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Summary

# Complications in enteral and parenteral nutrition: Pitfalls, monitoring and safe long-term management

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**This presentation reviews the major complications of enteral and parenteral nutrition support and evidence-based strategies for their prevention and management.**

KEY POINTS

- Enteral nutrition should follow the sequence of oral nutrition plus supplements before escalation, and current guidelines now permit adding parenteral nutrition if enteral feeding proves insufficient.
- Diarrhea is the most frequent enteral nutrition complication in hospital settings; the speaker stated that providing fiber reduces diarrhea risk by 36 percent in meta-analysis, with soluble fibers and partially hydrolyzed guar gum showing the most evidence.
- The speaker reported that antibiotic prophylaxis before PEG placement dramatically reduces infection prevalence, and hypergranulation tissue is best treated with silver nitrate.
- High output stoma is defined as greater than 1.5 liters per day with sodium loss of approximately 100 millimoles per liter; diagnostic criteria for dehydration and sodium depletion are urine output below 800 milliliters per day and urinary sodium below 30 millimoles per liter.
- Catheter-related bloodstream infection is the most severe parenteral nutrition complication with potential risk of death; the speaker stated that incidence in home parenteral nutrition ranges from 0.2 to 11 cases per 1000 catheter days and diagnosis requires paired positive cultures from catheter and peripheral vein growing the same microorganism.
- The speaker emphasized that the main cause of metabolic complications is doctor-related due to inappropriate monitoring and supplementation, and prevention relies on expert multidisciplinary team management.

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