Make IBD patients surgery ready

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UEG Week Barcelona 2026 | Presentation

Surgery | Small Intestine & Nutrition | IBD

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Preoperative nutritional optimization in IBD surgery focuses on screening for malnutrition, body composition assessment, and preferentially using enteral nutrition to reduce postoperative complications.

KEY POINTS

- The speaker reported that a meta-analysis of 1000 Crohn's disease patients showed enteral nutrition reduced postoperative complications by 91%, significantly more effective than parenteral nutrition which showed a non-significant 30% reduction.
- A Netherlands study of over 200 patients using cross-sectional imaging found that myosteatosis increases postoperative and infectious complications, while decreased subcutaneous adipose tissue reduces complications.
- For malnourished or high-risk patients, the speaker stated that surgery should be delayed 10 to 14 days and potentially up to 4 to 6 weeks to allow nutritional optimization.
- Recent guidelines now recommend supplemental parenteral nutrition when oral intake is insufficient, moving away from the previous restriction against parenteral support in non-intestinal-failure cases.
- The speaker emphasized that body composition assessment rather than BMI is the ideal nutritional evaluation method, as sarcopenia and myosteatosis are modifiable through resistance training.
- In response to a question, the speaker recommended that for overweight or obese surgical candidates, clinicians should assess weight loss trends and body composition rather than relying on BMI, particularly to identify sarcopenic obesity requiring nutritional intervention.

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