

In this study, we investigated the effect of post-surgical parenteral nutrition on patients with gastric cancer (GC) and its possible mechanism” Jin et al (2018).

Abstract:

BACKGROUND/AIMS: In this study, we investigated the effect of post-surgical parenteral nutrition on patients with gastric cancer (GC) and its possible mechanism.

METHODS: A total of 108 patients were invited to assess for eligibility and 28 patients were excluded. The eighty patients were randomized to either a study group (1 L peripheral intravenous nutrition, 700 kcal) or a control group (1 L isotonic electrolyte solution). Parenteral nutrition was started on day 1 post-surgery and maintained for 4-8 days. Levels of albumin (ALB), prealbumin (PAB), hemoglobin (Hb) were measured before and after treatment. Self-rating Scale of Life Quality (SSLQ) and Quality of life (QoL) was assessed to analyze the patients' quality of life. Psychological status was evaluated using both the Hospital Anxiety and Depression Scale (HADS-A/D) and the Patient Health Questionnaire-9 (PHQ-9). Immune function was evaluated by flow cytometric analysis of the levels of CD3+, CD4+, and CD8+ cells.

RESULTS: Following post-surgical parenteral nutrition, the levels of ALB, PAB and Hb were significantly higher in the study group than those in the control group. QoL and SSLQ scores were also significantly increased, while HAD-A/D and PHQ-9 scores were significantly reduced. Furthermore, the percentages of CD3+ and CD4+ cells, but not CD8+ cells, as well as the CD4+/CD8+ ratio were significantly increased in the study group. There were no significant differences in these parameters between the control and study group prior to surgery.

CONCLUSION: The results suggest that post-surgical parenteral nutrition can significantly improve the nutritional and psychological status, QoL, and immune function of patients treated surgically for GC.

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Reference:

Jin, Y., Yong, C., Ren, K., Li, D. and Yuan, H. (2018) Effects of Post-Surgical Parenteral Nutrition on Patients with Gastric Cancer. *Cellular Physiology and Biochemistry*. 49(4), p.1320-1328.

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