Oral potassium supplementation in surgical patients

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ABSTRACT

Hospital inpatients are frequently hypokalaemic. Low plasma potassium levels may cause life threatening complications, such as cardiac arrhythmias. Potassium supplementation may be administered parenterally or enterally. Oral potassium supplements have been associated with oesophageal ulceration, strictures and gastritis. An alternative to potassium salt tablets or solution is dietary modification with potassium rich food stuffs, which has been proven to be a safe and effective method for potassium supplementation. The potassium content of one medium banana is equivalent to a 12 mmol potassium salt tablet. Potassium supplementation by dietary modification has been shown to be equally efficacious to oral potassium salt supplementation and is preferred by the majority of patients. Subsequently, it is our practice to replace potassium using dietary modification, particularly in surgical patients having undergone oesophagogastrectomy or in those with peptic ulcer disease.

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bananas. Sando-K contains 12 mmol potassium and costs £1.53 for 20 tablets, a cost of 0.6 pence/mmol potassium. Bananas in my local supermarket cost 77 p/kg (6 medium bananas) equivalent to 1.1 pence/mmol potassium. A 20 mmol ampoule of potassium chloride costs 48 pence, the equivalent of 2.4 pence/mmol.

Subsequently, our practice has been to give oral potassium supplementation by dietary modification to surgical patients when this is possible, particularly in those patients who have undergone oesophagogastric resection and those with upper alimentary disease such as reflux oesophagitis and peptic ulcer disease.

Conflict of interest
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Ethical approval
Not required.

REFERENCES