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GI learning, personalised

Summary

Multimodal intervention before surgery

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Small Intestine & Nutrition | Digestive Oncology

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The speaker presented multimodal prehabilitation for GI cancer surgery, emphasizing that combining nutritional support, physical exercise, and psychological interventions over several weeks before surgery improves functional capacity and reduces complications.

KEY POINTS

- The speaker reported an observational study showing the vast majority of perioperative chemotherapy patients with gastro-oesophageal or pancreatic cancer were malnourished at diagnosis, with mean weight loss of 15% at one year and higher surgical complications in malnourished patients.
- A trial the speaker cited in over 200 patients using supervised high-intensity preoperative exercise three times per week at hospital showed a 50% reduction in complication risk, while a home-based moderate unsupervised program in over 200 patients showed no benefit.
- Meta-analysis results presented by the speaker showed only multimodal prehabilitation combining nutrition and exercise demonstrated benefit in quality of life and outcomes, not single-modality interventions.
- The speaker stated recommended nutritional targets are 30 kilocalories per kilogram per day and 1.5 grams of protein per kilogram per day using a step-up approach from dietary counseling to ONS, enteral, and parenteral nutrition.
- The speaker emphasized systematic screening of nutritional status and physical fitness from diagnosis with longitudinal follow-up, using CT scan or bioimpedance for body composition and hand grip, six-minute walk, and chair stand tests for muscle function.
- Key success factors the speaker identified are multimodality, intensity, sufficient duration, and patient adherence, with challenges including pathway organization and funding in routine practice.

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