



ESPEN Congress Glasgow 2002

Intestinal Failure

Definition and Service Development

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Intestinal Failure Unit
Hope Hospital Salford

Home parenteral nutrition

INTESTINAL FAILURE

- **Type 1**
- Self limiting
- Short term (up to 3 wks)
- Peri-operative/ Intensive care
- Restorative/ maintenance
- Rx Enteral/ Parenteral (peripheral)

INTESTINAL FAILURE

- **Type 2**
- Short / medium term (Wks/months)
- Acute.
- Underlying process, e.g. surgical sepsis
- Defensive
- Parent / Ent / ? Pharmacological.

INTESTINAL FAILURE

- **Type 3**
- Long term (Years)
- Domiciliary
- Restorative/Maintenance
- Ent/ Parent/ Pharmacol/
Transplant.

IS I.F. THE SAME AS HPN ?

- HPN is TYPE 3 Intestinal Failure
- Not All type 2 failure go on to HPN
- Patients on HPN can develop complications that put them into type 2 failure

INTESTINAL FAILURE SERVICE

- Components
- Teamwork 24hr cover
- Nurses/dieticians/ pharmacists/admin
- Surgeons/ physicians/ intensivists/pain management/ urologists/ interventional radiologists/ gynaecologists

Irving criteria for referral to the Intestinal Failure Unit 1

1. Persistence of intestinal failure beyond six weeks without evidence of resolution and complicated by venous access problems.
2. Multiple intestinal fistulation in a totally dehiscenced abdominal wound.
3. An intestinal fistula outside the expertise of the referring unit
4. Total or near total small bowel enterectomy (less than 30 cms of residual small bowel).

Criteria for Referral 2

5. Recurrent venous access problems due to sepsis/thrombosis.
6. Persistent severe intra-abdominal sepsis.
7. Resistant metabolic complications from high output.
8. Chronic intestinal failure in a hospital without adequate experience/expertise to manage the medical/surgical and nutritional requirements of such patients.

Fistuloclysis Successfully Avoids the Need for Total Parenteral Nutrition (TPN) in Patients With Acute Intestinal Failure

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No references provided by the author(s)