

Fueling Success:

Adequacy of pre- and post-operative nutrition interventions in colorectal surgery

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Enhanced Recovery After Surgery (ERAS)

A Multi-Modal Perioperative Care Pathway

Before surgery 

→ **Fuel & Prepare
the Body**



After surgery 

→ **Feed & Facilitate
Recovery**



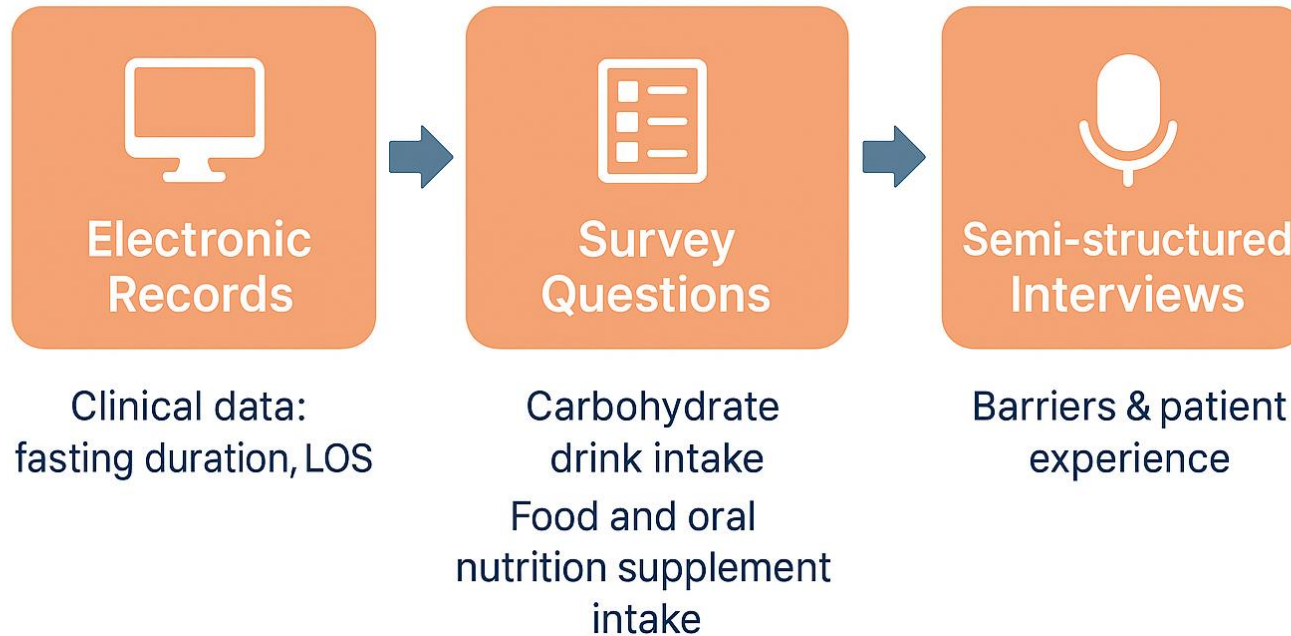
Study aims



- Assess adherence to nutrition recommendations
- Identify barriers to enable patients in meeting nutrition targets

Data Collection Methods

Mixed-Method Pilot Study



Patient Demographics (n = 21)



Gender
7 Women, 14 Men



Mean Age
68 ± 12 years



Diagnosis
76% colorectal cancer



Length of Stay
Median 5.5 days (IQR 3.1–37.2)

Preoperative Protocol Adherence: ERAS vs Actual

Parameter	ERAS Target	Actual (Study)	Difference
Fluids	2 hours	4.1 hours	≈2x longer
Solids	6 hours	19.3 hours	≈3x longer
DEX carbohydrate drink	100 %	52.4 %	47.6 % compliance

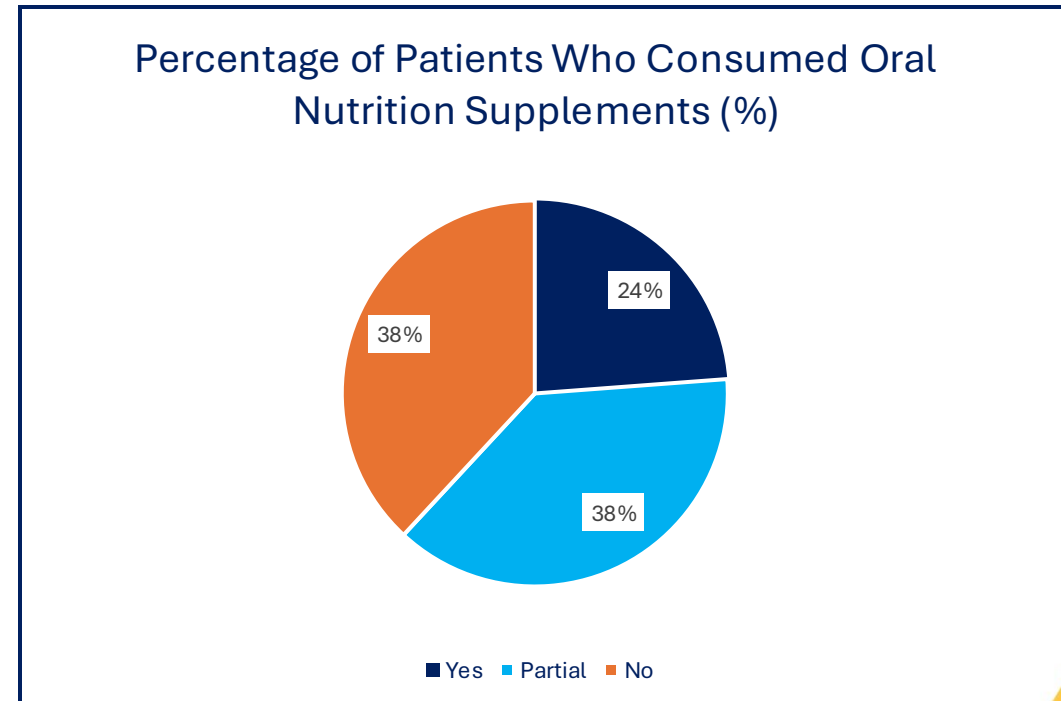
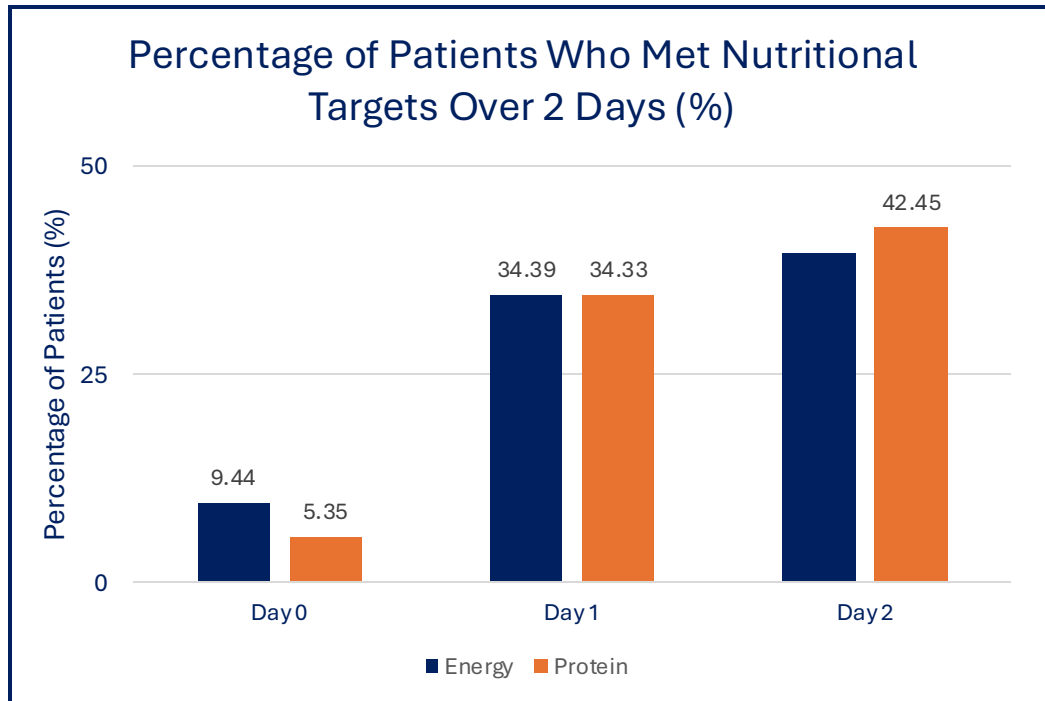
ERAS fasting and carbohydrate loading adherence compared to study findings

Extended fasting protocol for patients requiring bowel prep

Patients with diabetes currently excluded

Postoperative Adherence

The average time to oral intake postoperatively was 17.8 hours (more than 4 x the target)



Patient Reported Barriers: Advice vs reality

"I was told eat as much as possible after my surgery. Protein is important..... I was not given dinner though after my surgery."

Main barriers identified:

- ☐ Delayed diet progression
- ☐ Fear of nausea/vomiting
- ☐ Inconsistent information provided by staff

Conclusion



Adherence to nutrition guidelines was **suboptimal** across both pre- and post-operative phases

Major gaps identified

- ☐ Prolonged pre-operative fasting
- ☐ Delayed return to oral intake
- ☐ Inadequate nutritional intake

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