

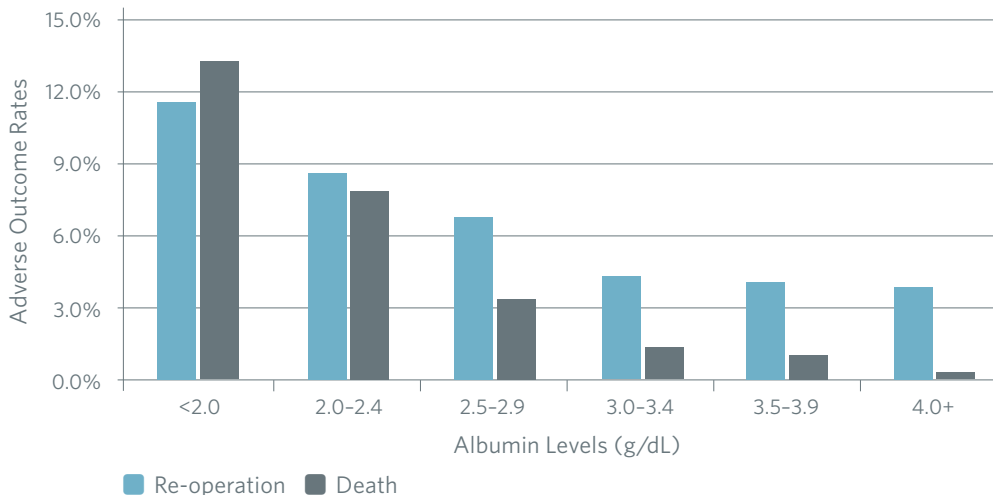
The Surgical Care and Outcomes Assessment Program (SCOAP) is a collaborative of clinicians and hospitals across Washington State driving best practices in surgical and interventional health care. By benchmarking performance and implementing hospital quality initiatives, such as a standardized Surgical Safety Checklist, SCOAP has improved outcomes and saved millions in health care dollars. SCOAP hospitals participating in a learning health care system called CERTAIN are now shining a spotlight on the presurgical setting. In that spotlight is Strong for Surgery—a campaign aimed at identifying and improving evidence-based practices to help patients have better outcomes.

NUTRITIONAL STATUS IS A MAJOR DETERMINANT OF OUTCOMES FOR ANY TYPE OF SURGERY, ESPECIALLY FOR HIGH-RISK PATIENTS

The first Strong for Surgery initiative will bring a presurgery checklist and nutritional interventions to doctors' offices to improve surgical outcomes. **Strong for Surgery targets:**

- ✓ Measurement of preoperative albumin
- ✓ Assessment of nutritional status
- ✓ Use of appropriate, evidence-based nutritional support

SCOAP: Albumin and Complications Elective Colon/Rectal Procedures



What can you do to help your patients be Strong for Surgery?

To find out more about the Strong for Surgery program and how you can join the effort to improve surgical outcomes through nutritional intervention, please contact us at strongforsurgery@facs.org.

Facts about Nutrition and Surgery:

- Malnourished patients undergoing surgery for gastrointestinal cancer have more than 10 fold increased morbidity.
- Assessment for unintentional weight loss, change in dietary intake, and gastrointestinal symptoms can indicate that a patient may be at nutritional risk.
- Albumin levels less than 3.0 are associated with higher post-op complication rates: 25% with levels 2.5 to 2.9 and 50% 2.0 to 2.4.
- Surgery patients suffer from immune suppression, which increases infection rates. A meta-analysis looking at 3,104 patients across 28 randomized control trials on elective surgeries demonstrated that use of "arginine-supplemented diets" was associated with a 41% reduction in risk of infectious complications. Seven studies of preoperative use showed a 43% reduction in risk.

Top References:

Mueller C, Compher C, Ellen DM; American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) Board of Directors. A.S.P.E.N. clinical guidelines: Nutrition screening, assessment, and intervention in adults. *JPEN J Parenter Enteral Nutr.* 2011 Jan;35(1):16-24. PubMed PMID: 21224430.

Drover JW, Dhaliwal R, Weitzel L, Wischmeyer PE, Ochoa JB, Heyland DK. Perioperative use of arginine-supplemented diets: Asystematic review of the evidence. *J Am Coll Surg.* 2011 Mar;212(3):385-99, 399.e1. PubMed PMID: 21247782.

Marik PE, Zaloga GP. Immunonutrition in high-risk surgical patients: A systematic review and analysis of the literature. *JPEN J Parenter Enteral Nutr.* 2010 Jul-Aug;34(4):378-86. PubMed PMID: 20631383.

A new collaborative venture to support education and training needs is being planned with the American College of Surgeons

Financial support from:

Agency for Healthcare Research and Quality
Life Sciences Discovery Fund
Nestlé HealthCare Nutrition, not for promoting a specific commercial product

Education Partners:

Qualis Health
Washington State Academy of Nutrition and Dietetics
Washington State Hospital Association
Washington State Medical Association