

Use of a customized protocol of Nutritional Support after total laryngectomy: our experience.

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Objectives.

Treatment of advanced laryngeal and hypopharyngeal cancer often required for major surgery for treatment of locally advanced disease.

Head and neck cancer patients are frequently malnourished at the time of diagnosis and prior to the beginning of treatment. Enteral feeding through nasogastric tube after total laryngectomy has become relatively common and safe. Despite of these there is not sufficient evidence to determine the optimal method of enteral feeding. International Guidelines recommended early and intensive nutritional counseling to enhance outcomes.

Method

In three years in our center we have performed 121 laryngectomy (56 partial). All patients had been screening for nutritional assessment. Nutritional Risk was performed by Nutritional Risk assessment. Patients identified with malnutrition at screening were treated by oral supplement for 10 days before surgery. Calculation of energy requirements were performed by Harris Benedict Formula. Every patient received a customized enteral balanced formula based on comorbidity (e.g. diabetes, AKD) through nasogastric tube in the first seven days after surgery .The nutritional protocol was administered in bolus three times a day (max speed 130ml/h) .total caloric intake was reached in four days.

A satisfaction questionnaire was administered to the patients.

Results

The use of customized refracted bolus protocol has been well accepted by patients. No cases of EN intolerance have been reported.