

EVALUATION OF POST-SURGICAL INTRODUCTION OF ENTERAL NUTRITION(EN)/MILK FEEDS IN INFANTS WITH SHORT BOWEL SYNDROME (SBS) IN EUROPEAN CENTRES: A REPORT FROM THE ERNICA* INTESTINAL FAILURE (IF) WORKING GROUP



G. Verlato 1, C. F. Jonkers - Schuitema*, 2, R. Pulvirenti 3, E. Dugelay 4, D. Guimber 5, S. MacDonald 6, S. Hill 6 and ERNICA (European Reference Network for rare Inherited and Congenital Anomalies) Intestinal Failure Group

1Department of Woman and Child's Health, University Hospital of Padova, Padova, Italy, 2Amsterdam University Medical Center, Amsterdam, Netherlands, 3Department of Woman and Child's Health, University Hospital of Padova, Padova, Italy, 4CHU Paris - Hôpital Robert Debré, Paris, 5Department of Pediatrics, Centre Hospitalier Régional Universitaire de Lille, Lille, France, 6Great Ormond Street Hospital, London, United Kingdom

Rationale

There is a lack of evidence for the management of weaning of infants with SBS from parenteral nutrition (PN). The first ERNICA IF workshop was held in 2019; several questions were raised about weaning strategies from PN used in European multidisciplinary IF rehabilitation centers.

Methods

A questionnaire about milk/EN post-surgery and weaning strategies used for infants with SBS and IF was sent to 14 centers in 9 countries; the answers were worked out and literature reviewed.



Results

All 14 centers introduced EN within 24/48 hrs post-surgery (if clinically possible). The preferred feed method was bolus (6 centers), continuous (3) or combination (5).

The preferred feed was mothers' milk (14), fortified in 4.

Second line feed was extensively hydrolyzed (8) amino acid based (3), donor mother's milk (2) or standard formula (1).

The EN was increased by 10– 20ml/kg/day (5), biweekly (1) or according to tolerance (8). Parameters for milk increase were ostomy output (14 centers) + gastric residuals (9) and frequency (8) or weight (3) of stool, growth and vomit. Six centers had a protocol for weaning from PN. Tolerance was defined as vomit <3/day (5), stool <5/day (3), both (2) or clinical observation (4).

Five centers checked blood citrulline and the majority (11) biochemical markers

Conclusion

All centers recognized the importance of mother's milk as the initial EN to use, although apart from this, a diversity of post-surgical nutrition strategies was found. Literature review did not provide any conclusive evidence. The working group will aim to develop a flow chart to support treating these vulnerable infants in an optimal way.

Acknowledgments

we thank all centers of ERNICA who answered the questionnaire and contributed with their answers to this important work

References (heading Calibri, 9 & 7 for list)

