Rationality of early feeding after stoma closure

Temporary ileostomy, colostomies are done for primary anastomosis guarding or to heal the distal injury or inflammatory lesions. Prior to closure of all these stomas need maturation of stoma (10 to 12 weeks) and meticulous bowel preparation. Surgeon's skill is also very important factor. Conventionally surgeon usually do not give oral feed 4 to 5 days after the procedure and when patient passes flatus or faeces oral feed is usually given. Routines in surgery have evolved as a way of eliminating as many variables as possible in effecting safe outcomes. One such routine practiced for last 50 years has been postoperative nasogastric decompression.However, many prospective randomized trials performed in recent years evaluating the effects of nasogastric intubation have suggested that it may be unnecessary, itself delaying passage of flatus and bowel movements as well as lengthening the duration of hospital stay.

Traditionally after abdominal surgery, the passage of flatus, or bowel movement has been the clinical evidence for starting an oral diet. It is customary to keep the patients "nil by mouth" after gastrointestinal anastomosis till patient passes flatus. However, adequate nutrition has always been a major goal in postoperative care and now it is being increasingly recognized that withholding oral feeds for few days after surgery in such cases leads to nutritional depletion and its consequences. In the past few years, some studies have examined the role of early feeding after gastrointestinal anastomosis and found that it improved immunocompetence, decreased septic complications, improved wound healing and possibly improved anastomotic strength. Prolong nil orally cause translocation of bacteria from the colon and infection. The overall effect is decrease hospital stay.

Surgeon's motto is to improve general wellbeing of patient and oral feed can't be started to all patients. Factors those should be consider are general condition of the patient ,immunological status, surgeon skill, excessive handling of tissue, bare exposure of intestine, duration of surgery, blood loss, volume expansion, hand sewn or stapled closure. Sometime early feed cause abdominal distension and aspiration. Septicemia and anastomosis leakage are dreadful complications.

Considering all these factor and comparative studies, it has been seen that early oral feeding after elective gastro intestinal anastomosis is well tolerated, helps in early resolution of ileus, decreased wound infection and improved wound and anastomotic healing leading to short hospital stay and reduced treatment cost. Hence it is concluded that early oral feeding after intestinal anastomosis is safe, effective and beneficial to the patientsearly feed is beneficial to the patients and ultimate effect is decrease hospital stay and early recovery.

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Correction Note :

1. Atypical Presentation of Acute MI: Law HDL, A single risk factor. Vol. 17, No.1, July 2011, page No. 31.
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