PREOPERATIVE NUTRITIONAL COUNSELING IN GASTRIC CANCER PATIENTS UNDERGOING GASTRECTOMY

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Background and aims

As reported by current literature, patients treated with preoperative nutritional counseling (PNC) show a reduction in postoperative nutritional risk. Our study aimed to verify whether our gastric cancer patients who underwent gastrectomy in the period 2020-2021 benefited or not from the PNC in terms of reduction of postoperative weight loss compared to those who did not adopt it.

Methods

We extracted data concerning gastric surgery in gastric cancer patients from January 2020 to December 2021 from the computerized operating theatre register of the Surgical Oncology Unit of the Azienda USL-IRCCS of Reggio Emilia (Italy).

Results

Sixty-two gastric cancer patients underwent distal or total gastrectomy in the selected period. Thirty-one patients benefited from PNC (50%; male/female ratio 1.38) and 31 patients did not (50%; male/female ratio 0.82) [table]. The population studied suffered a weight loss of 2.60 ± 2.99 kg (Yes-PNC: 2.11 ± 2.62 kg vs No-PNC: 3.08 ± 3.28 kg) from admission to discharge in Surgical Oncology Unit.

Conclusions

In the population analyzed, the adoption of PNC was related to reduced postoperative weight loss during the hospital stay.

Cancer Surgery	Yes - PNC (31)	No - PNC (31)
Age	67.93 ± 13.44 *[37.95-85.74]*	72.66 ± 10.35 *[43.38-89.31]*
Body Weight (kg) (admission)	75.23 ± 15.67 *[39.50-106.20]*	66.33 ± 12.53 *[40.00-88.00]*
BMI (kg/m^2) (admission)	27.71 ± 5.43 *[16.23-36.72]*	24.29 ± 5.90 *[17.31-32.05]*
Total / Distal Gastrectomy	10 / 21	7 / 24
Length of stay	16.52 ± 8.06 *[10-54]*	22.55 ± 28.55 *[9-165]*
Body Weight (kg) (discharge)	73.12 ± 14.96 *[38.00-104.50]*	63.25 ± 11.41 *[40.50-84.00]*
BMI (kg/m^2) (discharge)	26.90 ± 5.03 *[15.61-35.38]*	23.19 ± 3.51 *[15.82-29.24]*