NOGCA | National Oesophago-Gastric

Impact of NOGCA at system level 2022 Short Report: postoperative nutritional management

NICE guidance recommends that people undergoing curative surgery for oesophago-gastric (OG) cancer should be offered:

- Nutritional assessment and tailored specialist dietetic support before, during and after surgery.
- Immediate enteral or parenteral nutrition after surgery for oesophageal or gastro-oesophageal junctional cancers.

In 2019, NOGCA added new items to its dataset to capture patterns of nutrition support for patients with OG cancer.

NICE NICE Oesophago-gastric cancer: assessment and management in adults

Information about postoperative nutrition was available for 617 patients who had curative surgery for OG cancer diagnosed April 2019-March 2020, across 10 (of 30) specialist surgical centres.

The audit showed that in the 10 centres, practice was in line with NICE recommendations:

83.9% 98.9% OF OESOPHAGECTOMY PATIENTS OF PATIENTS WERE ASSESSED AND **ADVISED BY A SPECIALIST OG** HAD A JEJUNOSTOMY OR RECEIVED PARENTERAL NUTRITION DIETITIAN AFTER SURGERY, IN LINE **DURING THEIR SURGICAL** WITH RECOMMENDATIONS ADMISSION

However, as only 10 centres with high levels of data completeness were included in this analysis it is possible that centres with good nutritional practices are over-represented.

REGIONAL VARIATION IN PERIOPERATIVE NUTRITIONAL MANAGEMENT STRATEGIES (OESOPHAGECTOMY) Centre 0% 20% 40% 60% 80% 100%

% patients receiving intervention

Jejunostomy Parenteral

Nasojejunal Oral

The audit findings were presented at the AUGIS 2022 Annual Scientific Meeting in Aberdeen in September 2022. NOGCA also hosted a quality improvement workshop on the topic of postoperative nutritional management. The workshop identified that:

- There is wide variation in practice, reflecting a lack of evidence on the role of specific nutritional management strategies in improving surgical outcomes. For example:
 - One NHS trust keeps patients on a jejunostomy during adjuvant treatment after oesophagectomy, as they have observed that recovery of weight loss is faster for these patients.
 - Another trust has moved from routine placement of jejunostomy to selective placement of jejunostomy and nasojejunal tubes, but there are associated challenges such as blockage or displacement of tubes.
 - \succ In another trust, almost all patients receive total parenteral nutrition as standard, to eliminate the risks associated with jejunostomy and prolonged jejunal feeding.
- There is a need for more data on the long term outcomes of different approaches to nutritional support.

AUGIS is currently undertaking a quality improvement project on this topic.