PREP-4 CANCER SURGERY

CARE PATHWAY OF NUTRITIONAL MANAGEMENT OF PATIENTS PLANNED FOR MAJOR CANCER SURGERY (PREHABILITATION)

All patients screened for malnutrition

UNIVERSAL
Low risk

Not at risk of malnutrition, not high nutritional risk surgery
UNIVERSAL -> Generic education on optimising muscle & nutrition pre-op + diet post op

TARGETED
Moderate risk

Not at risk of malnutrition

High nutritional risk surgery

SPECIALIST High risk

At risk of malnutrition

Refer to dietitian

INITIAL DIETITIAN CONSULTATION

ASSESSMENT

- Comprehensive nutrition assessment, including (at a minimum):

  - Anthropometry + weight history
  - Nutritional impact symptoms
  - Dietary intake

- Diagnosis of nutritional status / malnutrition (Patient Generated Subjective Global Assessment (PG-SGA))
- Estimation of nutritional requirements (aim for min 100-125kJ/kg/day and 1.2g protein/kg/day)

INTERVENTION

- All patients receive education (written + verbal), including:
  - Benefits of nutrition prehabilitation / importance of adequate muscle protein stores prior to surgery
  - (If not for further dietitian intervention prior to surgery, provide education on:
    - Expected reintroduction of diet post op + high protein/kJ diet post op for recovery
    - Expected nutrition impact symptoms ± possibility of enteral / parenteral nutrition post surgery)
- All patients receive individualised nutrition counselling and tailored interventions including:
  - Discuss and establish appropriate nutrition goals
  - Nutritional management of nutrition impact symptoms
  - Prescription of appropriate diet and fluids +/- fortification
  - Prescription of appropriate nutrition support (i.e. first use diet, then add oral nutritional supplements, enteral nutrition and/or parenteral nutrition as clinically indicated) - prioritise whey protein
  - Other specific interventions depending on patient motivation and education needs
- If severe malnutrition, (PG-SGA C) consider enteral and/or parenteral nutrition for 7-10 days prior to surgery

REVIEW FREQUENCY

UNIVERSAL Low risk
PG-SGA A (well nourished)
- If for neoadjuvant treatment, review during/post treatment, based on clinical judgement
- If no neoadjuvant treatment, review on ward post surgery

TARGETED Moderate risk
PG-SGA B
(mild/mod malnutrition)
- Review every 1-3 weeks based on clinical judgement

SPECIALIST High risk
PG-SGA C
(severe malnutrition)
- Review weekly