Improving Surgical Outcomes Through Nutrition
Highlights from the 2012 North American Surgical Nutrition Summit

Vision
To make evidence-based nutrition a part of daily surgical practice.

Mission
To ensure that every major surgical patient receives optimal nutrition assessment and intervention.

Objective
To offer clinical recommendations that are easy to implement into routine practice.

Consensus Recommendations

Give preoperative immunonutrition for 5-7 days
All patients anticipating major elective surgery, regardless of nutritional status, should receive 500-1000 mL of an immunonutrition formula containing arginine, fish oil, nucleotides and antioxidants.

Increase metabolic preparation
Increased metabolic preparation before major surgery reduces risk of infection, length of stay and other surgical complications.

Consider carbohydrate loading immediately pre-op
Isotonic glucose solutions may be taken orally the night before and the morning of major elective surgery.

Do a preoperative nutritional risk assessment
Assess every major surgery patient for risk factors, including serum albumin levels, C-reactive protein, BMI, body weight and weight loss history.

Use protocols to implement surgical nutrition intervention
Nutritional therapy needs to be protocolized to deliver consistent, high-quality care through the perioperative period.

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To access the full JPEN supplement, go to:
http://tinyurl.com/consensusrecommendation

*The 2012 North American Surgical Nutrition Summit was sponsored by Nestlé Healthcare Nutrition, Inc.
Support your patients with evidence-based immunonutrition. Choose protocols that use IMPACT® formulas.

- Protocols using IMPACT® formulas are shown to reduce the risk of infectious complications by 51% ($p=0.00001$) after major surgery.
- IMPACT® formulas contain a unique blend of supplemental arginine, fish oil, nucleotides and antioxidants

To learn more about IMPACT® formulas, go to: [www.NestleHealthScience.us](http://www.NestleHealthScience.us)

References:
1. McClave SA. Summary points and consensus recommendations from the North American Surgical Summit. JPNEN. 2013;37(S5). In press.