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|   | **DIETARY MANAGEMENT OF****PANCREAS TRANSPLANTATION** |
| **Made by GHILMAB MOBEEN on April 24, 2012 as a part of course no \_\_\_\_Of BS HE under the guidance of Prof. Dr. Rubina Hakeem (RH)** |

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| **DESCRIPTION OF THE DISEASE/ DISORDER****WHAT IS PANCREAS???**The pancreas is a gland that lies to the rear of the other abdominal organs. The head is to the right below the Liver. One of its main functions is to make Insulin, a hormone that regulates the absorption of sugar (glucose) into your cells. When pancreas cannot produce enough insulin, Type I diabetes occurs. |
| **CAUSES OF THE DISEASE/ DISORDER****WHEN IS THE PANCREAS TRANSPLANTATION DONE???**Pancreas transplants are performed on individuals with Type I diabetes. It is indicated for patients with frequent, acute and severe metabolic complications requiring medical attention, severe clinical and emotional problems with exogenous insulin therapy, and consistent failure of other therapeutic options. |
| **NUTRITIONAL CONSIDERATIONS*** **PROTEINS:**
* A high-calorie, high-protein snacks will help meet the increased requirements following surgery.
* **FATS:**
* Generally, a moderate, sodium-restricted, low-saturated fat, low-cholesterol diet is recommended.
* Avoid high amounts of fat and select healthy cooking methods as baking, grilling, steaming and poaching and avoid deep frying.
* Select low-fat dairy products.
* **CARBOHYDRATES:**
* Eat a balanced diet with plenty of fresh and canned fruits and vegetables, cooked grains and cereals.
* **FIBER:**
* Avoid high amounts of fiber including legumes, nuts and whole grain cereals.
* **VITAMINS:**
* No specific recommendations.
* **MINERALS:**
* No specific recommendations.
* **FLUID REQUIREMENTS:**
* Drink plenty of water 4 L/day along with dietary sodium at least 4g/day based on replacement needs.
* Use of sports drink may be helpful for some patients.
* **ENERGY REQUIREMENTS:**
* Regular exercise should be encouraged for long-term maintenance of energy.
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| **DIETARY CONSIDERATIONS** **DURING COMPLICATIONS FOLLOWING PANCREAS TRANSPLANTATION** |
| **GASTROPARESIS/ILEUS** (Delays in gastric emptying or return of bowel motility) |
| **Do’s**  | **Moderation** | **Don’ts** |
| * Nutrition support using feeding tube is encouraged.
* If oral diet is possible, a low-fat, low-fiber, small and frequent feeding may be prescribed.
 | **(NA)** | **(NA)** |
| **PANCREATIC** **FISTULAS** (Leakage of pancreatic secretions) |
| **Do’s**  | **Moderation** | **Don’ts** |
| * Protein & high-calorie supplements may be useful.
* Oral fluids and electrolytes are encouraged to replace the losses.
 | **(NA)** | **(NA)** |
| **PANCREATITIS** (Inflammation of the native pancreas) |
| **Do’s**  | **Moderation** | **Don’ts** |
| * If no pain, nausea or vomiting, a low-fat, high-protein diet is indicated to take orally.
* If tube feedings are necessary, a low-fat, elemental formula may be indicated.
 | **(NA)** | **(NA)** |
| **HYPERGLYCEMIA** (high blood sugar) |
| **Do’s**  | **Moderation** | **Don’ts** |
| * Carbohydrate-controlled diet or tube feeding are indicated
* Frequent feedings and Oral supplements may be helpful when patient’s appetite is poor.
 | **(NA)** | **(NA)** |
| **OBESITY** |
| **Do’s**  | **Moderation** | **Don’ts** |
| * Reduction in total kilocalories with increased exercise should be encouraged.
 | **(NA)** | **(NA)** |
| **HYPERTENSION** (high blood pressure) |
| **Do’s**  | **Moderation** | **Don’ts** |
| * A sodium-restricted diet may be recommended for long-term blood pressure management.
 | **(NA)** | **(NA)** |
| **OSTEOPOROSIS** |
| **Do’s**  | **Moderation** | **Don’ts** |
| * Intake of calcium and vitamin D should be encouraged along with weight bearing exercise, such as walking, to decrease the risk of developing osteoporosis.
 | **(NA)** | **(NA)** |
| **FOOD AND DRUG/ DISEASE INTERACTIONS ORTREATMENT SIDE EFFECTS*** Presence of certain foods, particularly high-fat foods, decreases both the rate and amount of medicine absorbed.
* Side effects include; hypertention, hyperkalemia, hypomagnesemia, hyperlipidemia, glucose intolerance, mild iron deficiency anemia, nausea, vomiting, abdominal pain, diarrhea, hiccups and abdominal discomfort.
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| **References used:**1. Manual of Clinical Dietetics (American Dietetic Association,ed. 6th)
2. Nutrition Care Manual (NCM)
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| **Sources of further information:**  NO |