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17TH ANNUAL CHILD HEALTH RESEARCH DAYS

Nutrition for a Changing World

The Science of Nourishing the Next Generation

CHRD 2021: Abstract & Poster Submission Form

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Research Category:

- Basic Science
- Clinical
- Community Health / Policy

What was your role in the project?

- Design
- Perform Experiments
- Analyze Data
- Write Abstract

Presenter Status:

- Undergraduate Students
- Masters Student
- PhD Student
- Post-Doctoral Fellows
- Residents
- Non-Trainee

Title

Development of a patient database to track short- and long-term outcomes of children with intestinal failure in Manitoba

Background

Intestinal failure (IF) can be defined as the need for parenteral nutrition (PN) for ≥ 42 days. The management of children with IF has changed significantly since the introduction of novel intravenous lipids in 2007.

Objective

We developed a database to track the medical outcomes of children treated for IF in Manitoba.

Methods

With ethics approval, a database was developed through a retrospective chart review of patients treated for IF at our institution from 2007- 2021. Variables collected included patients' demographics, reason for IF, length of stay, complications, and PN duration. Descriptive statistics were performed.

Results

There were 141 charts reviewed. The mean birthweight was 2331.3 ± 1121.9 g. The mean gestational age at birth was 33.5 ± 5.1 weeks. There were 81 (57.5%) males. The most common reasons for IF were gastroschisis (N=41), necrotizing enterocolitis (N=27), and intestinal atresia (N=18). The median length of stay for initial admission was 18.4 weeks (range 6, 104.1). The median time on PN for inpatients was 67 days (range 42, 1000); twenty-eight patients were discharged on PN. Developmental delay was documented in 51 patients; cholestasis was noted in 32 patients; bone fragility fractures were noted in 12 patients. There were 24 deaths.

Conclusion

(N=18). The median length of stay for initial admission was 18.4 weeks (range 6, 104.1). The median time on PN for inpatients was 67 days (range 42, 1000); twenty-eight patients were discharged on PN. Developmental delay was documented in 51 patients; cholestasis was noted in 32 patients; bone fragility fractures were noted in 12 patients. There were 24 deaths.

Conclusion

We have created the first database defining patient characteristics and complications for intestinal failure in our centre. The data suggests significant health care utilization and the need for resource allocation to ensure individualized care. National databases could identify trends, assure quality, and guide practice.

Authors

- For each author, please click "[+] Add Item" and provide the author's information

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