and skin preparation.

Psychological preparation and strengthening the doctor-patient bond are also fundamental for Establishing trust in the surgical team and postoperative cooperation.



THE IMPORTANCE OF FEEDING

In addition to being linked to the patient's health in a
Overall, food is highlighted in routines
surgical procedures due to anesthesia. We explain: the
surgical procedures under general anesthesia (or with
possibility of progressing to general anesthesia) had
as a traditional guideline, the minimum fast of 8 hours,
in order to avoid stimulating the production of
gastric secretion and possibility of bronchoaspiration
during anesthetic induction or intubation
oro-tracheal.

The importance of feeding

However, over the years, research and observations, fasting guidance that born to ensure the safety of patients, it ends up being linked to a longer time of hospitalization, greater inflammatory expression and a series of complications such as:

Insulin resistance
Longer hospitalization time
Higher Anxiety Index
Increased frequency of nausea and vomiting in post-operative
Higher nitrogen losses

And if 8 hours of fasting sounds like a lot, studies show that real traditional fasting, when measured, it can reach up to 18 hours until the beginning of the anesthetic procedure, which is contraindicated for an organism to be operated on, as long periods of fasting alter the metabolism, reducing the speed of recovery of patients.

BEST PRACTICE

Starting in the 1980s, a series of researches and experiments began to evaluate the use of clarified liquids and drinks up to two hours before surgery. In these studies, it was identified that gastric content reduced to the baseline level, ensuring patient safety in the operative period even at shorter fasting intervals.

Thus, the practice of fasting abbreviation has proven to be safe and an important ally in accelerating post-surgical recovery¹. Currently, several medical societies, such as the Brazilian Society of Anesthesiology (SBA) and the Brazilian Society of Parenteral and Enteral Nutrition (SBNPE) have recommended the practice in order to contribute to a better postoperative outcome.

Projects such as ERAS² and ACERTO³, multimodal perioperative care programs, have stood out as scientific references in practice, researching and communicating discoveries and the need to review protocols to professionals.

1 Brazilian Society of Parenteral and Enteral Nutrition and Brazilian Association of Nutrology. Perioperative Nutritional Therapy. Project Guidelines. 2011.

2 Gustafsson, UO et al. Guidelines for perioperative care in elective colonic surgery: Enhanced Recovery After Surgery (ERAS) Society recommendations. Clinical Nutrition. 31, 2012, Vols. 783-800. 3 Aguilar-Nascimento José Eduardo de, et al. ACERTO guideline of nutritional interventions in the perioperative period in elective general surgery. Rev Col Bras Cir. 44, 2017, Vol. (6), 633-648.

BEST PRACTICE

The new recommendations and guidelines reduce the time patients spend on fasting, releasing solid foods up to 6 hours before surgery and clear liquids containing carbohydrates up to 2 hours before. The orientation of the ERAS and SBNPE protocol is that the patient receives liquids with a dilution of 12.5% carbohydrates, preferably maltodextrin as it is a carbohydrate that is easily digested and absorbed.

As a benefit, lower insulin resistance, lower levels of nausea and vomiting, lower nitrogen losses are pointed out, in addition to contributing to the patient's well-being, as it is associated with lower levels of anxiety. In large surgeries, on the other hand, shorter hospital stays and hospital costs are identified.





CONCLUSION

Traditionally, pre-surgical fasting was an item mandatory in the medical protocol, with the purpose of avoid bronchoaspiration during anesthetic induction or orotracheal intubation.

However, referenced by new research and recommendations from national medical entities and international, feeding protocols pre-surgery have adapted, reducing the time that patients do not receive drinks and food.

The results involve accelerating the recovery of the patient, shorter hospital stay and lower costs hospitals, preventing insulin resistance due to surgical stress, anxiety and the perception of hunger, in addition to postoperative nausea and vomiting and greater nitrogen loss.

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