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Nutritional Status Of Patients With Hepatobiliary-pancreatic Surgical Disease

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Background : To investigate the nutritional status of patients with hepatobiliary-pancreatic diseases before surgery and establish basic reference data about predictors of poor nutritional status.

Methods : We retrospectively evaluated 2,322 patients admitted for hepatobiliary-pancreatic surgery between 2014 and 2016 using body mass index (BMI) score and preoperative serum albumin concentration. Prognostic nutrition index (PNI) was calculated as an assessment of the systemic inflammatory response in patients diagnosed with malignant diseases.

Results : Higher American Society of Anesthesiologists (ASA) classification (p=0.027), hospitalization through outpatient clinic (p=0.004), biliary drainage (external or internal, p<0.001), pancreatic disease (p=0.005), and malignant histology (p<0.001) were significantly associated with lower BMI scores. Univariate analysis showed significantly lower preoperative serum albumin concentrations in terms of higher ASA classification (p<0.001), hospitalization through emergency room (p<0.001), biliary drainage (p<0.001), hepatobiliary disease (p<0.001), and malignancy histology (p<0.001). Higher ASA classification, biliary drainage, pancreatic disease, and malignant histology were independent predictors of low BMI scores and higher ASA classification, hospitalization through the emergency room (ER), biliary drainage, hepatobiliary disease, and malignant histology were independent predictors of albumin concentrations of less than 4.1. The group with PNI<45 had significantly longer hospital stays than the group with PNI≥45 (p=0.034).

Conclusions : Screening of preoperative nutritional status is necessary for the assessment of the risk of malnutrition and its treatment. Preoperative BMI scores and serum albumin concentrations are considered as good indicators of nutritional status in hepatobiliary-pancreatic surgery.

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