

Question 34 – Week of October 6

In acute pancreatitis, once enteral feeds are initiated, which of the following is true?

- A. The need for surgery usually indicated a need to switch to TPN.
- B. Development of a pseudocyst precludes further enteral feeding.
- C. Any increase in amylase level indicates intolerance and need to stop feeds.
- D. Residual volumes should remain <10cc, unless the tip of the tube has migrated back to the stomach.

Answer: D

Surgery provides a great opportunity to establish a more reliable enteral access through surgically placed jejunostomy tubes. Development of complications does not automatically preclude further enteral feeding. Large increases in amylase accompanied by increasing abdominal pain does indicate intolerance, but fluctuations with small increases in amylase should be expected and are usually clinically insignificant in the absence of increasing abdominal pain. Residual volumes on jejunal feeds should be <10cc.

References:

1. Levy P, Heresbach D, Pariente EA, et al. Frequency and risk factors of recurrent pain during refeeding in patients with acute pancreatitis: A multivariate multi-center prospective study of 116 subjects. *Gut* 1997;40:262-6.
2. McClave SA, Greene LM, Snider HL, et al. Comparison of the safety of early enteral versus parenteral nutrition in mild acute pancreatitis. *JPEN* 1997;21:14-20.