



Howard I Pryor II

Johns Hopkins University School of Medicine, USA

Mucous fistula refeeding decreases parenteral nutrition exposure in post-surgical premature neonates

Premature neonates occasionally require emergent bowel resection. They are frequently left with discontinuous bowel and one or more ostomies. Further, these children are at risk for short gut syndrome and parenteral nutrition (PN) dependence. PN exposure causes hepatotoxicity and requires central venous access; therefore, maximizing enteral nutrition is desirable. One technique is via mucous fistula refeeding. Refeeding involves collecting endostomy output and introducing it into the lumen of a mucous fistula; increasing bowel absorption. We hypothesized that refed children would have decreased exposure to PN and reach goal enteral feeds earlier than non-refed children. We conducted a retrospective review of neonatal patients who underwent bowel resection and ostomy formation with our without mucous fistula creation at our institution between July 2012 and July 2014. Patients who underwent refeeding were compared to those who did not. Twenty-eight cases were identified: 13 in the refeeding group and 15 in the ostomy group. We observed that refed children required significantly shorter times to reach goal enteral feeds when compared to the ostomy group. Refed children also reached goal enteral feeds and permanently discontinued PN at an earlier time point following restoration of bowel continuity. None of the differences appear related to confounding variables as no differences were identified between the 2 groups. These findings suggest that a prospective multi-center trial of refeeding is warranted, with the goal of more clearly defining the benefits and potential side effects of mucous fistula refeeding in post-surgical premature neonates.

Biography

Howard I Pryor II has completed his MD and General Surgery Residency at the George Washington University; a Research Fellowship at the Massachusetts General Hospital and Pediatric Surgery Fellowship at Johns Hopkins Hospital. He is an Instructor of Pediatric Surgery at Johns Hopkins School of Medicine and an Assistant Professor of Surgery at The Uniformed Services University of Health Sciences. He has published more than 20 journal articles and chapters and serves as a reviewer of the *Journal of Pediatric Surgery*.

howard_pryor@hotmail.com

Notes: