

# The Incidence of Malnutrition Risk in an Elective and Emergency Surgery Cohort; a Snapshot within an Irish Hospital

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## Background:

Existence of malnutrition preoperatively or the deterioration of nutritional status peri-operatively, is a well recognised factor increasing postoperative complications and length of stay (McClave et al., 2013).

## Aim:

The aim of this study was to identify the incidence of malnutrition risk in both elective and emergency surgical patients.

## Methods:

This one day observational study was carried out on a 70 bed surgical unit. A validated malnutrition screening tool (MUST) was used to assess malnutrition risk in all eligible consented patients. (Fig 1.)

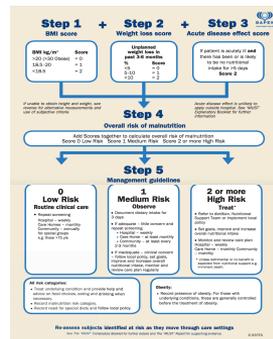


Fig. 1 Malnutrition Universal Screening Tool

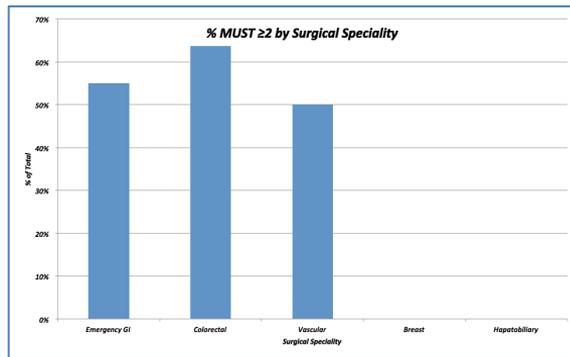


Fig.2 Malnutrition Risk by Speciality



Fig.2 Malnutrition Risk by Age Range

## Methods:

A series of patient demographics was also recorded; surgical speciality, diagnosis, gender, age, length of stay, comorbidities and if under the care of the dietetic service.

## Results:

42 out of 70 patients consented to participate in this study. A MUST score of  $\geq 2$  was detected in 21/42 (50%) of patients. Fig. 2 shows those with a MUST  $\geq 2$  by surgical speciality. Cancer was the primary indication for surgery in 33% of all participants. 42% of all cancer patients enrolled had a MUST score  $\geq 2$ , indicating malnutrition risk. Fig. 3 shows that those in the higher age range ( $\geq 70$  yrs) were at significantly higher risk of malnutrition. Within this age group, 100% of colorectal were at risk.

## Conclusion:

This study demonstrates a high incidence of malnutrition risk in both elective and emergency gastrointestinal surgery patients. The incidence of malnutrition risk in our Irish cohort is in line with international data highlighting the need for nutritional screening and the allocation of dietetic resources to provide personalised nutrition assessments and care pathways.

## References:

McClave S, Kozar R, Martindale R., Summary Points and Consensus Recommendations from the North American Surgical Nutrition Summit. JPEN 2013;77(1):99s-105s