Guerts *et al.* [7] in a large-scale study of 150 postoesophagectomy patients who were randomized to naso-duodenal feeding ($n = 71$) or jejunostomy feeding ($n = 79$). This study demonstrated that catheter-related complications were frequent and statistically comparable in both groups, although the incidence in the jejunostomy group was higher, and in one case led to a re-laparotomy for leakage. Overall, this study found no statistically significant difference in the rates of postoperative complications or catheter efficacy in the two groups, and they concluded that naso-duodenal tube feeding was as effective as jejunostomy as a means of providing enteral nutrition after oesophageal resection.

On reviewing all of the evidence, it should be noted that there is significant heterogeneity in the management of the control groups in these studies and, with the exception of Hans-Guerts *et al.* [7], these studies were significantly underpowered, with small numbers. Nonetheless, what is clear is that none of them show any clinical benefit in early enteral feeding. Indeed, some of these studies demonstrate a significant morbidity associated with enteral catheters themselves, and in the case of Watters *et al.* [5], a significant clinical detriment in respiratory function associated with early feeding. It should be noted that similar conclusions were reached by Markides *et al.* [8] in their systematic review examining all nutritional access routes following oesophagectomy. Overall, they found that the evidence in support of any particular type of routine nutritional support was weak, although they suggested that enteral, as opposed to parenteral, nutrition may be superior—a conclusion also reported by another recent systematic review [9].

CLINICAL BOTTOM LINE

Although in enteral feeding immediately following an oesophagectomy, either the nasal route or via percutaneous jejunostomy is feasible, this procedure is not associated with any clinical benefits when compared with a no-feeding strategy. The use of routine postoperative enteral feeding following oesophagectomy cannot be justified.

Conflict of interest: none declared.

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eComment. Enteral nutrition following oesophagectomy for oesophageal carcinoma

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doi: 10.1093/icvts/ivs332

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The systemic effects of malignancy and obstruction caused by oesophageal strictures means patients with oesophageal carcinoma are frequently malnourished. Wheble and colleagues [1] point out there is a paucity of data to identify whether a routine early postoperative enteral feeding after oesophageal resection is beneficial. They correctly conclude none of the randomized studies show any mortality benefits. However none of trials quoted examined whether any preoperative predictors of nutrition status would affect the outcome (mortality). This information could be used to see if stratification of patients based on nutritional status resulted in any benefit of early enteral feeding. Larger sample sizes would be needed for such an analysis.

A study not quoted by the authors compared the outcomes of 44 patients who underwent early enteral feeding in patients who underwent oesophageal resection to a historical cohort of patients who underwent parenteral feeding [2]. Although no difference in 30-day perioperative mortality was found, early enteral feeding compared to parenteral feeding reduced both the stay in the ICU and overall hospital stay. Therefore, until more robust data is available, routine early postoperative enteral feeding should not be abandoned.

Conflict of interest: none declared

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