



Ishrana hirurških pacijenata

Nutrition in surgical patients

Ana Cogoljević Milosavljević

Predškolska ustanova „Nada Naumović” Kragujevac

Preschool institution "Nada Naumović" in Kragujevac

Apstrakt

Svaka hirurška intervencija dovodi do niza hormonalnih i metaboličkih promena, koje povećavaju energetske potrebe u organizmu. Uspostavljanje normalne homeostaze pre i posle intervencije moguće je samo uz odgovarajuću ishranu (oralnu, enteralnu i/ili parenteralnu).

Osnovni ciljevi ishrane hirurških pacijenata su:

- smanjenje gubitka telesne mase,
- zadovoljenje energetskih potreba i potreba za mikronutrijentima,
- korekcija specifičnih nutritivnih deficita,
- uspostavljanje i održavanje normalne ravnoteže tečnosti i elektrolita,
- sprečavanje neželjenih posledica hirurške intervencije, kao što su infekcija i duži boravak u bolnici.

Ishrana u preoperativnom periodu zavisi od brojnih faktora, a najvažniji su:

- kliničko stanje i stanje ishranjenosti pacijenta,
- vrsta i obim hirurške intervencije,
- stanje organa za varenje,
- očekivana dužina perioperativnog perioda, itd.

Pothranjenost, kao i gojaznost, utiču na pojavu komplikacija i mortalitet, tako da je pre operacije neophodno oceniti stanje ishranjenosti svakog pacijenta.

Ukoliko je potrebno, sa odgovarajućom dijetoterapijom treba krenuti što pre.

Kod pothranjenih pacijenata, ishranu treba pojačati do 28 dana pre operacije. Ukoliko je oralna ishrana kontraindikovana, poželjnije je sprovesti enteralnu ishranu u odnosu na parenteralnu, a često se primenjuju i kombinacije.

Abstract

Every surgical intervention leads to a series of hormonal and metabolic changes, which increase energy consumption in the body. The establishment of normal homeostasis before and after the intervention is possible only with proper nutrition (oral, enteral, or parenteral).

The main goals of the diet of surgical patients are:

- reduction of weight loss,
- meeting energy and micronutrient needs,
- correction of specific nutritional deficits,
- establishing and maintaining a normal balance of fluids and electrolytes,
- prevention of unwanted consequences of surgical intervention, such as infection and longer hospital stay.

Nutrition in the preoperative period depends on the numerous factors, and the most important are:

- clinical condition and nutritional status of the patient,
- type and scope of surgical intervention,
- condition of the digestive organs,
- expected length of the perioperative period, etc.

Malnutrition, as well as obesity, affect the occurrence of complications and mortality, so it is necessary to assess the nutritional status of each patient before the operation.

If necessary, appropriate diet therapy should be started as soon as possible.

In malnourished patients, the diet should be strengthened up to 28 days before the operation. If oral nutrition is contraindicated, it is preferable to carry out enteral nutrition in relation to parenteral, and combinations are often used.