Terapi medik gizi klinik pada Intestinal Failure dengan berbagai etiologi = medical therapy of clinical nutrition for Intestinal Failure with several etiologies

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Abstrak

[ABSTRAK
 Latar belakang: Intestinal failure (IF) merupakan masalah pascabedah dengan outcome yang buruk. Saat ini telah terdapat rekomendasi terapi gizi pada IF berdasarkan etiologinya, namun belum ada laporan serial kasus yang memaparkan aplikasinya.
Presentasi Kasus: Pasien dalam serial kasus ini terdiri dari 3 perempuan dan 1 laki-laki, berusia 21?42 tahun. Terhadap pasien ditegakkan diagnosis IF dengan berbagai etiologi, yaitu 3 pasien dengan fistula enterokutan (FEK) dan 1 pasien dengan short bowel syndrome (SBS) end jejunostomy. Terapi gizi pada pasien IF berdasarkan etiologinya. Pada pasien FEK high output, kebutuhan energi 1,5?2 kali resting energy requirement (RER) atau 37?45 kkal/kg BB/hari, protein 1,5?2 g/kg BB/hari. Pada FEK low output kebutuhan energi 1?1,5 kali KEB (25?30 kkal/kg BB/hari), protein 1?1,5 g/kg BB/hari. Pada pasien FEK yang mendapat terapi konservatif, didapat outcome peningkatan kadar albumin serum dan berat badan, serta produksi fistel yang berkurang. Pasien FEK dengan persiapan rekonstruksi usus halus terdapat perbaikan keadaan umum dan peningkatan kadar albumin serum. Pada pasien SBS, terkait kondisi pascabedah maka terapi gizi sesuai rekomendasi Enhanced Recovery After Surgery (ERAS), dengan kebutuhan energi 25?30 kkal/kg BB/hari dengan komposisi makronutrien yang seimbang. Pada pasien ini dilakukan distal feeding dan pengaturan laju tetesan kimus untuk mencegah sindrom dumping. Pasien SBS didapat outcome peningkatan kadar albumin dan berat badan selama masa perawatan.
Kesimpulan: Terapi medik gizi klinik yang adekuat memberikan outcome yang baik pada pasien IF.ABSTRACT Background: Intestinal failure (IF) is a postoperative complication with poor outcome. Nowadays, many of nutritional management recommendations based on etiologies of IF, but no report about those application.
Case Presentation: Three female and one male patients were included in this case series, aged 21?42 years old. Nutritional needs in IF patients are determined by their etiologies. IF in this case series caused by enterocutaneous fistula (ECF) and short bowel syndrome (SBS). Nutritional needs on ECF patients depend on their fistula production. In patients with high output ECF, energy requirement is in 1.5?2 resting energy requirement (RER) or 37?45 kcal/kg BW/day, protein 1,5?2 g/kg BW/day. In low output ECF, energy requirement is 1?1.5 RER or 25?30 kcal/kg BW/day hari, protein 1?1.5 g/kg BW/day. In ECF patients given conservative therapy, serum albumin and body weight increased, while the fistula

production decreased. In patients with preoperative of intestine reconstruction surgery, there were improvement in general condition with the increase of serum albumin. In SBS patients, related to the postoperative condition, energy was given according to Enhanced Recovery after Surgery (ERAS) recommendation 25?30 kkal/kg BW/day with balance of macronutrient composition. In SBS end jejunostomy patient the food was given through distal feeding with adjusted chymus drip to prevent dumping syndrome. There were increased in serum albumin and body weight of the patients.
Conclusion: Adequate support medical therapy of clinical nutrition in IF patients give good outcome. ,
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