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The Prognostic Role of Preoperative Nutrition Status in Patients Undergoing Interventions for Peripheral Artery Disease

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DESCRIPTION

If food needs are expected to be short-term, Peripheral Parenteral Nutrition (PPN) can be given for several days. Because this type of diet is fat based and completely carbohydrate-free, it provides only a fraction of the nutrients a patient needs on a given day and should only be used as a temporary solution. A major advantage of this type of nutrition is that it can be administered through an Intravenous (IV) line. Peripheral parenteral nutrition can be continuous, day and night, or cyclical (administered over several hours a day). A patient cannot receive her PPN at home. If patients cannot tolerate enteral nutrition for more than a few days, Total Parenteral Nutrition (TPN) can provide the full range of nutrients they need. Although TPN provides complete nutritional support, it contains large amounts of carbohydrates that can damage small blood vessels. It should be administered through a line placed intravenously. These leads include Peripherally Inserted Central Catheter leads (PICCs), which are typically inserted into the arm. A temporary centreline inserted into the neck or chest; or a long-term tunnelled catheter or implanted port inserted into the chest. Like PPN, TPN can be administered continuously or cyclically. The advantage of TPN is that patients can continue to receive it at home. However, there is a risk of serious infection associated with the central line. Parenteral nutrition can cause serious complications. Bloodstream infections from feeding lines can be serious, requiring interruption of feeding, antibiotics, and line replacement. Parenteral nutrition can cause mild to severe liver damage, including liver failure, in some patients. Parenteral nutrition is broken down into basic elements such as electrolytes and amino acids, and these elements cannot be adjusted from hour to hour and are constantly supplied over a given 24 hour period. On the other hand, food taken in from the intestine is used by the body as needed. It may take several days to tailor parenteral nutrition to the patient's specific needs. Needs can change from day to day, and serious electrolyte imbalances can develop. Patients should have frequent blood tests to ensure their diet is safe. In hospitals, the TPN must be specially prepared each day. Once the right prescription is reached, the patient can go home and weekly adjustments can be made if needed. The other is parenteral, which is given intravenously. Intravenous injections are considered the best way of administering drugs because they put the drug and its components directly into the blood. Medicines do not have to be ingested, then digested, and then absorbed into the blood. The drug takes effect almost immediately. It does not depend on human digestive capacity. Drugs enter the bloodstream and produce their intended effects without room for ambiguity or error. The same method is used to provide essential nutrients, and while this is also effective, it has the issues described in the cons. Placement of an IV catheter inside the body requires two points of penetration through the skin. Your healthcare provider will provide anesthesia to numb the pain and help you relax, and carefully clean and sterilize the two points. They begin by inserting a wire-guided needle through the skin and into the vein. Then remove the needle and remove the catheter tube over the guidewire. A small ultrasound device is used to guide the placement of the catheter, and he uses x-rays later to confirm correct placement.

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CONFLICT OF INTEREST

The author declares there is no conflict of interest.

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