CONTINUING EDUCATION SERIES:

Presentation Summaries from *Nutrition Support Update 2012*
Roanoke, Virginia

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Presentation Title: The Whipple- Anatomical Alterations & Nutritional Complications

Date: November 10, 2012

Speaker: Amy Berry, MS, RD, CNSC, University of Virginia Health System

On day two of this year's VASPEN conference, UVA Health System's Amy Berry, MS, RD, CNSC delivered a talk entitled "The Whipple- Anatomical Alterations & Nutritional Complications". Following a spirited introduction in which she gave an overview of the pancreas (highlighting its precarious location behind the stomach, its incredibly rich blood supply, and its crucial role in digestion), Berry dove into the common complications associated with this organ. Though a thorough overview was given of both pancreatitis and pancreatic cancer, it was Berry's discussion of the latter disease state that truly grabbed the audience's attention. She brought pancreatic cancer to life with a case study—presented in the form of filmed interview segments—of former UVA women's basketball coach Debbie Ryan, who has been battling pancreatic cancer for 12 years. Berry made several key points during this portion of her presentation, namely that pancreatic cancer may not be as fast-acting as once thought; in fact, pancreatic cancer cells can be present in the body for 3-5 years before a tumor ever forms, which illustrates the importance of molecular imaging and its ability to "catch" these cells before tumor formation.

The other portion of Berry's talk focused on the two Whipple procedures: pylorus sparing and the classic Whipple. She spoke of the surgical complications (i.e. infections, pancreatic fistulas, post-operative hemorrhage, delayed gastric emptying and fat malabsorption) and rounded out her presentation with details of post-operative nutritional concerns and recommendations:

Don't take the "wait-and-see" approach—RDs should treat the patient pre-operatively so that they are as nutritionally stable as possible before they begin their surgical and recovery processes. Furthermore, the RD should see the Whipple patient *before* their 6-week post-operative visit.

Use of pancreatic enzymes post-surgery—Berry stressed the importance of starting with a very conservative dose (overdose of pancreatic enzymes can lead to stricturing of the colon), and instructing patients to take them at the *start* of meals (activity peaks at 30 minutes.)

Post-op blood glucose spikes— Berry warned that if elevations reached >140 mg/dl in the immediate post-operative period, the risk of post-operative complications significantly increases.

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Immune-enhancing formulas—The evidence is inconclusive regarding the pre-operative immune-enhancing recommendation. If the patient is malnourished pre-operatively, then any increase in nutrition prior to surgery will be beneficial.

Enteral Nutrition (EN) guidelines— Placing the feeding tube at time of operation will alleviate the issue of access in patients that are not doing well with oral intake after surgery. Also, if EN causes loose stools, try an elemental formula or enzymes.

Other considerations/interventions— Educate your patients to eat many small meals per day, take supplements and bowel medications as prescribed, maintain good glycemic control, use prokinetics if needed, and decrease the use of narcotics.

The speakers at this year's VASPEN meeting provided insight and education on various topics related to nutrition support, and Amy Berry's presentation was no exception. Her passion for the pancreas was contagious, and her dedication to advancements in nutritional care of pancreatic disease patients was inspirational.