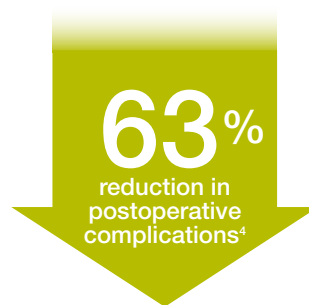


Approximately 2 million patients acquire an infection in the hospital each year¹

- Surgical site infections cost \$39,858,268 annually¹
- In the last decade, hospital-acquired infections have increased by 36%²
- Hospital-acquired infections increase average length of stay by 20 days³

GI surgery patients receiving oral nutritional supplementation and tube feeding showed a 63% reduction in postoperative complications⁴

Complications included: wounds, respiratory and other infections, postoperative ileus, wound dehiscence, respiratory complications, and unresolved peritonitis with relaparotomy.



GRADE Expert guidelines on perioperative nutrition^{5*}

- A** • Use nutritional support in patients with severe nutritional risk for 10–14 days prior to major surgery, even if surgery is delayed
- C** • Encourage patients who do not meet their energy needs from normal foods to take oral nutritional supplementation during the preoperative period
- A** • Initiate normal food intake or enteral nutrition early after gastrointestinal surgery

NEXT STEPS

- ✓ Include the dietitian in infection committees
- ✓ Enhance current infection care practices to include nutritional intervention

* European Society for Clinical Nutrition and Metabolism (ESPEN)

References: 1. Department of Health & Human Services. Book 2. *Federal Register*. 2008;73:48433-49084. 2. Stone PW, et al. *Med Care*. 2010;48:433-439. 3. Sheng WH, et al. *J Hosp Infect*. 2005;59:205-214. 4. Stratton RJ, et al. *Eur J Gastroenterol Hepatol*. 2007;19:353-358. 5. Weimann A, et al. *Clin Nutr*. 2006;25:224-244.