Pathway for Mucous Fistula (MF) Refeeding

Technical Key Steps:

Figure 1.

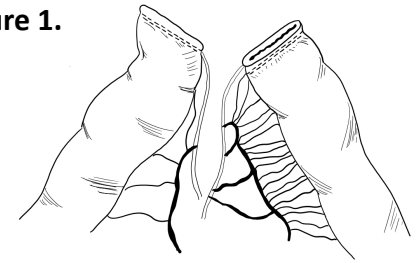


Figure 2.

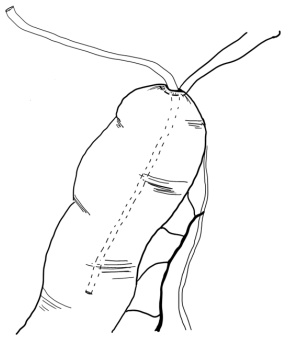


Figure 3.

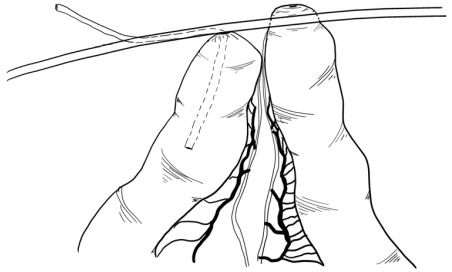
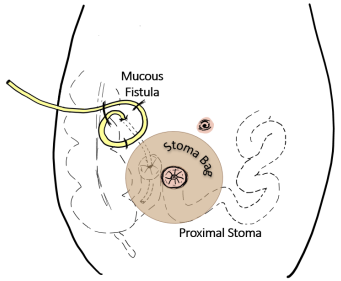


Figure 4.



Intra-Operative:

1 Is patient a candidate for MF refeeding?

- Intestinal resection but not a good candidate for primary anastomosis?
- Is infant stable to allow for extra operative time to create MF?

If yes, create MF

2 Place MF tube intra-operatively

- Line up mesenteries of proximal and distal bowel ***(Fig. 1)***
- Tunnel MF tube through abdominal wall & away from stoma
- Place 5-8 French feeding tube into distal bowel (MF) with purse string suture ***(Fig. 2)***
- Stamm MF tube to abdominal wall ***(Fig. 3)***
- Stoma and MF should be far enough apart for placement of separate ostomy bags ***(Fig. 4)***

After post-op ileus has resolved

Refeeding:

3 Ready to begin refeeding?

- Distal bowel assessed for patency?
  - Either in OR or with contrast study
- Tolerating enteral nutrition for at least 2 days?
- Has >5 mL of stoma output/day?

If yes to all 3, then can start refeeding

4 How to initiate refeeding :

Refeed proximal stoma effluent into mucous fistula to create an artificial 'continuity'

- Max refeed bolus push = 10 mL. If >10 mL, run refeeds over a pump with max rate of 30 mL/hr. Can extend infusion time as needed to 3 hours maximum.
- If thick stoma effluent, strain to prevent MF tube clogging. May also dilute w/small amount of warm water PRN.

1) Place MF refeeding order in EPIC
   - Day 1: Refeed 5 mL q12h
   - Day 2: Refeed 5 mL q6hr (if on enteral bolus feeds) or q8H (if enteral continuous feeds)
   - Day 3: Refeed 10 mL q6hr (or q8H if on continuous feeds)
   - Day 4: Refeed 10 mL q3hr (or q4H if on continuous feeds)
   - Beginning Day 5, refeed all stoma output q3 or q4 hours (depending on type of feeds)
2) Ensure that patient continues to tolerate enteral nutrition

Troubleshooting Refeeding Challenges:

MF tube fell out

- Alert PedSurg Fellows to replace MF tube on morning or evening rounds

Leakage around MF

- Check tube placement
- Order contrast study to r/o distal obstruction

MF tube is clogged

- Instill warm water; if that doesn't work then try carbonated water

Patient is acidotic (bicarb < 20)

- Rule out other causes of metabolic acidosis
- Stop MF refeeding, then resume refeeds slowly after bicarb has normalized

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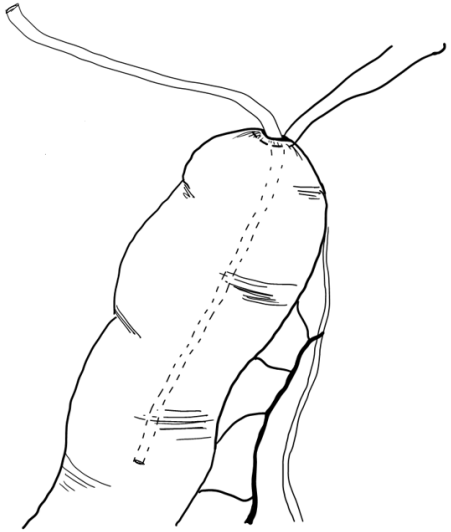
Updated 5/20

Figure 1.

Figure 2.



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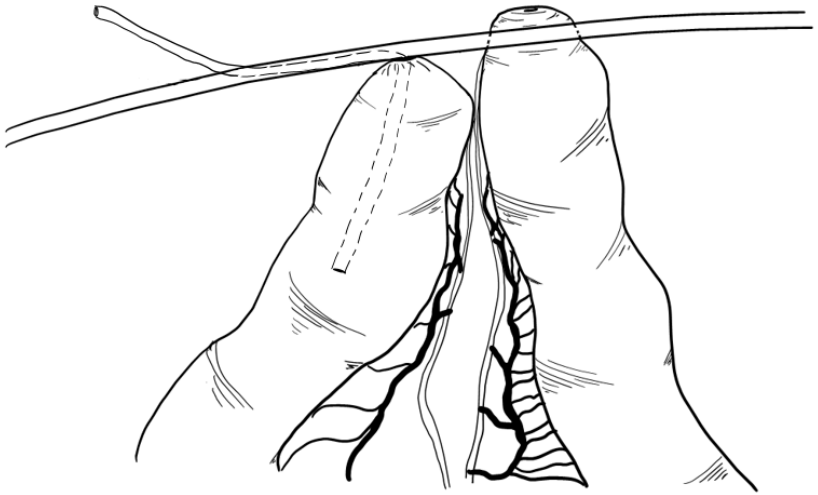

Figure 4.