

Intestinal Rehabilitation and Managing the Difficult Abdomen

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5th Annual Pursuit to Excellence: Wound, Ostomy, and Continence Management

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Disclosures

Zealand Pharma – investigator and consultant
Takeda – investigator and consultant
VectivBio – investigator
The Insides Company – investigator



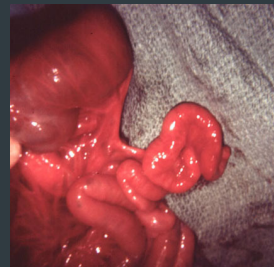
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What is Intestinal Failure?

Inability to maintain nutrition and/or hydration solely with your own intestines.



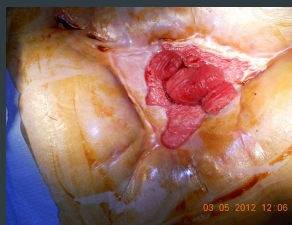
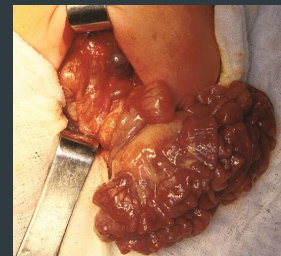
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Not enough bowel
Catastrophic or gradual

-OR-

Enough bowel, but doesn't
work properly



4

24048 patients with intestinal failure

Generally, management of short bowel patients across the US is done poorly

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Intestinal failure in the USA based on

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Abstract
Background: This study investigated the prevalence, characteristics, and management of intestinal failure (IF) in the USA based on

Results: Up to 24,048 patients with IF were identified, equivalent to 75 patients per million. IF affected people of all ages, being more prevalent in women than in men. Many providers signed PS orders for small patient groups over short time periods, whereas few providers signed PS orders for large patient groups long term, indicating a lack of centralization. The distribution of PS providers suggested a disparity in healthcare coverage in rural vs urban areas, leading to patients traveling considerable distances to receive PS prescriptions. This may be exacerbated by a decline of providers with expertise in IF and nutrition.

Conclusions: Healthcare disparities for patients with IF have likely been obscured by the lack of IF-specific diagnostic and procedure codes, obliging providers to code for their patients under other codes. Effective policy changes, including centralized care, revision of reimbursement models, and expansion of nutrition-focused education in addition to the newly introduced International Classification of Diseases codes, are needed to provide the best care for patients.

KEYWORDS
chronic intestinal failure, claims data, parenteral support

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What can we do in intestinal rehab?

At the end of the day...

The most children and adults having
the best life they can



7

EMPTY YOUR MIND.

BE FORMLESS. **LIKE WATER.**
SHAPELESS.

YOU PUT WATER INTO A CUP,
IT BECOMES THE CUP.

YOU PUT WATER INTO A BOTTLE,
IT BECOMES THE BOTTLE.

YOU PUT WATER INTO A TEAPOT,
IT BECOMES THE TEAPOT.

WATER CAN
FLOW **CRASH.**
OR IT CAN

BE WATER, MY FRIEND.



8

How do we do?

- Most babies with 10-15cm of small intestine and 2/3 of their large intestine will come off TPN
- Most adults with 30-40cm of small intestine and 75% of their large intestine will come off TPN
- Most adults with 100cm of small intestine and no colon will come off TPN
- Virtually every patient who comes to a specialized center will have a significant improvement in quality of life and a significant drop in intravenous support



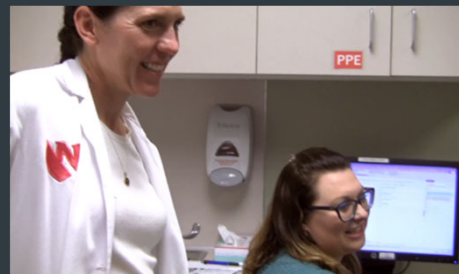
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Diet

- Frequent small meals
- Low concentrated sugars
- Higher fat and protein
- Drinks that contain solute

- G2, Powerade Zero, ORS



10

TPN Management

- Minimizing toxicity
- Maximizing time off
- Preventing dehydration



SMOFLipid

As much as possible we want TPN to fade into the background of people's daily lives



11

Central Line Management

- Don't pull lines
- Constantly stress perfection in line care
- Locks (ethanol, antibiotic, taurolidine, EDTA)



12



20 children on 4% EDTA locks
 Pre-EDTA 2.7 infections per 1000 catheter days
 Post-EDTA 0 infections per 1000 catheter days
 (followed for 1 year)

13

Medications

- To slow you down
 - loperamide, diphenoxylate
- To speed you up
 - erythromycin, metoclopramide, domperidone
- To make stool less toxic
 - cholestyramine, PPI/H2 blocker
- To modify bacteria
 - antibiotics, probiotics
- To help you absorb better

14



with
Teduglutide
Glepaglutide
Apraglutide



15

What are GLP-2 analogues?

- Changes made to a protein that we all make that control how the lining in the intestine grows (amongst other things)
- Approved drug is teduglutide (Gattex)
 - Generally very well tolerated
 - Leads to a reduction in IV support in most children and adults treated with it.
- If approved, newer versions will be given once or twice weekly and likely will have the same benefits



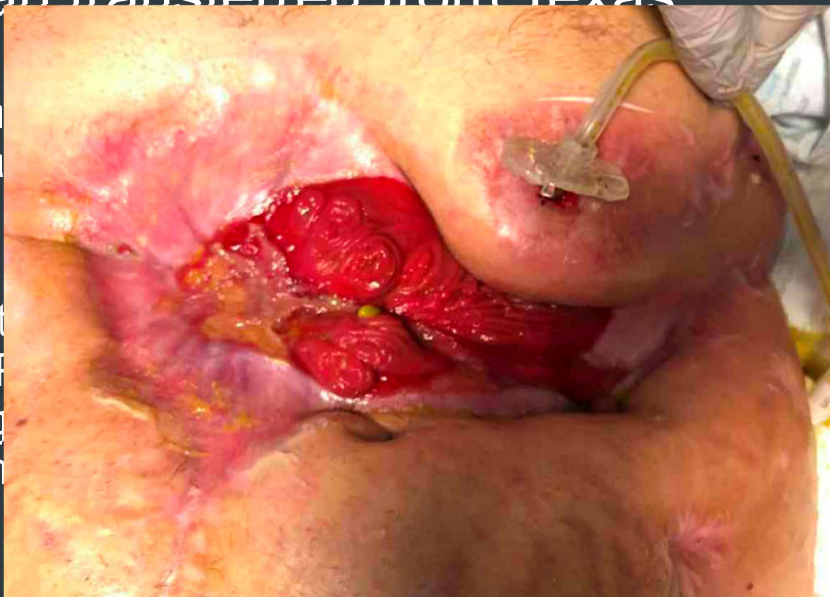
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Cases

17

32yo man transferred from Texas

- Bad pain
intestinal
multiple
fistulas
- In hospital
year, NR
cannot g
cannot n



18

8 days post op



Leaks 10 days post op...



19



51 days



20

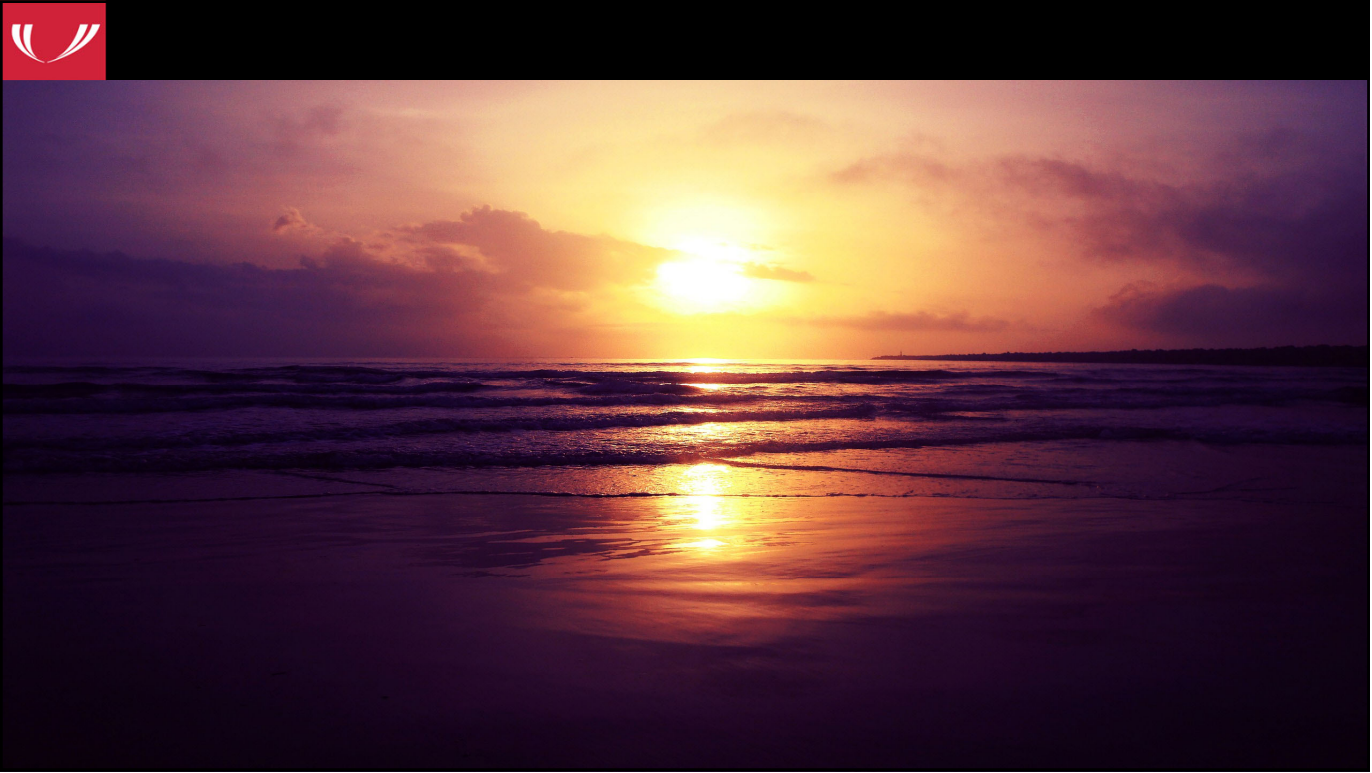
Back in OR about 20 more times over the next year. . .



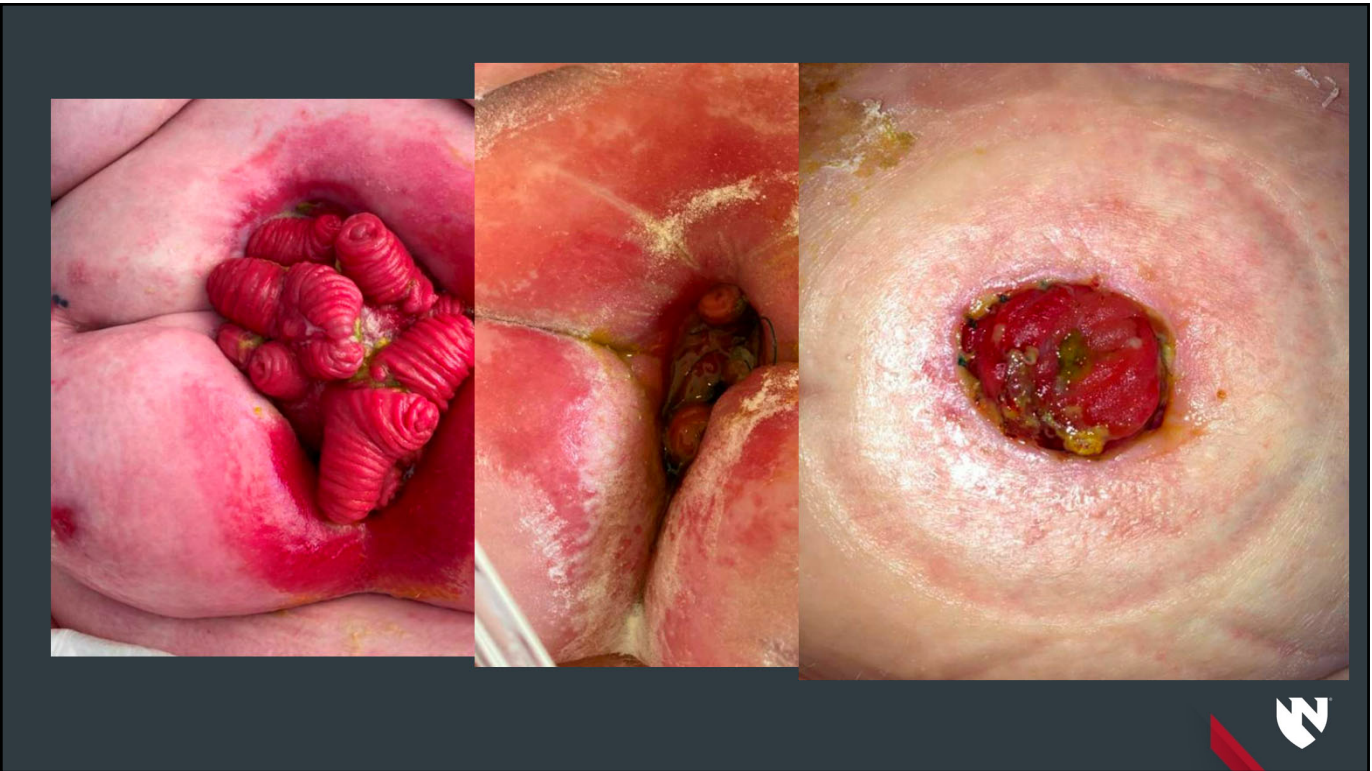
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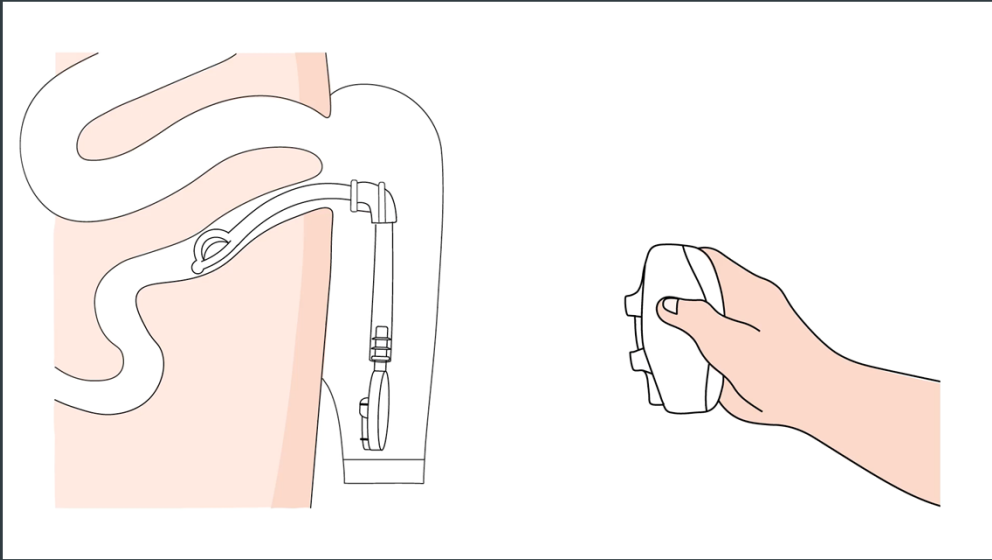
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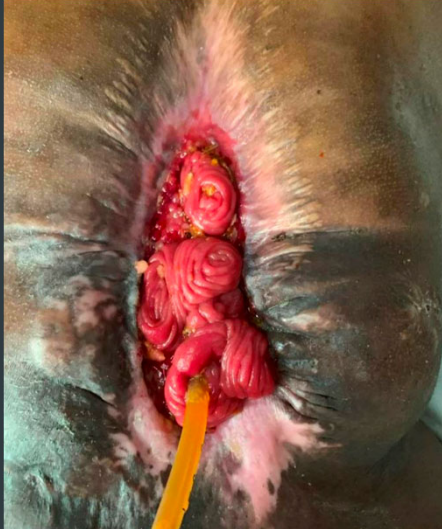
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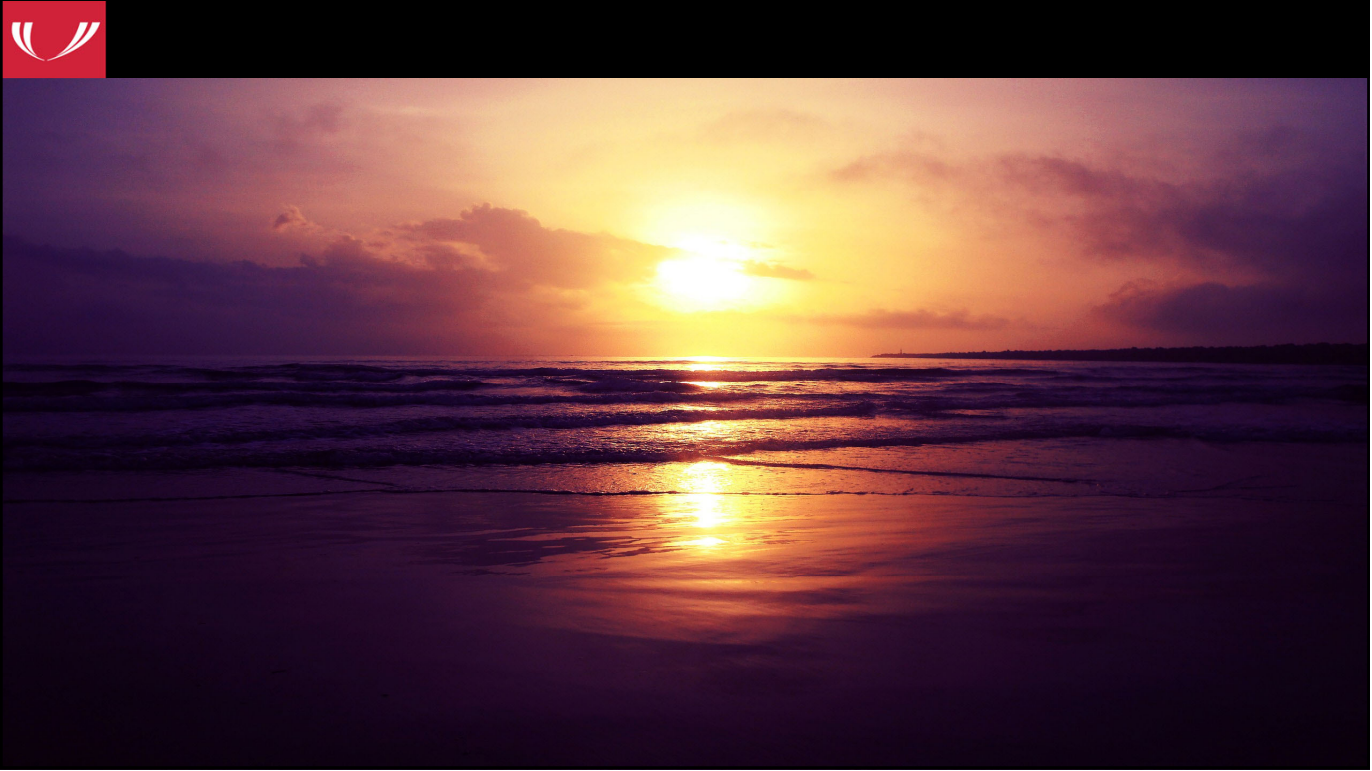
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Ana's story

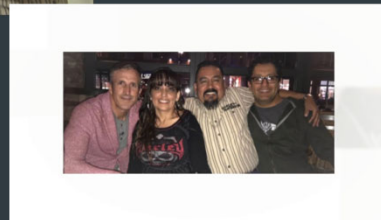
<https://youtu.be/6o0nGUW8VSE>



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” . . . A team. Literally a team . . . ”



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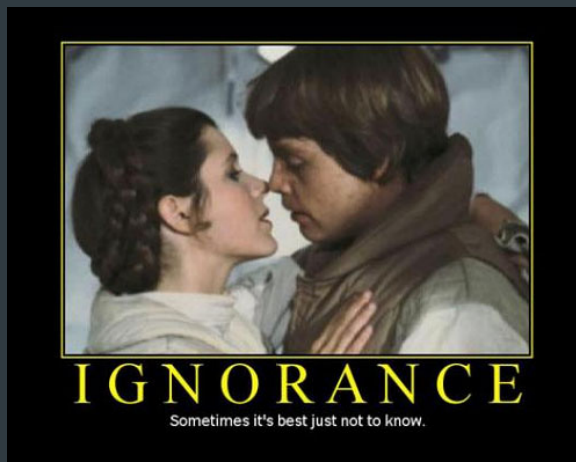
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When you have the chance to influence the care of a patient on TPN for greater than 3 months, empower them to get care at a center of excellence with a defined and strong intestinal failure program



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Questions?



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