

Peran terapi medik gizi pada status gizi, kapasitas fungsional, dan luaran klinis pasien pasca-pankreatektomi: serial kasus = The Role of medical nutrition therapy on nutritional status, functional capacity, and clinical outcome of post-pancreatectomy patients: a case series

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Abstrak

Tindakan bedah pankreatektomi dapat menyebabkan peningkatan morbiditas dan mortalitas pascabedah. Terapi medik gizi pra dan pasca-pankreatektomi dapat mempertahankan status gizi, mempercepat pemulihan kapasitas fungsional, dan memperbaiki kualitas hidup pasien. Empat pasien, yang terdiri atas tiga perempuan dan satu laki-laki dengan rentang usia 30-65 tahun, menjalani pankreatikoduodenektomi sebagai terapi kanker ampulla Vateri. Nutrisi prabedah diberikan secara oral dalam bentuk makanan biasa dengan atau tanpa oral nutrition supplement (ONS). Delapan jam prabedah semua pasien mendapat ONS yang mengandung 30 g karbohidrat dan tiga pasien diberikan nutrisi enteral dini <48 jam pascabedah. Dua pasien mengalami komplikasi postoperative pancreatic fistula grade A dan satu pasien dengan obes morbid mengalami delayed gastric emptying pascabedah. Terapi medik gizi pascabedah berupa pemberian energi, makronutrien, mikronutrien, dan edukasi nutrisi disesuaikan dengan kondisi klinis dan toleransi asupan pasien. Asupan energi keempat pasien saat pulang mencapai 76-109% kebutuhan energi total. Semua pasien mengalami perbaikan keluhan klinis, komplikasi, toleransi asupan, kontrol glukosa darah, dan kapasitas fungsional, serta dapat mempertahankan bahkan meningkatkan berat badan perioperatif. Lama rawat menjadi lebih singkat dan semua pasien diizinkan rawat jalan. Terapi medik gizi yang adekuat pada pasien pankreatektomi dapat meningkatkan status gizi dan kapasitas fungsional, memperbaiki luaran klinis, menurunkan morbiditas, dan mempersingkat lama rawat.

.....Pancreatectomy surgery can cause escalation in post-surgical morbidity and mortality. Nutrition therapy before and after pancreatectomy can help preserve nutritional status, accelerate recovery of functional capacity, and improve patient's quality of life. Four patients, consisting of three women and one man whose age ranged between 30 – 65 years old, underwent pancreaticoduodenectomy as a therapy for ampulla of Vateri cancer. Pre-surgical nutrition was given through oral route in the form of normal food with or without oral nutritional supplement (ONS). Eight hours before surgery all patients received ONS containing 30 g of carbohydrate and three patients were given early enteral nutrition <48 hours post-surgery. Two patients experienced postoperative pancreatic fistula grade A and one patient with morbid obesity experienced delayed gastric emptying postoperatively. Post-surgical nutritional therapy includes supply of energy, macronutrients, micronutrients, and nutrition education adjusted to the patient's clinical condition and intake tolerance. Energy intake of the four patients attained 76-109% of the total energy requirement. All patients experience improvement of clinical symptoms, complications, intake tolerance, glycemic control and functional capacity, and able to preserve and even increase their perioperative body weight. Length of stay was shorter and all patients were allowed to be discharged and treated in the outpatient clinic. Adequate medical nutrition therapy in pancreatectomy patients can enhance nutritional status and functional capacity, improve clinical outcome, reduce morbidity, and shorten length of stay.