

P359**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**

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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 centres.

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

Results: All 14 centres introduced EN within 24/48 hrs post-surgery (if clinically possible). The preferred feed method was bolus (6 centres), continuous (3) or combination (5). The preferred feed was mothers' milk (14), fortified in 4. Second line feed was extensively hydrolysed (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 centres) + gastric residuals (9) and frequency (8) or weight (3) of stool, growth and vomit. Six centres 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 centres checked blood citrulline and the majority (11) biochemical markers

Conclusion: All centres recognised 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.

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