



# AB123. SOH23ABS\_074. Dedicated home enteral feeding dietitian: benefits for patients with oesophagogastric cancer and the hospital

Joanne McAnulty<sup>1</sup>, Ciara Tansey<sup>1</sup>, Sandra Brady<sup>1</sup>,  
Michelle Fanning<sup>1</sup>, Cliona Fennelly<sup>1</sup>, Waqas Butt<sup>2</sup>,  
John Vincent Reynolds<sup>2</sup>, Narayanasamy Ravi<sup>2</sup>,  
Claire Donohoe<sup>2</sup>

<sup>1</sup>Department of Clinical Nutrition, St James's Hospital, Dublin, Ireland; <sup>2</sup>Department of Surgery, St James's Hospital, Dublin, Ireland

**Background:** Home enteral feeding (HEF) is an integral component of the oesophagogastric dietitian's role with discharges increasing by 50% in our service in recent years. In November 2020, a dedicated HEF dietitian was appointed as a pilot initiative to expedite discharge for patients admitted electively for feeding tube placement, establish a reactive outpatient clinic to manage enteral tube complications and facilitate discharges on nasogastric tube feeding. The aim of this evaluation was to look at the impact the HEF dietitian had on reducing length of stay (LOS) and preventing avoidable admissions. In May 2021, an additional objective was introduced to facilitate an accelerated discharge path for patients admitted electively for placement of an oesophageal stent.

**Methods:** Data was collected prospectively from the eligible electronic patient records from November 2020 to November 2022. Data was analysed using descriptive statistics (Excel software). Cost analysis was undertaken based on previous average LOS and inpatient cost in this patient group.

**Results:** Of 54 elective tube admissions, LOS was reduced in 59%. Barriers to expediting discharge included disruptions related to coronavirus disease 2019 (COVID-19), cancer work-up and unforeseen medical complications. Fifty-six complications were managed in

outpatients and 10 patients were discharged on nasogastric tube feeding. LOS was reduced in 16 patients with oesophageal stents. In total, an estimated 432 surgical bed days were saved, equating to €432,000 in hospital savings.

**Conclusions:** Despite disruption to surgical activity with COVID-19, a dedicated HEF dietitian improved flow by expediting discharge and preventing admissions in patients with oesophagogastric cancer, demonstrating significant hospital cost savings.

**Keywords:** Dedicated home enteral feeding dietitian; hospital cost savings; nasogastric tube feeding; oesophagogastric cancer; expedite discharge

## Acknowledgments

*Funding:* None.

## Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-23-ab123

**Cite this abstract as:** McAnulty J, Tansey C, Brady S, Fanning M, Fennelly C, Butt W, Reynolds JV, Ravi N, Donohoe C. AB123. SOH23ABS\_074. Dedicated home enteral feeding dietitian: benefits for patients with oesophagogastric cancer and the hospital. *Mesentery Peritoneum* 2023;7:AB123.