

Clinical Nutrition, Stomatherapy and Multidisciplinary pathway in Patients with Inflammatory Bowel Disease. The Hospital Mauriziano Stomatherapy center experience.

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Background and aim: Inflammatory Bowel Disease (IBD) patients are often malnourished and surgery and stoma placement could worsen this behaviour¹. The Mauriziano Stomatherapy Center supports an enhanced treatment pathway aimed to prevent such complication and the aim of the study is to describe the Team experience and results in terms of complications and readmission.

Methods: the pathway offers a preoperative assessment with Surgeon, Gastroenterologist, Nutritionist and Stomatherapist. After surgery the patients are followed by the same panel with examinations and phone calls post recovery². All data are collected in a prospective, maintained database.

Results: from January 2018 to December 2020 51 patients were enrolled (38 ileostomies and 13 colostomies), 34 patients (67%) presenting with Ulcerative Colitis and 17 (33%) with Crohn Disease. Median Age was 47 (15-79). Mean BMI 23 (17-36) and mean transferrin value 2,6 (1,3-4). The mean hospital stay was 10 days (2-21). The optimal compliance to the care pathway was up to 75%. Major complications (Dindo 3-4) occurred in 7,5% and 2 patients underwent reoperation. Six patients (11%) were readmitted because of fever (3), bowel occlusion (2) and intestinal bleeding (1).

Conclusions: strong adherence to the clinical pathway with early caregiving could enhance the outcome of patients with IBD requiring ostomies. Particularly nutritional education and information and the effort of a dedicated stoma-nurse are key words for a good clinical outcome.

1. Mineccia M et al. A retrospective study on efficacy of the ERAS protocol in patients undergoing surgery for Crohn disease: A propensity score analysis. *Dig Liver Dis.* 2020 Jun;52(6):625-629.
2. Gonella F, Valenti A, Massucco P et al. A novel patient-centered protocol to reduce hospital readmissions for dehydration after ileostomy. *Updates Surg.* 2019 Sep;71(3):515-521.