

Early oral feeding after conventional major gynaecological and obstetrical surgery.

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Summary: Four hundred and fifty-two patients undergoing major obstetrical or gynaecological surgery were studied for gastrointestinal function, post-operative recovery and patient acceptability of early initiation of oral feeding at Smriti Nursing Home, Saharanpur, over a period of three years. It was found safe, convenient and acceptable to patients.

Traditionally patients are allowed oral fluids only after bowel sounds return following major obstetrical and gynaecological surgery. This study is designed to assess gastrointestinal function, postoperative recovery and patient acceptability of early initiation of oral feeding after such a procedure.

Material and Method

The study includes 452 cases who underwent major obstetrical and gynaecological surgery at Smriti Nursing Home, Saharanpur.

Schedule of oral feeding followed in the study group – Oral sips of water containing honey and lime juice within an hour following surgery followed by tea and 'Khichri' (low residue high protein semisolid diet) within six to eight hours and resumption of her normal diet thereafter.

The study group was compared with well-matched 416 patients in whom standard oral regime was followed consisting of sips of water 12 hours after surgery and a liquid diet only after bowel sounds return and flatus passed.

Observations

A total of 868 major obstetrical and gynaecological surgeries were performed at Smriti Nursing Home from April 1, 1995 to March 31, 1998. The study group comprised of 452 patients while 416 patients served as controls. The patients in the two groups were well matched and their distribution was random. Table-I shows different surgical procedures and distribution of patients in the two groups.

Patients in the study group needed two to six units of intravenous transfusions (mean 3 units) over a period of

Table-I
Distribution of patients

Operative procedure	Study Group	Control Group
- Caesarean section	276 (61.06%)	248 (59.6%)
- Abdominal hysterectomy	80 (17.7%)	84 (20.2%)
- Vaginal hysterectomy	48 (10.62%)	40 (9.6%)
- Laparotomy for ectopic pregnancy	20 (4.4%)	20 (4.8%)
- Laparotomy for Miscellaneous indication	28 (6.2%)	24 (5.8%)
Total	452	416

Table-II
Intravenous infusions

Groups	Number of units infused	Duration of I/v infusion
Study Group	2 – 4 (Mean 3)	4 – 12 Hours (Mean 6 hours)
Control Group	4 – 8 (Mean 5)	12 – 26 Hours (Mean 18 hours)

4-12 hours (mean 6 hours). Patients in the control group needed 4-8 units (mean 5 units) for 12-26 hours (mean 18 hours) (Table-II).

Gastrointestinal function of the two groups is depicted in Table-III and IV. Sixteen patients in the study group had soft abdominal distention while 14 controls had such distention. Two study group and three controls had significant tense abdominal distention (all these five

Table-III
Gastrointestinal Morbidity

Groups	Soft Abdominal Distention	Significant Tense Abdominal Distention
Study Group	16	2
Control Group	14	3

Table-IV
Gastrointestinal Function

Groups	Return of Bowel sounds	Flatus passed	First Bowel Evacuation
Study Group	2-10 hours (Mean 4 hrs.)	6-12 hours (Mean 8 hrs.)	24-48 hours (Mean 34 hrs.)
Control Group	8-18 hours (Mean 12 hrs.)	12-24 hours (Mean 16 hrs.)	40-52 hours (Mean 48 hrs.)

patients had undergone Caesarean Section and were unbooked handled patients of obstructed labour).

Bowel sounds returned within two to ten hours (mean 4 hours) in the study group and within 8 to 18 hours (mean 12 hours) in controls. The patients in the study group passed flatus within six to twelve hours (mean 8 hours) and had normal motion within 24 to 48 hours (mean 34 hours). The controls passed flatus within 12 to 24 hours (mean 16 hours) and bowel evacuation was observed in 40 to 52 hours (mean 48 hours).

Table-V
Return to Regular Diet

Study Group	16 – 30 hours (Mean 20 hrs.)
Control Group	26 – 48 hours (Mean 36 hrs.)

Table-V shows return to patients' regular diet in the two groups. Patients in the study group took their normal diet within 16 to 30 hours (mean 20 hours) while the controls returned to regular meals in 26 to 48 hours (mean 36 hours).

Patients in the study group started sitting in bed within four to ten hours (mean 6 hours) and were ambulatory within six to eighteen hours (mean 12 hours). The control

Table-VI
Ambulation

Groups	Sitting in Bed	Ambulatory
Study Group	4 – 10 hours (Mean 6 hrs.)	6 – 18 hours (Mean 12 hrs.)
Control Group	12 – 24 hours (Mean 15 hrs.)	12 – 36 hours (Mean 24 hrs.)

Table-VII
Hospital Stay

Study Group	2 – 8 days (Mean 3 days)
Control Group	3 – 10 days (Mean 5 days)

group patients started sitting in bed in twelve to twenty four hours (mean 15 hours) and were up and about in 12 to 36 hours (mean 24 hours) (Table-VI).

Patients in the study group were fit to be discharged within two to eight days (mean 3 days). The patients in control group were fit in three to ten days (mean 5 days). However, most patients in both the groups opted to stay till stitch removal.

Discussion

This is the era of modernisation and life has become very fast. Medicine has kept pace with time. Surgical skills have improved and techniques revolutionised. Still majority of gynaecological surgery in our country is conventional.

Early oral feeding after Caesarean delivery is now well established (Stark 'M', 1996; Soriano D. '96). This study evaluates various post-operative parameters after major obstetrical and gynaecological surgical procedures. Patients tolerated early feeding fairly well. Gastrointestinal morbidity was not increased. Need for intravenous transfusion was significantly reduced and patients returned to their regular routine quite early needing shorter hospital stay.

Conclusion

Early oral feeding is safe, convenient and acceptable to patients undergoing conventional major gynaecological and obstetric surgical procedures.

References

1. Stark, M. Asian of Obst. & Gynae Practice, 1:(1)72; 1996.
2. Soriano D., Dulitzki M., Keidar N., Barkai G., Maschiach S., Seidman D.S., Obstet. Gynecol. 87: 6; 1996.