



Nutritional Support in Patients with Short Bowel Syndrome: How Fast Enteral Autonomy Must Be Achieved

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Message from the Guest Editor

The goals in the management of patients with short bowel syndrome are a decrease in the mortality rate and the achievement of enteral autonomy (EA), while minimizing the development of complications. There is no consensus regarding the best time to achieve EA. While some centers prefer to accomplish EA as soon as possible, the others recommend a more gradual advancement in enteral nutrition with parallel weaning from PN support. EN is preferred because it is more physiological and exposes the gastrointestinal tract to nutrient and hormonal stimuli, improves feeding tolerance, and reduces PN duration, thereby decreasing the risk of sepsis and liver damage. However, enforced achievement of enteral autonomy in SBS patients with a short remaining gut (less than one-third of the estimated intestinal length) may impair normal intestinal regrowth (intestinal adaptation) and may cause intestinal dysmotility.

This Special Issue is to establish the best time to achieve EA in children and adults with SBS and to provide guidelines for correct advancements in enteral nutrition and gradual weaning off of PN support to achieve the best adaptation and prevent intestinal dysmotility.





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