NIS		
Small bowel resection	Removed: ileum and/or jejunum	↓ B12, ↓ fat-soluble vitamins, steatorrhea
Colectomy (L.I)	All or part of the colon; small intestine is usually joined to rectum or stoma formed	↓ Water & electrolyte absorption. ↓ SCFA production. Monitor Na^+, K^+, Mg^2
J Pouch & Procto-colectomy	Entire colon & rectum (proctocolectomy); ileum is formed into a pouch and joined to anus (J-pouch)	↓ Water and sodium absorption. Monitor electrolytes & hydration.
R. Hemicolectomy	Cecum + ascending colon ± part of terminal ileum; joined to transverse colon	If terminal ileum removed: ↓ B12, bile salt reabsorption → fat malabsorption. Monitor B12, fat-soluble vitamins, stool consis-tency
Extended right hemicolectomy	Right colon + hepatic flexure + proximal transverse colon ± terminal ileum	Monitor B12, vitamin D, hydration, stoma output if present
Transverse colectomy	Transverse colon; joined ascending to descending colon	Hydration if large portion removed. Minor NIS
Left/Sigmoid hemicolectomy	Descending colon and/or sigmoid colon	Minimal NIS. Monitor C/D
Left hemicolectomy & Sigmoid Colectomy	Left colon (splenic flexure to sigmoid)	No major NIS. Monitor bowel regularity
Low Anterior Resection	Sigmoid colon + upper rectum; remaining colon rejoined to lower rectum	Risk of Low Anterior Resection Syndrome: urgency, frequency, incontinence. Monitor bowel control, hydration & bowel regularity
Colorectal anasto-mosis	rejoining of colon or colon to rectum	Monitor bowel function, hydration, diet tolerance. soft, low-residue diet initially

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Cheatography

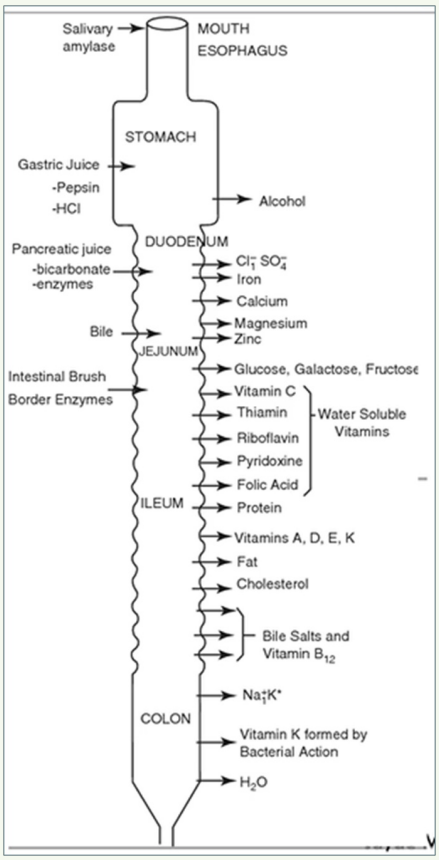
GI Surgery Cheat Sheet

by Michellephillips02 via cheatography.com/214485/cs/46722/

NIS (cont)

Abdominoperineal Resection	Sigmoid colon, rectum, anus – permanent colostomy formed	Risk of constipation. Monitor Bowel habits, fibre, hydration. Avoid bulky/high-fibre early post-op
Esophagectomy Oesophageal removed. Stomach moved up.	Oesophageal removed. Stomach moved up.	Feeding via jejunum – placed during surgery. - Eg oesophageal surgery. Concerns: Early satiety, dysphagia, weight loss. Small, frequent meals, text-mod.
Gastrectomy	remove parts of the stomach (can be partial or entire stomach)	Feeding via jejunum – often placed surgery. ↓ Intrinsic factor → ↓ B12. ↓ iron, calcium, protein digestion. Avoid fluids with meals
Whipple	Removes head of pancreas, duodenum, gallbladder, part of bile duct, sometimes part of stomach	Can eat orally. Impacts - Blood glucose regulation, fat absorption, delayed gastric emptying, fat-sol deficiencies. ↓ Pancreatic enzymes → steatorrhea, malabsorption. Diabetes risk. PERT. Monitor BGL, fat-sol vits

Nut Absorption



Small Bowel Resection

NIS

Hyperglycaemia

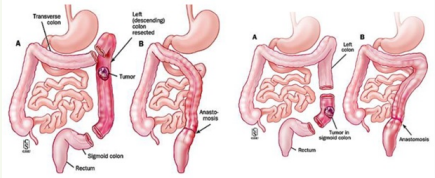
Metabolism changes

Catabolism of glucose, free fatty acids and amino acids = Protein catabolism (loss of muscle)

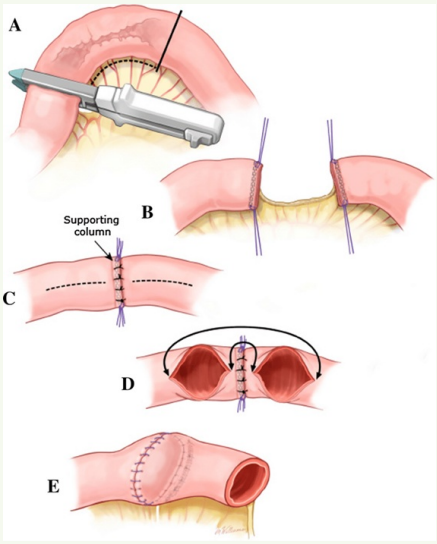
Releases: stress hormones, inflammation meditators

Strategies

Left hemicolectomy & Sigmoid Colectomy



Colorectal anastomosis

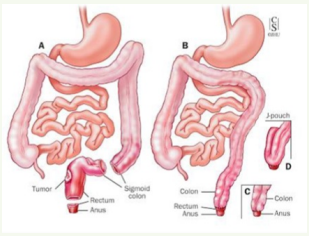


Pre-op ↑ CHO intake. Reduces pre-op thirst, hunger, post-op insulin resistance, losses of nitrogen = maintenance of lean BM

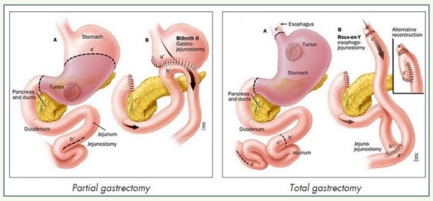
Going into surgery well nourished.

Post-op: Can safely eat orally after. Most start on fluid & build up. Some EN/PN – depends on surgery site. Nutrition concern if not eating orally after 3 days (unless already malnourished).

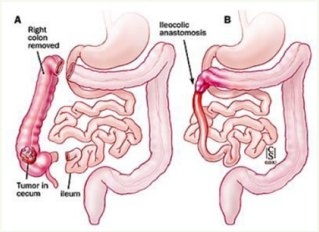
Consider: planned vs emergency, Stomas? Drains? Further surgery? Treatment plan, cognitive function, fluid status, malnutrition & refeeding risk, site of surgery & potential nutrients/organs impacted, is the gut still functioning?



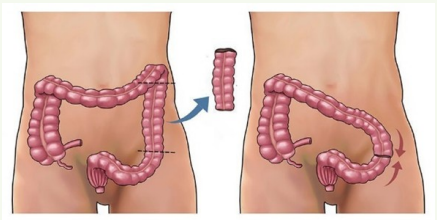
Gastrectomy



R. Hemicolectomy



Colectomy (L.I)



Nut Reqs

Major surgeries: NEMO post-op

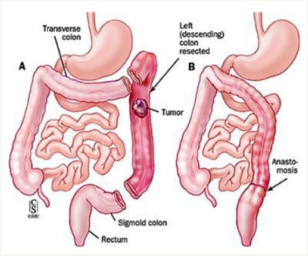
125-145kJ energy

1.2-1.5g protein

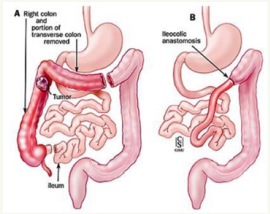
Minor surgeries: acute adult

re-evaluated1-2/week

Left/Sigmoid hemicolectomy



Extended right hemicolectomy



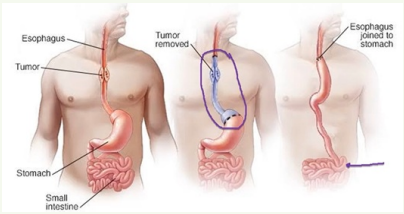
Gastric emptying before surgery

Why? Reduce the risk of aspiration during surgery

Most hospitals: NBM ~12 hours before surgery (or midnight) - ease & consistency

Evidence pre-op: clear fluids up to 2 hours. Solids up to 6 hours before

Esophagectomy



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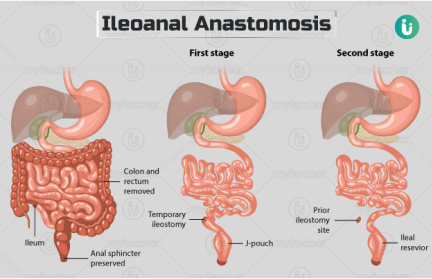
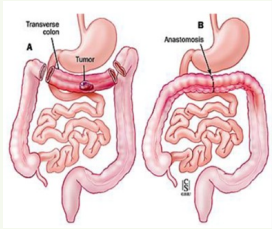
Time taken for gastric emptying

large balanced meals (with fibre)	6-12 hours
light meal and/or milk	3-5 hours
Fluids	Within 2 hours (clear fluids 90% within 1h)

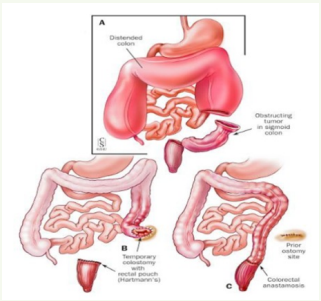
J Pouch & Proctocolectomy



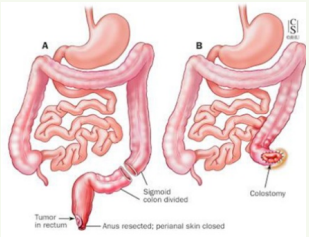
Transverse colectomy



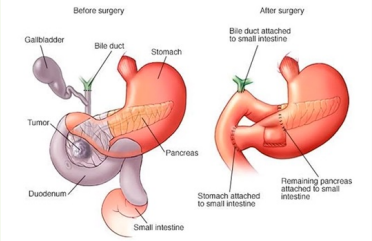
Low Anterior Resection



Abdominoperineal Resection



Whipple (pancreaticoduodenectomy)



Diet Codes

Clear fluids	Maintains hydration. Minimise colonic residue. ONS: Resource fruit, ensure juice.
Free fluids	Contains milk & dairy products. Most ONS. Incl. soup, yoghurt, custard, ice cream
Low residual diet	<15g fibre/day. Used for: divert-iculitis, bowel obstructions, IBD flare
Surgical lite diet	Bland/simple diet. No spices or rich sauce. Low fibre. Often better tolerated for nausea.

Guidelines & References

Weimann et al. ESPEN practical guidelines: clinical nutrition in surgery

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