

Oncologia do Porto Francisco Gentil, Entidade Pública Empresarial

R. Barbosa¹, TF. Amaral² and P. Alves³

¹ Student at Faculty of Ciências da Nutrição e Alimentação, University of Porto, Portugal.

² Associate Professor at Faculty of Ciências da Nutrição e Alimentação, University of Porto, Portugal.

³ Director of Serviço de Alimentação e Nutrição in IPOFG Porto, Portugal

Introduction: Undernutrition in cancer patients is recognized as an obstacle to treatment and rehabilitation of these patients and often goes beyond the solutions offered to minimize their effects. To determine whether the nutritional status of patients undergoing percutaneous endoscopic gastrostomy (PEG) influence their survival, the occurrence of complications of PEG, as well as the weight evolution and length of stay with .

Methods: A retrospective analysis of clinical charts from 173 patients who underwent to PEG procedure, in 2010 at IPOFG, EPE was conducted. It was possible to evaluate the nutritional risk by MUST in 152 patients.

Results: At PEG placement, 65.8% of patients were classified as being at High Nutritional Risk (HNR), but there was no difference in survival between them and those who had Low/Medium Nutritional Risk (LMNR). Although no statistically significant differences, patients with high nutritional risk had a lower survival. The frequency of major and minor complications was 6.4% and 27.2%, respectively. When compared in two groups to weight loss that elapsed between the placement of the PEG and the last weight recorded, it appears that patients BMRN lose more weight than those of HNR (5.6 kg vs. 1.1 kg) ($p < 0.05$).

Conclusion: Given the high frequency of HNR during the PEG placement and unfavorable outcomes observed, the minimization of the undernutrition effects in cancer patients with PEG may undergo by an early nutritional intervention, considering more frequently the prophylactic PEG placement.