Dietetic session

*Specialized oral or enteral nutrition measures in patients with chyle leaks (OP010)*

S. C. Wakefield (Switzerland)
Specialised oral or enteral nutrition measures in patients with chyle leaks

Stephanie Wakefield
Specialist Upper GI Dietitian
St Mary’s Hospital London
Why?

- Would routinely starting upper GI patients on a specialised MCT feed post op reduce the incidence of chyle leaks?
- Are chyle leaks really a problem?
- What is the incidence? Has it increased?
- Is feeding with MCT an effective treatment?
- How does it compare with other methods?
Current treatments

• First line is MCT feed enterally or very low fat diet (≤10g fat/day) with MCT orally
  ➢ Peptamen Unflavoured enterally 70% MCT
  ➢ Very low fat diet with prescription of Liquigen 97% MCT, Peptamen Vanilla Bottle 70% MCT and Ensure Plus juice 0% fat
• Second line TPN or if no enteral route available
• No definitive treatment recommendations within literature \(^1,2,3\)
Findings

• 2 year data set of 113 patients
• Chyle leak rate tripled with increased lymphadenectomy 7.8 vs 22% (p = 0.06)
• Length of stay significantly higher (p = 0.003) when chyle leak arises 26 vs 16 days
• 50% chyle leaks resolved with enteral nutrition using MCT feed, 19% resolved using very low fat diet with MCT
Treatment methods

- Chyle leaks resolved on oral specialised nutrition (%)
- Chyle leaks resolved on enteral Peptamen® (%)
- Chyle leaks resolved on TPN (%)
- Chyle leaks requiring surgery (%)

Graph showing the percentage of chyle leaks resolved on different treatment methods.
Future work

• Would routinely starting upper GI patients on a specialised MCT feed post op reduce the incidence of chyle leaks?

• Multicentre study

• Operation type subgroup
References

3) Parrish CR. ‘When chyle leaks: nutrition management options.’ *Practical Gastroenterology.* 2004: 60-76
Questions?