

E07

Postoperative poor oral intake after open distal pancreatectomy

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Background : Poor oral intake (POI) without an identifiable cause is frequently observed after distal pancreatectomy (DP). This study was designed to investigate the incidence and risk factors of POI after DP, and its impact on the length of hospital stay.

Methods : The prospectively collected data of patients who received DP were retrospectively reviewed. A diet protocol after DP was followed, and POI after DP was defined as the oral intake being less than 50% of the daily requirement and parenteral calorie supply being required on postoperative day 7.

Results : Of the 157 patients, 21.7% (34) experienced POI after DP. The multivariate analysis revealed that the remnant pancreatic margin (head) (hazard ratio, 7.837; 95% confidence interval, 2.111–29.087; $P = 0.002$) and postoperative hyperglycemia >200 mg/dL (hazard ratio, 5.643; 95% confidence interval, 1.482–21.494; $P = 0.011$) were independent risk factors for POI after DP. The length of hospital stay [median (range, days)] of the POI group was significantly longer than that of the normal diet group [17 (9–44) vs. 10 (5–44); $P < 0.001$].

Conclusions : Patients undergoing pancreatic resection at pancreatic head portion should follow a postoperative diet, and postoperative glucose levels should be strictly regulated.

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