

P322 -Post-operative nutritional management of Simultaneous pancreas and kidney transplant patients- Current practices in UK and Ireland

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Introduction: It is well recognised that post-operative mortality and morbidity are increased in patients with poor nutritional status undergoing major gastrointestinal surgery¹. However, there is currently limited evidence available on the role of pre and post-operative nutrition support in patients undergoing simultaneous pancreas and kidney (SPK) transplantation. A recent UK study investigated the impact of early post-operative enteral nutrition support in SPK patients and showed improvements in nutritional intake in those receiving early enteral feeding². However, there are currently no specific guidelines on nutritional management post SPK and dietetic practices vary amongst SPK centres in the UK and Ireland. A national multi-centre service evaluation was conducted to explore variations in dietetic interventions and outcomes in patients receiving SPK transplants.

Methods: Patients undergoing SPK transplantation at 6 specialist transplant centres in the UK and Ireland during the period of July 2017 to June 2018 were identified. Data was collected prospectively on demographics, nutritional status, complications and post-operative dietary management. ANOVA and Kruskal-Wallis were performed for continuous normative and non-normative data respectively. No statistical tests were performed for variables on type of nutrition support due to inadequate sample sizes.

Results: 111 patients (aged 27-62 years, 60% male, 83% White, 9% Asian, 3% African-Caribbean) had an SPK transplant. 48% had been on haemodialysis, 24% on peritoneal dialysis and 28% were transplanted pre-emptively. Data on nutritional status and dietary interventions can be seen in Table 1 and Figure 1.

Conclusion: The diversity of post-operative dietary interventions across the country was evident with differences to the start of oral diet, type and duration of nutrition support provided. Oral route was most widely used in 76% of patients. Use and type of artificial nutrition support (ANS) was noticeably more varied with its use in only 50% of the units. Most patients did not require nutrition support on discharge with only 37% prescribed oral nutritional supplements on discharge. Differences in provision of ANS existed despite similarities in pre-operative nutritional status. % weight change was significantly different, however it was recognised that weight and body mass index may be a poor marker of nutritional status due to changes in fluid status commonly observed post SPK and additional markers may be warranted for routine use. Examination of the rationale behind the use of these dietary interventions post SPK and analysis on the impact of these on outcomes will further enhance our understanding of the nutritional management of these patients.