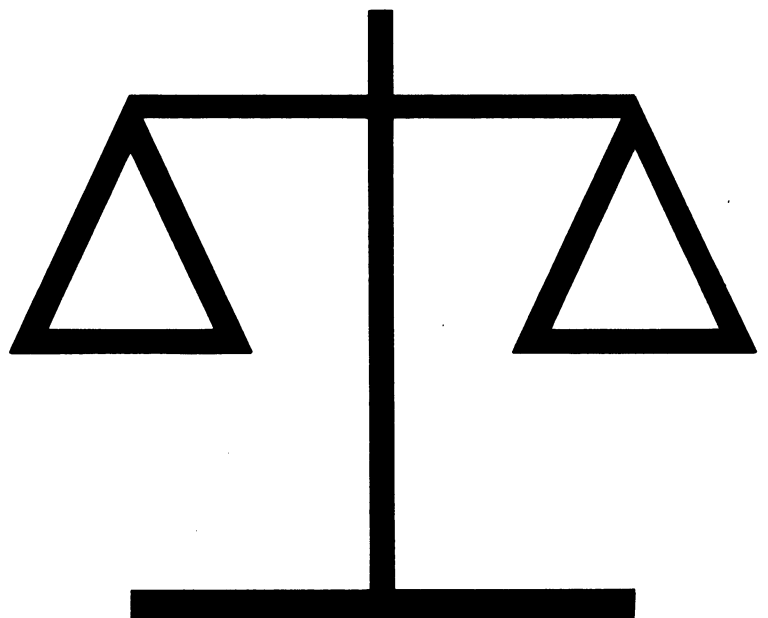


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Elemental diets of this nature are almost totally absorbed in the small intestine, leaving very little residue to reach the large bowel.

An elemental diet should contain;

- Predigested protein
- Fat in simple form
- Carbohydrate as sugars
- Electrolytes
- Minerals
- Essential vitamins

Patients who would benefit from an elemental diet

Patients with impaired digestion or absorption

- Enteritis
- Subacute or chronic pancreatitis
- Short bowel syndrome
- Crohn's disease
- Biliary fistula
- Cystic fibrosis

Patients requiring low residue diets

- Pre or postoperative patients
- Ulcerative colitis
- Gastrointestinal fistula

Composition of elemental diets

Earlier elemental diets contain:

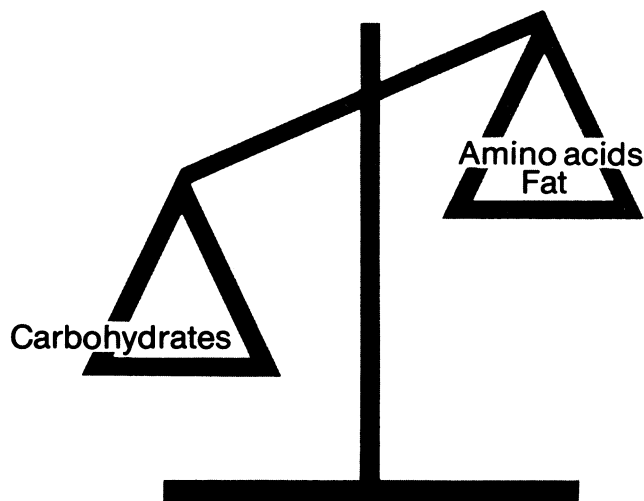
Protein as free amino acids only
Now recent clinical evidence indicates that the presence of peptides is essential for the optimal utilisation of protein.

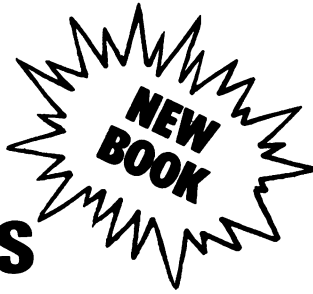
Fat as linoleic acid
But earlier elemental diets may not contain enough fat to provide a proper balance of fat and carbohydrate.

Carbohydrate as glucose
But earlier elemental diets contain excessive carbohydrate to make up caloric value not supplied by fats.

Plus essential vitamins and minerals.

These were the first generation elemental diets.





Modern Trends

Gastroenterology 5

**Edited by
Alan Read**

Professor of Medicine, Department of
Medicine, Bristol Royal Infirmary, England.

A series of prominent in-depth review
articles illustrate significant recent advances
in Liver Disease. The team of contributors
is comprised of leading international experts
in the field.

CONTENTS

Preface—Compensatory Hyperplasia (Re-
generation) of the Liver — Hepatitis B
(Australia) Antigen—Acute Viral Hepatitis—
Acute Hepatic Necrosis—Alpha-fetoprotein—
Hepatocellular carcinoma—Alpha-1-
Antitrypsin Deficiency and Liver Disease—
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Gallstones—Endoscopic Retrograde
Choledocho-Pancreatography (E.R.C.P.)—
Nutritional Factors and Liver Disease—The
Effects of Agents which Induce Hepatic
Microsomal Enzymes—The Liver and Drugs—
Paracetamol and Liver Damage— Haemochro-
matosis—The Hepatic Aspects of the Porphyrins—
Active Chronic Hepatitis—Immune Function,
Dysfunction and Liver Disease—Index.

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Modern Trends in Gastroenterology - 5

GASTRIC SURGERY



In the manner of the *Surgical Forum Series*, of which this volume is one, four leading surgeons with similar or overlapping interests in Gastric Surgery, but with views not necessarily in accord, present concise papers on controversial topics in their specialty. Each paper is then critically reviewed by the other contributors. The papers deal respectively with the aetiology of ulceration, selection of operation for, and metabolic consequences of, ulcer surgery, and with cancer of the stomach. From these critical analyses there emerges a consensus upon what is good and a skilful exposure of the weaker points at issue. Thus regarding aetiology there is valuable comment on the proposition that gastric and duodenal ulcer are two separate entities; touching operative procedures it emerges clearly that changing natural patterns of ulcer disease make critical evaluation more difficult; the importance of controlled clinical trials to eliminate both patient selection and observer bias is highlighted; the vital role of preventive medicine is emphasized; and concerning cancer, geographical variations in incidence suggesting environmental and genetic factors and the possible role of host defence mechanisms are closely examined. Above all, from written debate of such a calibre, areas for future research emerge and a high degree of balance and impartiality is ensured. The work should prove invaluable reading for gastro-enterologists, postgraduate surgeons and especially FRCS candidates.

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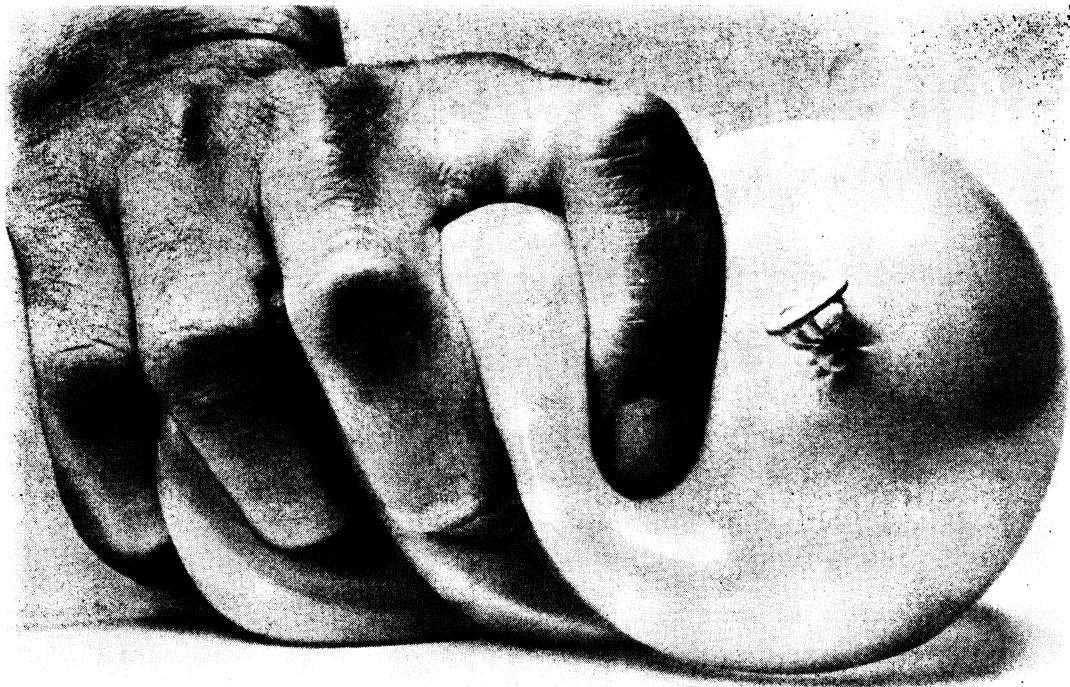
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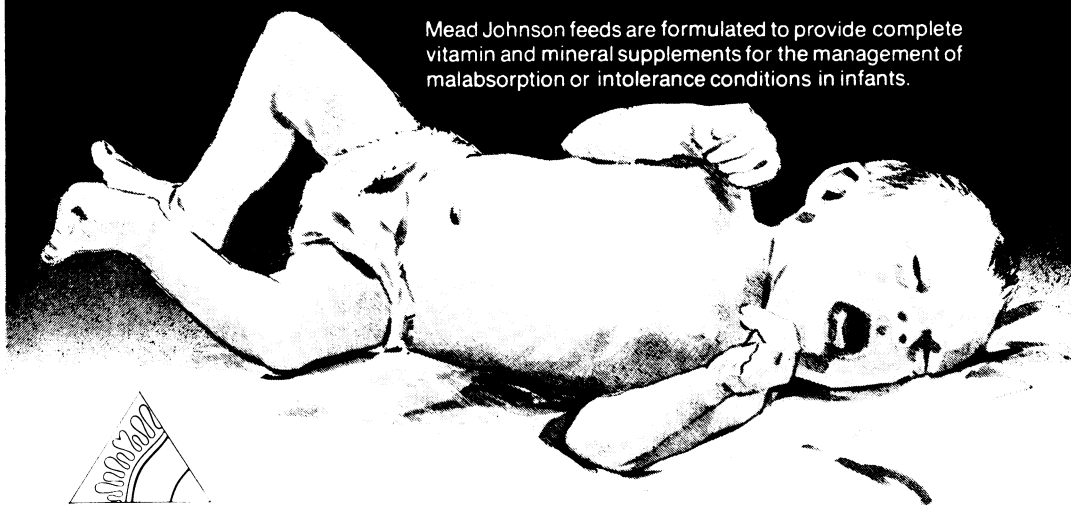
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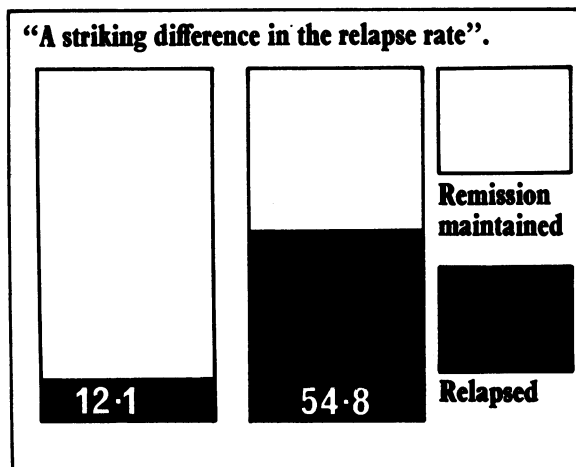
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References

1. Gut (1973) 14 923-926
2. Brit. med. J. (1959) 1 387-394
3. Lancet (1965) i 188-189
4. General Practitioner (1972) April 7 p 11.

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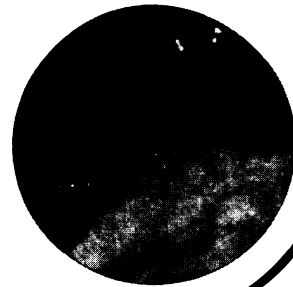
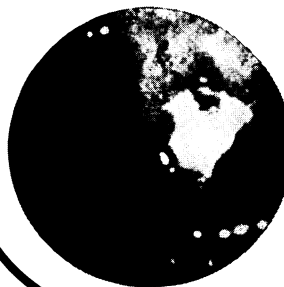
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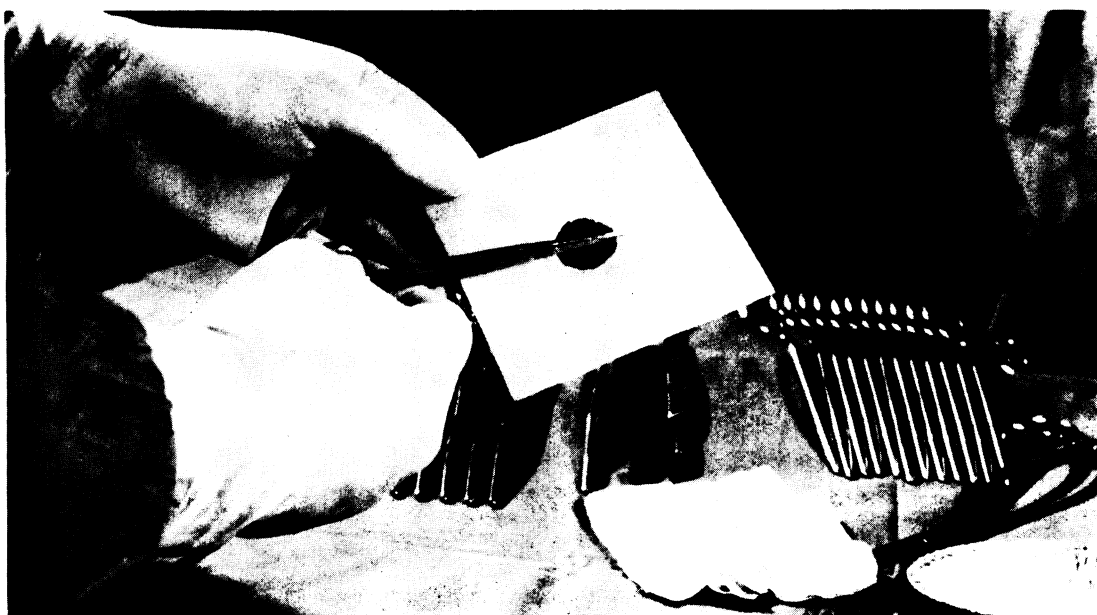
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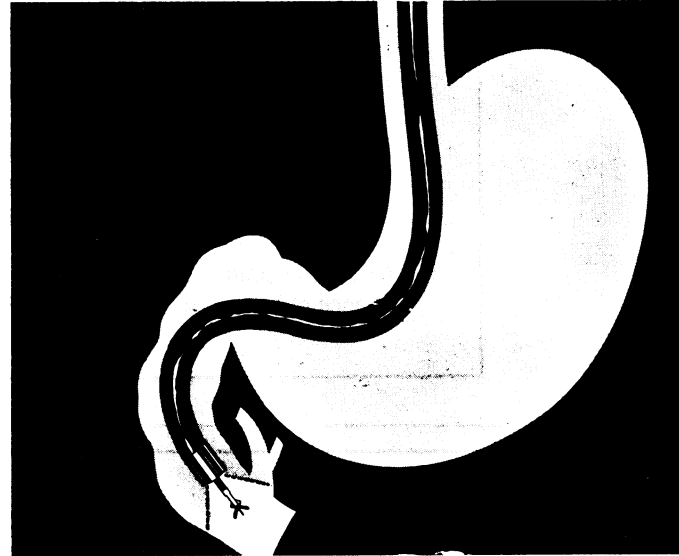
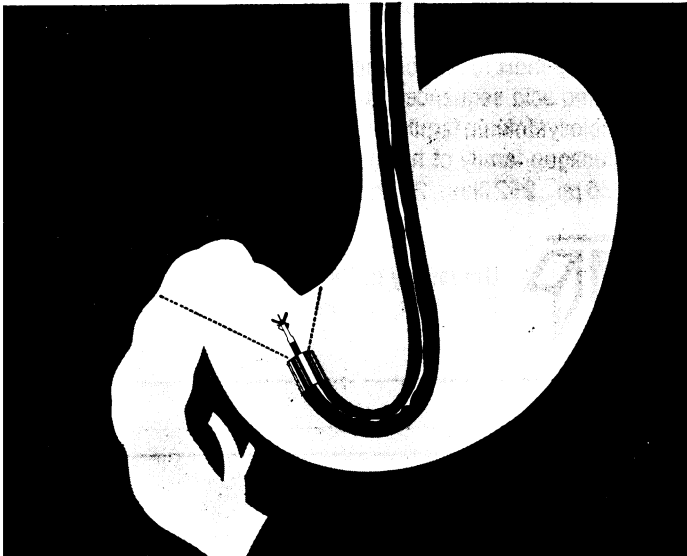
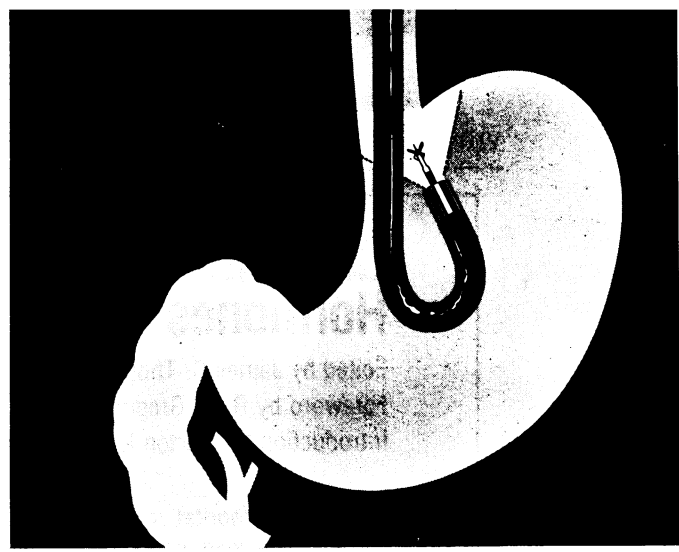
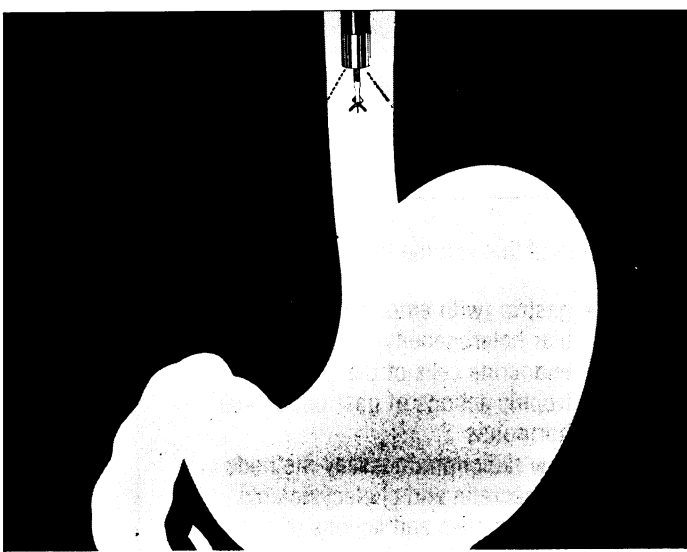
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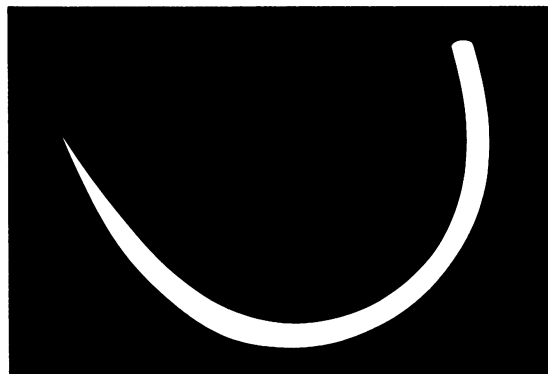
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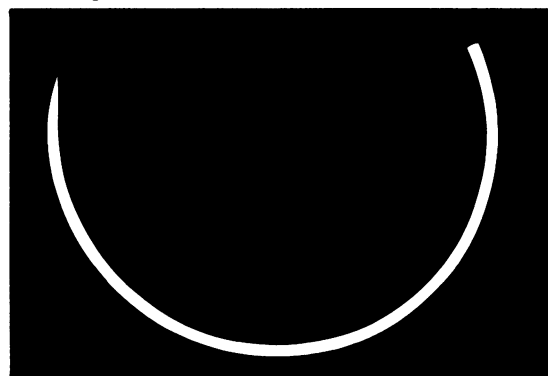
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PROLENE* Monofilament polypropylene for security you can count on

When the reliability of a non-absorbable is required in a contaminated or potentially contaminated field many surgeons are now choosing PROLENE suture. Made from polypropylene, a material of relative biological inertness, monofilament PROLENE suture is not degraded by tissue enzymes and is virtually unaffected by the presence of infection.

Security for extended approximation

Where wound healing may be delayed PROLENE suture can be relied on to retain its tensile strength.

Secure knot-holding

PROLENE suture is able to deform and flatten on knotting to give knot security superior to any other monofilament.

Security through reduced risk of suture extrusion and sinus formation

The specially smooth monofilament structure of PROLENE suture and its ability to tolerate infection extremely well can lessen the risk present with a braided suture in a contaminated wound.

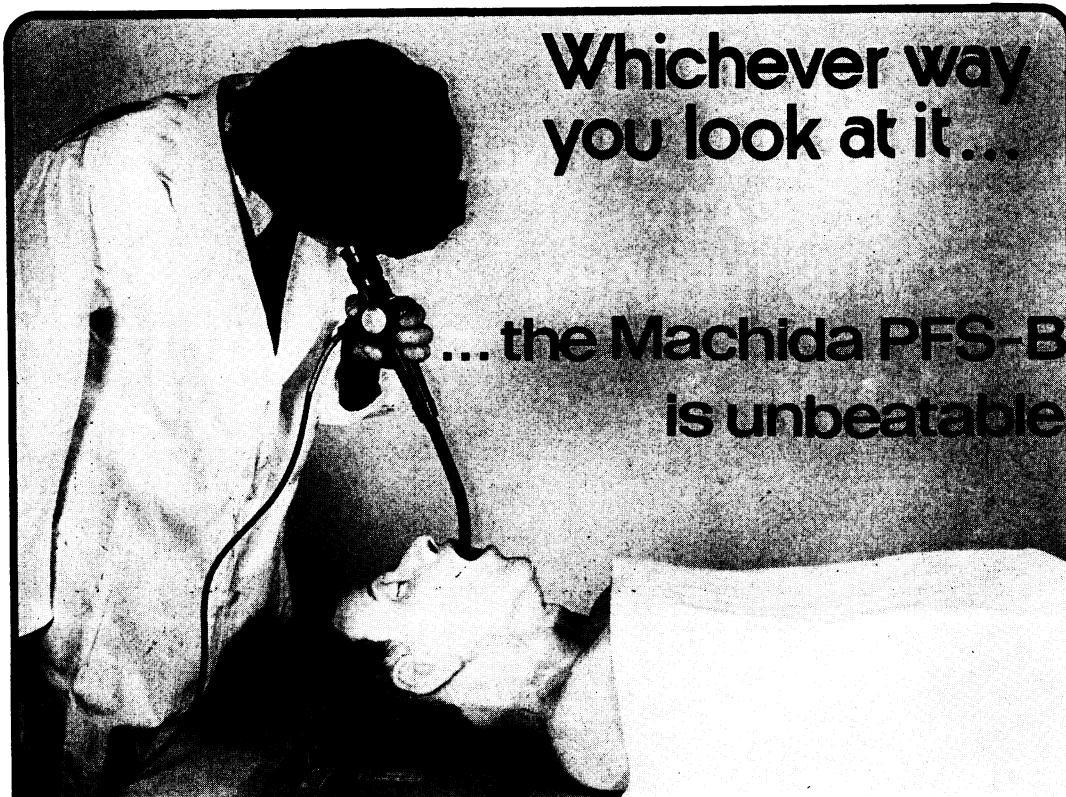
Indications: PROLENE Polypropylene suture may be used wherever a non-absorbable surgical suture is recommended.

Precautions: Unused PROLENE sutures may not be autoclaved more than three times by the standard autoclaving method without loss of strength. Care should be taken to avoid damaging the surface of the material with surgical instruments.

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THE END OF THE RETENTION ENEMA IN ULCERATIVE COLITIS THERAPY

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hydrocortisone acetate rectal foam

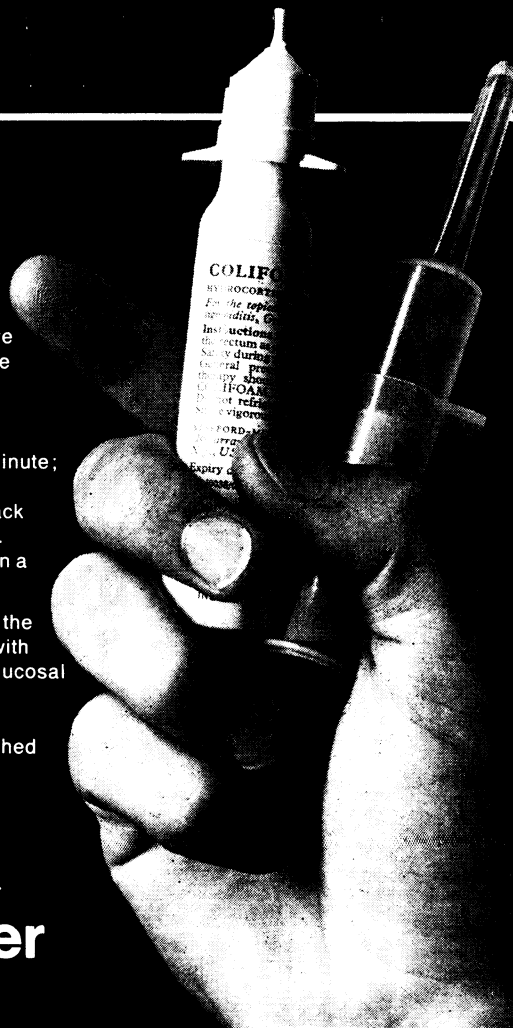
Retention enemas are messy to administer, uncomfortable and difficult for the patient to retain.

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Ouch!

Gastric reflux does nasty things to the oesophagus.

Like causing oesophagitis.

And heartburn.

All the more reason for prescribing Gaviscon rather than simple antacids.

Gaviscon suppresses gastric reflux—simple antacids don't. Recent evidence confirms that Gaviscon reduces the number of reflux episodes as well as the time during which the lower oesophageal pH is acid!

And Gaviscon has the backing of more than ten years' clinical experience in the treatment of reflux heartburn.

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1. Lancer (1974) i, 109

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