



The Effects of Enteral Tube Feeding and Parenteral Nutrition on Appetite Sensations Intake in Health

Koji Amano*

Department of Palliative and Supportive Medicine, University of Aichi Medical, Japan

DESCRIPTION

Nutritional management is the cornerstone of treatment for critically ill patients. Data show that enteral nutrition is superior to parenteral nutrition for critically ill patients, especially with respect to the incidence of infectious complications. These results suggest that patient enteral nutrition has beneficial effects beyond nutrient delivery. Without enteral feeding, mucosal architecture is significantly altered and the function of the gastrointestinal barrier is compromised. This disorder facilitates the migration of bacteria from the intestinal lumen into the sub mucosa, causing epithelial inflammation. As a result, the balance between pro and anti-inflammatory factors is disrupted, further exacerbating gastrointestinal mucosal resistance. Gut stimulation is also important for maintaining physiological interactions between commensal bacteria and gut immune cells. Enteral nutrition deficiency induces deregulation of receptors that regulate the immune response to commensal bacteria and pathogens, a key factor leading to intestinal inflammation. Also, without enteral feeding, the gastrointestinal lining atrophies as epithelial cells absorb nutrients directly from the gastrointestinal tract to meet nutritional needs. can be explained by a significant change in studies have shown that the physiological stimulation of enteral feeding is important for maintaining gastrointestinal functions such as barrier function, immune function, and absorptive function. Enteral nutrition is important for not impairing gastrointestinal motility because it stimulates the secretion of gastrointestinal hormones that regulate motility. Acute Pancreatitis (AP) has a variety of etiologies, but approximately 80% of all cases are caused by alcohol or gallstones. The frequency of various etiologies varies significantly between countries. Alcohol is a determinant in approximately 70% of cases and the incidence of AP is linked

to alcohol consumption in Finland. Because the pathogenesis of AP is difficult and complex, the two most common causes are biliary disturbances and excessive alcohol consumption. Research results suggest that the prognosis of AP is based on the degree of pancreatic necrosis and the severity of multiple organ failure caused by the systemic inflammatory response. This suggests a complex balance between local tissue damage by inflammatory cytokines and a systemic anti-inflammatory comeback that limits inappropriate programming of circulating inflammatory mediators. Patients in both groups underwent rigorous preoperative preparation, including pulmonary function training. Coughing exercises, aspiration prevention and other relevant clinical education, regular preoperative fasting and fluid restriction, and preoperative enemas. A gastrointestinal decompression tube was inserted on the morning of the surgery. Thoracoscopic laparoscopic Ivor-Lewis surgery or laparoscopic right thoracic Ivor-Lewis surgery was performed under general anesthesia by the same surgical team. EN management is standardized and includes screening for nutritional risk, assessment of nutritional status, prescribing and implementing optimized nutritional regimens, monitoring nutritional treatment efficacy, dynamic adjustment of EN programs, and quality control throughout the process. From postoperative recovery until discharge, patients were instructed to perform breathing exercises, expectoration, and coughing daily to prevent aspiration. In the observation group, the EN patient was treated in combination with her ERAS intervention. Coughing, expectoration, and respiratory training were performed in bed on the first postoperative day. Patients were instructed to prop the incision to reduce impact on the anastomosis when coughing. Ultrasonography confirmed acceptable lung expansion and the chest tube were removed when drainage was less than her 300 mL per day. The urinary catheter was removed if there was

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Corresponding author Koji Amano, Department of Palliative and Supportive Medicine, University of Aichi Medical, Japan, E-mail: koji_amano4813@gmail.com

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no dysuria or obvious prostatic hyperplasia. After upper gastrointestinal angiography confirmed a patent anastomotic stoma and normal pyloric drainage, patients were given oral liquid nutrition combined with parenteral nutrition under the guidance of a nutritionist.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.