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Clinician's perspectives of decision making and practices related to early feeding after liver transplant surgery

Tahnie Takefala[1], Hannah L Mayr[1,3,4], Ra'eesa Doola[1,3], Azmat Ali[1], Graeme A Macdonald[2,3], Ingrid J Hickman[1,3]

Departments of [1]Nutrition and Dietetics, [2]Gastroenterology and Hepatology, Princess Alexandra Hospital, Woolloongabba QLD, Australia; [3]Faculty of Medicine, The University of Queensland, Brisbane QLD, Australia; [4] Centre for Functioning and Health Research, Metro South Health, QLD, Australia.

Corresponding Author: Tahnie.Takefala@health.qld.gov.au

Introduction

- Evidenced-based practice guidelines indicate that normal food or enteral nutrition can be initiated within 12-24 hours after liver transplant (LTx) surgery[1].
- Translating evidenced-based recommendations into routine clinical practice can be challenging and it is important to understand the perspectives of clinicians who are involved in the post-operative nutrition care of liver transplant recipients.

Aim

- To explore clinicians' perspectives on post-operative nutrition care and the barriers/enablers to early oral feeding after liver transplant surgery in a tertiary hospital in Queensland, Australia.

Methods

Individual interviews via phone or in-person

LTx clinicians:
6 Surgeons, 1 Fellow, 1 Registrar, 1 Resident, 6 Transplant Nurses, 2 Intensivists and 2 ICU Nurses

Princess Alexandra Hospital, Brisbane

Recorded, transcribed and thematic analysis

Findings (themes)

1. Nutrition-related decisions governed by Surgeons

Variability in individual practice was accepted and decisions were influenced by surgeon experience, clinical factors and assessment of "tolerance".

"It's Surgeon preference and it's patient factors… someone that's used to doing something they're regimented in their training… the other side is patient factors… can they tolerate a diet yet?" (Fellow)

2. Beliefs about early nutrition

Early nutrition was considered important, but knowledge of evidence was lacking. Benefits were weighed up against risks in a complex patient group.

"If they're malnourished and you're not feeding them, then you risk having post-operative complications. If you want better patient outcomes, you should feed your patient pretty quickly." (Registrar)

3. An evolving nutrition culture

Traditional progression of diet and the role of clear fluids was considered outdated.

"I think the surgical culture with nutrition is shifting… the whole starve the patient then slowly feed them is shifting out…people are aware of how important nutrition is in patients." (Registrar)

4. System-related vulnerabilities

Discordant verbal and written communication and lack of process to monitor diet changes.

"If it's not noted or done off a verbal order it will get missed until at least the next day… that's quite a lot of barriers… we need to remember to do these upgrades." (Transplant Nurse)

Discussion

- Despite universal acceptance that nutrition is important, it was acknowledged that nutrition initiation is variable after transplant and dependent on individual surgeon's practice.
- There are system-related vulnerabilities that may effect actioning early oral feeding after liver transplant that may be addressed to improve nutrition care after transplant.

Limitations

- Findings are limited to the perspectives of clinicians from a single site at a tertiary hospital.
- The interviewer (TT) was the liver transplant dietitian, who was already known to some participants.

Conclusions

- Involving stakeholders and embedding a consensus protocol for early oral feeding, with ongoing evaluation, will be beneficial to ensure sustainable practice change.
- Multi-faceted, and data-driven strategies to target the system-related vulnerabilities to early oral feeding are warranted.

References

1. Plauth, M. ESPEN guideline on clinical nutrition in liver disease. *Clinical Nutrition* (2018)