months old are not treated effectively. Extensive efforts should be payed to improve the level of child health service and healthcare systematic management of township hospital and to strengthen child healthcare consciousness of local people at the same time.

Disclosure of Interest: None declared.

MON-P273
FEEDING PRACTICE IN CHILDREN WITH ACUTE PANCREATITIS IN TURKEY
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Rationale: To specify the feeding practice of in children with AP in our center.

Methods: The medical records of children with AP were analyzed retrospectively. Data of 46 children were evaluated. Age, gender, etiology, laboratory and imaging findings, medications, fasting time duration, parenteral, enteral or oral nutrition management, AP related complications and mortality rate were noted.

Results: Mean age of children with AP was 9.8 ± 4.6 years. The most common etiologic factors were idiopathic (%37) and systemic diseases, drugs (%32.6). Twenty-eight children (%60.8) were not fed for 1-7 days. Total parental nutrition was applied to 34 children (%74). Tube feeding was used in five children (%10.8). All of the using formulas were standard polymeric formula. At the beginning of the diagnosis 7 children (%15.7) fed orally. L-asparaginase induced severe necrotizing pancreatitis developed in two children. The complication rate of AP was %21.7. Mortality rate was %4.3.

Conclusion: Long-term fasting, high rate of using total parenteral nutrition, low rate of using oral and tube feeding were detected in management of children with AP at our center. The real necessary to these treatment modalities on the basis of the patient’s characteristics should be investigated. This may be related to complications and/or mortality rate.

Disclosure of Interest: None declared.

MON-P274
FASTING ABBREVIATION: A CASE OF SUCCESS
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Rationale: The abbreviation fasting brings numerous benefits to patients: accelerate postoperative recovery, ameliorate the inflammatory response, improve nitrogen and hydroelectrolyte balance, improve immune response and healing, and decrease length of hospital stay.

Methods: Offered net diet with carbohydrate and protein up to four hours of surgery. Morbid obese, with gastroesophageal disorders and obstructive TGI cancer were excluded from the process.

Results: In twelve months (February 2016 to February 2017), the fasting of 249 patients (41%) was abbreviated, out of a total of 605 patients who remained fasting for more than 12 hours in our institution for surgery. Urology patients would remain fasted for 580 hours, with the abbreviation, time dropped to 152 hours (74% reduction). The orthopedics total time was 733 hours, with the protocol the time was for 200 hours (reduction of 73%). In general surgery patients the total time was 478 hours, but shortened the fast, were 124 hours (reduction of 74%). There was reduction in one day of hospitalization of the patients who received the abbreviation fasting and especially the patients of the specialties of urology, gynecology and general surgery. As for orthopedics, we found that patients submitted to fracture surgeries who received the abbreviation of fasting were three days less than those who did not participate in this protocol. We found that 99% (n = 2) of the patients in the protocol had no hunger and hunger effects after returning from surgery, and 100% of the patients did not present postoperative nausea/vomiting. 100% said they would do the abbreviation again and would not mind being woken up.

Conclusion: The abbreviation fasting therefore modifies the patient’s perception of the services provided, reduces total fasting and hospitalization time, and avoids symptoms of nausea and vomiting.

Reference

Disclosure of Interest: None declared.

MON-P275
IMPACT OF THE NUTRITIONAL STATUS OF HEART TRANSPLANT PATIENTS BEFORE AND AFTER SURGERY ON THE SURVIVAL RATE
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Rationale: Nutritional assessment of the heart transplant (HTx) candidates may expect transplant outcomes. The aim is to investigate the malnutrition risk among heart recipients before and one-year after transplant and its impact on the survival.

Methods: A total of ninety adult heart transplant recipients (men 77.7%), between 2009 and 2015, from the King Faisal Specialist Hospital, Riyadh, SA, were studied. The basal assessment included anthropometric, biochemical, bone mineral density (BMD) measurements and the nutritional risk index (NRI) calculation. In addition, the postoperative data also included the mortality analysis. Paired t-test, Cox regression and Kaplan-Meier (KM) curves were used.

Results: After 1 year, the prevalence of malnutrition risk based on the NRI and severe risk (NRI < 83.5) decreased from 60% to 18.51% and 7.78-1.23%, respectively, (p < 0.001) and males had higher NRI scores (p < 0.05) than females. Hemoglobin, albumin, prealbumin and cholesterol increased (p < 0.05). Vitamin D deficiency decreased (94.19% to 76.37%, p < 0.001).
Osteopenia at lumbar spine decreased (30.19-28.85%, p < 0.05), but increased at femoral neck (24.53-50%, p < 0.001). Osteoporosis increased more than double at both sites (3.7-13.64% and 3.7-7.69%, respectively, p < 0.001). Among all studied parameters (Table 1), the moderate to severe postoperative NRI score (NRI = 97.5) had the shortest survival (HR = 0.82; 95% CI, 0.75-0.89; P < 0.001).

Table 1: Cox regression analysis of some variables.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Hazard Ratio</th>
<th>95% CI</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-HTx NRI</td>
<td>0.97</td>
<td>0.92-1.02</td>
<td>0.20</td>
</tr>
<tr>
<td>Post-HTx NRI</td>
<td>0.82</td>
<td>0.75-0.89</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>BMI</td>
<td>1.54</td>
<td>0.36-6.91</td>
<td>0.91</td>
</tr>
<tr>
<td>Lymphocytes</td>
<td>0.98</td>
<td>0.83-1.15</td>
<td>0.78</td>
</tr>
<tr>
<td>Total cholesterol</td>
<td>0.79</td>
<td>0.02-3.19</td>
<td>0.91</td>
</tr>
</tbody>
</table>

Conclusion: Nutrition risk was highly prevalent among HTx cases. All tested parameters of malnutrition were ameliorated 1-year after HTx except BMD. Postoperative NRI was the most important predictor of survival as shown in KM curves.

Disclosure of Interest: None declared.

MON-P276
EVALUATION OF QUALITY OF LIFE AFTER NUTRITION CONSULTATION IN OSTOMIZED PATIENTS
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Rationale: Ostomized patients must face situations that can heavily affect their quality of life. The goal of the study is to evaluate this quality of life in the implementation of nutritional consultation at surgery discharge.

Methods: A prospective study was performed. At discharge, the patient's weight was recorded and an analytical study was requested. At 7-10 days (visit1) and a month later (visit2), the patient visits nutritionist consultation for assessment and diagnosis, diet progression review and output stoma control education. In both visits the quality of life was evaluated using the Montreux questionnaire, validated in ostomized patients. This questionnaire uses a scale of 1-5 to assess different aspects and is divided into three sections: Quality of Life, Self-Sufficiency and General Issues. Descriptive statistical analysis was performed. The mean change in qualitative variables was estimated using Mann-Whitney U test.

Results: 37 patients were recruited, median 66.9 ± 13.3 years, 81% men. The main cause of stoma formation was 73% colorectal cancer, 2.7% gynecological cancer, 2.7% inflammatory bowel disease, 21.6% benign causes. Nutritional diagnosis at visit1 was 37.8% good nutritional status, 18.9% nutritional risk, 13.5% mild protein-calorie malnutrition, 27% moderate and 2.7% severe. At visit2 was 64.3% good nutritional status, 32.1% nutritional risk and 3.6% mild protein-calorie malnutrition. Only 24 patients complete questionnaire in both visits. The overall score increased between visits from 102.4 ± 21.5 to 116.1 ± 29.6 (p = 0.006), quality of life part from 69.5 ± 14.9 to 76.6 ± 21.1 (p = 0.059), self-sufficiency from 17.2 ± 6.3 to 20.2 ± 5.8 (p = 0.010), general issues 17.1 ± 4.2 to 19.5 ± 5.2 (p = 0.036)

Conclusion: Improvement in quality of life measured in our patients after nutritional intervention is shown. Individually each section which valued specific areas were improved, special the self-sufficiency section.

Disclosure of Interest: None declared.

MON-P277
AN OSTOMIZED NUTRITIONAL CONSULTATION FOR HIGH OUTPUT STOMA AND ITS PHYSIOLOGICAL CONSEQUENCES CONTROL.
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Rationale: High output stoma (HOS) is a stomy complications that involves a large amounts of water and electrolytes losses such as long-term malnutrition. Our Hospital had previously established a HOS detection and management protocol during admission. The goal of this study is to evaluate the impact of a nutrition consultation for ostomized patients after discharge taking into account HOS self-control and nutritional status monitoring.

Methods: A prospective study was performed. During admission, HOS detection and management protocol application was recorded. At discharge, an analytical study with electrolytes was requested. At 7-10 days (visit1) and a month later (visit2), the patient visits nutrition consultation for assessment and diagnosis, HOS ambulatory management education and analytical control. Demographic parameters, nutritional diagnosis, Na, K, Ca, P and Mg levels were recorded at each visit. Statistical analysis was performed.

Results: 37 patients were recruited, median 66.9 ± 13.3 years, 81% men. 11% patients presented HOS during hospitalization (100 ileostomies) and HOS protocol succeeded in all cases. Only two patients reported HOS at visit2 (100 ileostomies). Visit1 electrolytes records showed 3.2% patients with mild hypokalemia (N = 31), 5.9% mild hypophosphatemia (N = 34), 5.7% mild hypomagnesemia (N = 35) and 5.9% mild hypocalcemia (N = 34). At visit2, there were no alterations (N = 26). Nutritional diagnosis at visit1 was 37.8% good nutritional status, 18.9% nutritional risk, 13.5% mild malnutrition, 27% moderate and 2.7% severe; at visit2 was 64.3% good nutritional status, 32.1% nutritional risk and 3.6% mild malnutrition. (“All protein-calorie”)

Conclusion: After the first consultation visit, a significant improvement of all nutritional parameters evaluated and in electrolytes control was observed. HOS is well controlled by patients ambulatory and during admission.

Disclosure of Interest: None declared.