



PREOPERATIVE NUTRITIONAL STATUS AND DELAYED GASTRIC EMPTYING AFTER MULTIVISCERAL RESECTION FOR RETROPERITONEAL SARCOMA

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Background and aims

Retroperitoneal sarcomas (RPS) are rare tumours. The occurrence and severity of Delayed Gastric Emptying (DGE) after multivisceral surgery for RPS has not been specifically reported.

The aim of our work is to evaluate prevalence of overall DGE and correlation with tumour site, length of stay (LoS) and preoperative malnutrition screening, GLIM criteria and muscle mass measurements.

Methods

We collected data of patients with RPS in charge to our service from 05/2021 to 04/2022, including preoperative MUST score, Calf Circumference (CC), Mid-Upper Arm Circumference (MUAC), malnutrition by GLIM criteria and DGE prevalence during hospitalization.

We analyzed, with t-test and Fisher's test, differences and correlations with other parameters of patients with DGE (DGE-Group) and patients without (non-DGE).

Results

N. 33 patients undergone surgery for RPS, n. 11 (33%) experienced DGE. Median age is 62.5 years old in DGE-group (61.2 non-DGE), LoS is 30.7 days in DGE-group (15.7 non-DGE, p-value 0.0012), left RPS prevalence is 82% in DGE-group (30% non-DGE, p-value 0.0091). 36% DGE-group reported preoperative MUST >0 (14% non-DGE), 64% DGE-group were malnourished at admission according to GLIM criteria (32% non-DGE). 67% DGE-group reported preoperative MUAC <5° (29% non-DGE), 55% DGE-group reported preoperative CALF <50° (45% non-DGE).

Conclusions

DGE-group seem to have a worse preoperative nutritional status that may lead to higher LoS; preoperative nutritional support, with a prehabilitation programme, in malnourished patients may reduce the occurrence of DGE and LoS.

Further studies are necessary to investigate whether a prehabilitation programme may have a role in reducing DGE and LoS, resulting as a cost-effective intervention.

