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PWE-193 CHANGES IN TASTE PREFERENCE AFTER COLORECTAL SURGERY

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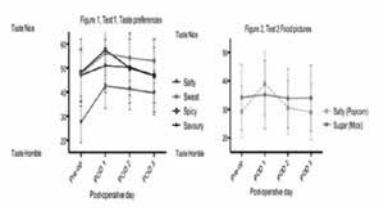
Introduction Early postoperative nutrition is of clinical benefit. However, patients are often initially reluctant to eat after surgery. Dysguesia and alterations in food preference are often reported. We conducted a study to describe perioperative changes in taste and food preference with a view to being able to optimise food choices and thus improve intake.

Methods Patients undergoing colorectal surgery were recruited. Three sets of tests were conducted, pre-operatively and on post-operative days (POD) 1, 2 & 3. In Test 1, patients were asked to rate the palatability (Horrible-Nice, using Likert scales (0–100%)) of a nutritional supplement flavoured with 'standard' concentrations of the 6 core tastes (sweet, sour, salt, bitter, spicy & savoury). In Test 2, patients were shown photos of foods representative of the core tastes and asked to rate them in terms of appeal. Test 3, snack box containing representative foods of the core tastes were rated by patients. Differences from baseline were assessed using t-tests.

Results 31 patients completed the study, M:F = 21:10, median age of 72 (33–82). Test 1, enhanced taste from baseline was seen on POD1 ($p < 0.01$) for salty, sweat & spicy taste figure 1. Test 2, only salty food (popcorn) scored higher ($p < 0.01$) than baseline (figure 2) all other foods scored lower. Foods representing bitter and sour exhibited the greatest decline (40.4% for gherkins, 38.7% for grapefruit). Test 3, patients rated sweat (fudge) 63%, salty (crackers) 50% best at POD 1 ($p < 0.01$) and sour (gherkins) 22%, spicy (Bombay mix) 16% worst. With all 3 Tests, scores reverted to baseline by POD 3.



Abstract PWE-193 Figure

Conclusion After surgery patients rated sweat and salty snack foods greatest. This was confirmed by tests of palatability and appeal. Though while spicy and savoury palability tests scored highly patients did not find the snakes particularly desirable. Further work is required to explore patients food preferences post surgery.

Disclosure of Interest None Declared.

PWE-194 RANDOMISED STUDY OF RIGJ VS PEGJ IN PATIENTS AT RISK OF ASPIRATION PNEUMONIA

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Introduction In patients at risk of aspiration pneumonia due to gastro-oesophageal reflux who require gastrojejunostomy feeding tubes, the tubes are placed either radiologically (RIGJ) or endoscopicaly (PEGJ). There is little published evidence to inform which is superior.

Methods Consecutive patients referred for long-term jejunal feeding because of high risk of aspiration pneumonia (proven GORD or pneumonia whilst being NG fed) were randomly allocated to have a RIGJ or PEGJ inserted. A Tc^{99m} colloid study was done to determine the presence of gastro-oesophageal reflux and jejunal gastric reflux after feeding tube placement. We recorded pneumonia, death, feeding tube displacement, blockage and replacement to 90 days post placement.

Results 65 patients were randomised, 31 RIGJ and 34 PEGJ. Baseline characteristics including Barthell index were similar between groups. GORD was demonstrated by Tc99m tracer injected intragastrically in 52% but in no patient when injected jejunally.

Jejunal feeding tube and clinical complications (number).

Abstract PWE-194 Table 1

	RIGJ n = 31			PEGJ n = 34		
*p < 0.05	30days	30–90days	Total	30days	30–90days	Total
Jejunal tube fallen out of position	0	0	0	7	2	9*
Jejunal tube irreversibly blocked	3	0	3	3	2	5
Jejunal tube replaced	2	0	2	5	3	8
Blockage cleared by patient/carer	8	4	12	22	12	34*
Blockage cleared by community H/C	2	2	4	8	3	11
Blockage cleared in hospital	3	0	3	10	5	15*
Further Pneumonia	2	1	3	2	3	5
Death	2	2	4	2	1	3

Conclusion There was little difference in clinical outcomes between RIGJ *vs* PEGJ tubes for feeding patients at high risk of pneumonia. However, RIGJ tubes were considerably less prone to blockage and displacement than PEGJ tubes. Tube blockage was a major cause of frustration for patients and resource use for health care services. Replacing enteral tubes in frail patients was distressing and a significant use of health care resource. Consideration should be given to placing RIGJ in preference to PEGJ tubes.

Disclosure of Interest None Declared.

PWE-195 OUTCOMES OF NUTRITIONAL ASSESSMENT AND GASTROSTOMY IN PATIENTS WITH MOTOR NEURONE DISEASE (MND): A 4 YEAR EXPERIENCE

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Introduction Motor neurone disease (MND) is a fatal, progressive, neurodegenerative disease with a median survival from onset of symptoms of 4.32 years. No controlled trials indicate a benefit, although current guidelines recommend gastrostomy tube placement when dysphagia or weight loss occurs. Changes in our local practise occurred in 2011 in order to reduce time to referral, we assessed the outcome.

Methods We reviewed records of all patients referred with MND to the nutrition team and analysed their outcomes including nutritional assessment, decision for gastrostomy, type and survival.

Results Since 2009, 76 patients were referred for nutritional assessment in MND. Nine were excluded (5 not reviewed; 4 re-referred).

Baseline data: male 62.5%; mean age at diagnosis 63.9 years; mean body mass index (BMI) at referral 23.1kg/m^2; 75% had lost weight at review with mean weight loss of 17%. Non invasive ventilation (NIV) was used in 54% of patients. Forty-four patients (66%) consented to gastrostomy tube insertion. Ten patients (15%) declined and 13% of patients were not appropriate as MND was too advanced. In four patients (6%) tube placement was not yet indicated.

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