



Dietary Protein and Surgery Patient

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Message from the Guest Editor

Early oral feeding is crucial in determining surgical outcomes, especially for those undergoing gastrointestinal (GI) surgery. Avoidance of any nutritional therapy and subsequent malnutrition bears the risk of underfeeding during the postoperative course after major surgery and is considered a risk factor for postoperative complications. On the other hand, malabsorption and malnutrition are common problems encountered in the management of GI surgical conditions, especially among patients who undergo GI surgeries for malignancies.

Normal protein metabolism is crucial in surgical patients. There is a paucity of data regarding targeted daily protein intake and its effect on fat-free mass. Sarcopenia is a common complication that persists up to two years post-major surgery. Patients with sarcopenia were three times more likely to experience postoperative complications after GI surgery, twice as likely to be readmitted, and have a poorer quality of life. Nutritional restoration of protein remains a conundrum among upper GI surgical patients, especially among those after GI surgery.





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