FEEDING PRACTICES IN PAEDIATRIC BURKITT’S NON-HODGKIN’S LYMPHOMA WITH MUCOSITIS: A RETROSPECTIVE CHART REVIEW

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Background Mucositis is a severe side effect of chemotherapy and can increase the risk of malnutrition in childhood cancer. There are no evidence-based guidelines for the optimal nutritional management for children who develop mucositis. The aim of this study was to determine and compare any associations between days on naso-gastric (NG) tube feeding, days on parenteral nutrition (PN) and weight z-scores in children who experienced mucositis.

Method Retrospective data was collected from medical records at Great Ormond Street Hospital (GOSH). Children <16 years of age who received two cycles of Cyclophosphamide, Vincristine, Prednisone, Doxorubicin and Methotrexate (COPADM) chemotherapy for Burkitt’s Non-Hodgkin’s Lymphoma (BNHL) between May 2015 and August 2019 were included.

Results Participants included 18 males and 4 females (average age of 6 years). During COPADM1, 90% developed mucositis (n20) and 100% during COPADM2 (n22). Including both COPADM cycles, 20% (n9) received only NG feeds, 29% (n13) received only PN, 29% (n13) received a combination of NG feeds and PN and 20% (n9) had oral intake and oral nutrition support. The average weight loss from admission to discharge was 1.67 kg. Weight loss appeared to be less in patients who received NG feeds in combination with PN (-0.38 kg) compared to those receiving NG (-1.93 kg) or PN (-0.98 kg) separately. No significant correlation was found between days spent on NG feeds and days on PN during COPADM 1 (r = 0.63; p = >0.05) or COPADM 2 (r = 0.86; p = >0.05).

Conclusion NG feeding appears not to influence days on PN in this patient group. However, where PN use is necessary, using complementary NG feeding may reduce weight loss in BNHL paediatric patients. A well-planned, intervention study is needed comparing NG and PN use in children being treated with mucositis-inducing chemotherapy, and the impact of feeding methods may have on patient outcomes.

THROAT PACKS IN PAEDIATRIC MAXILLO-FACIAL SURGERY: A PROSPECTIVE PILOT STUDY

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Introduction Throat packs are used to prevent post-operative nausea and vomiting (PONV) and respiratory complications from the ingestion/aspiration of blood during airway surgery.

A systematic review found no evidence of benefits from the use of throat packs in adults, but many reports of complications. Routine insertion of throat packs by anaesthetists is not recommended.1

Unrecognised throat pack retention can cause airway obstruction resulting in serious harm and death. This constitutes a ‘Never Event’ as defined by NHS England. Twenty six throat pack retention never events have been reported since 2015.2

A retrospective study comparing children having cleft palate surgery with and without a throat pack found no difference in early post-operative complications.1

Method A prospective study comparing the incidence of PONV and respiratory complications in children undergoing maxillo-facial surgery with and without a throat pack.

Data was collected prospectively from May 2019 using the electronic patient record system (EPIC).

Results Total of 50 cases. Median age was 10 years and 33 (66%) were male. Throat packs were used in 29 (58%) cases. No patient had a history of PONV and all received dual anti-emetic prophylaxis.

No respiratory complications occurred in any patient. There was no difference in the occurrence of PONV between the two groups; 7 (24%) children in the throat pack group versus 6 (28%) children without a throat pack, p=0.75.

Discussion This study showed no increase in the incidence of PONV or respiratory complications in children having maxillo-facial surgery without a throat pack.

This could be due to the low incidence of the outcomes measured. However we advocate that due to the lack of...