Chirurgia. 2010;105(4):477-484

Postoperative enteral feeding in digestive anastomosis with proximal oesophageal partner

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Abstract
This paper aim is to discuss the advantages of enteral post-operative feeding on patients submitted to surgery finalized through an eso-digestive anastomosis; in these cases enteral feeding is often delayed 5-8 days after the surgery, and in case of an anastomotic dehiscence may be even impossible. Also, the paper promotes duodenostomy as an important enteral feeding way, and discusses the indications and contraindications of different enteral nutrition pathways in such cases. There were studied 230 cases, 149 cases submitted to cancer surgery and 81 cases with benign condition surgery followed by an eso-digestive anastomosis, in which the following enteral nutrition pathways was practiced: nasogastric or naso-esojejunal feeding tube (55 cases); Witzel jejunostomy (28 cases); gastrostomy (79 cases); duodenostomy (68 cases). Postoperative morbidity induced exclusively by the enteral nutrition pathway was encountered in 36% of patients. On patients with an eso-gastric cervical anastomosis or eso-gastric thoracic anastomosis we used jejunostomy as enteral feeding path and a gastric tube passed by pyloric canal for gastric decompression. In cases of esophageal reconstruction for benign esophageal strictures gastrostomy remains the best feeding method. Duodenostomy was practiced as a feeding pathway in cases of total gastrectomy with eso-jejunal anastomosis, with closure of the duodenal stump.
Key words: enteral nutrition; duodenostomy; eso-digestive anastomosis

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