

The Long & Short of It: Optimizing Patient Care in Short Bowel Syndrome

#3: Tweetorial: Multidisciplinary Team



References

CME Info

bit.ly/4oOZTdp

1/ 🗣️ #GITwitter last but not least
#ShortBowelSyndrome #MNIBDTweetorial 📖 w @ValCohranMD
@DCharabaty

👉 Role of MDT 4 strongest 🏆 team
🏥 Intestinal rehab. program breakdown

🏆 #CME bit.ly/4oOZTdp
Support by an edu grant from @TakedaPharma

2/#MondayNightIBD #ShortBowelSyndrome #MedTwitter #GITwitter
#MedPeds #BonumCE

🏆 Earn #CME 🏆 on Twitter!
🏆 Full CME bit.ly/4oOZTdp

📷 Faculty disclosures & important CME info 📌

The Long & Short of It: Optimizing Patient Care in Short Bowel Syndrome

Disclosures & CME Information



Aline Charabaty

MD, AGAF, FACG

Assistant Clinical Director of the
Division of Gastroenterology
Johns Hopkins School
of Medicine

Clinical Director of IBD
Johns Hopkins - Sibley Memorial
Hospital - Washington, D.C.

@DCharabaty

Disclosures

Consultant, Advisor, Speaker:
AbbVie, Bristol Myers-Squibb, Eli Lilly,
Janssen, Pfizer, Takeda



Valeria Cohran

MD, MS

Medical Director of Intestinal
Rehabilitation and Transplant
The Ann & Robert H. Lurie Children's
Hospital of Chicago

Associate Professor of Pediatrics
Northwestern University Feinberg
School of Medicine - Chicago, IL

@valcohranmd

Disclosures

Consultant, Advisor, Speaker:
Abbott Nutrition, Nutricia, Takeda



Joint Accreditation Statement

In support of improving patient care, this activity has been planned and implemented by Partners for Advancing Clinical Education (PACE) and Bonum CE. PACE is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

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#3: Tweetorial: Multidisciplinary Team

3/[#MondayNightIBD](#) [#IBDPoll 1](#)

➡ 50-yo pt w 1y hx of SBS after multiple short bowel resections for stricturing Crohn's
Labs show dehydration & nutrient deficiencies
U discuss initiating [#ParenteralNutrition](#)


➡ You focus on educating pt on which of the possible complications...

- Cardiac infarction
- Central venous thrombosis
- Malignancy
- Weight gain

4/[#ShortBowelSyndrome](#) =most common cause of intestinal failure

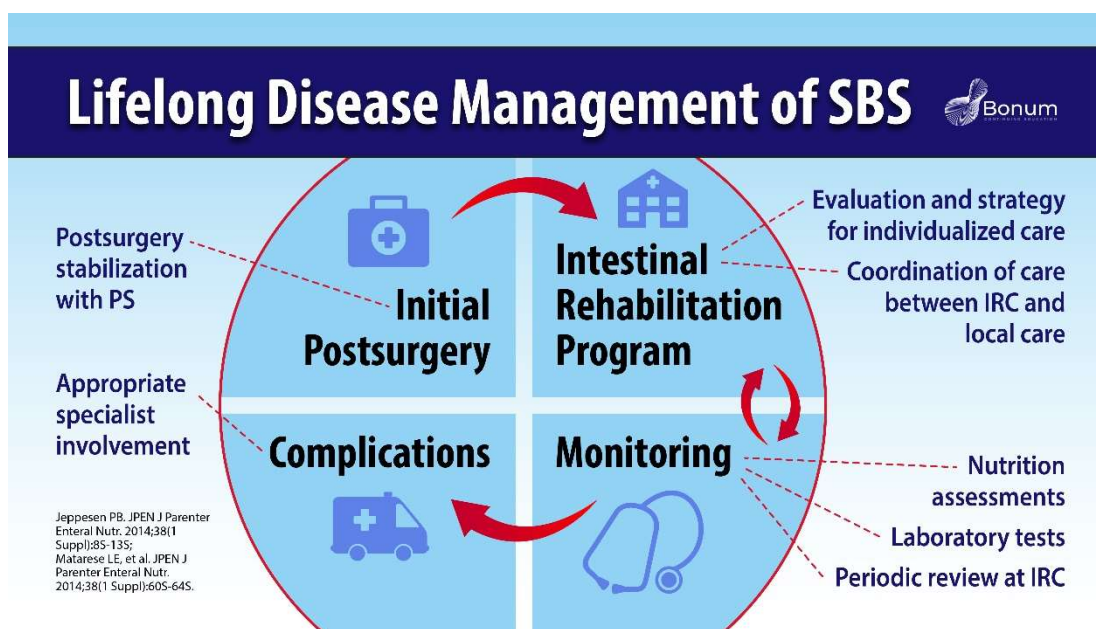
⚖ Both SBS & [#ParenteralNutrition](#) are assc'd w significant complications

✳ Reqs complex, & lifelong, course of disease mgmt

⚠ Early appraisal & mgmt of CVC issues is vital for salvaging CVC & 
QoL for the pt on PN

Ref #

3 + 4



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[#IBDPoll 2](#)

Which is best practice, at a minimum, for a [#Multidisciplinary](#) team for pts w/ SBS?

- GI, Surg, Therapist
- GI, Surg, PCP
- GI, Surg, RN, Dietician
- Other

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Ref #

2 + 6

🕒 Given the complicated nature of [#ShortBowelSyndrome](#), it is recommended that tx is:

✳ Individualized

✳ Mngd by a [#Multidisciplinary](#) team (MDT) encompassing all aspects of care

📍 Pts can benefit from @ minimum an MDT composed of GI, Surgeon, Nurse, Dietician



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For pediatric [#ShortBowelSyndrome](#) pts, MDT can also include neonatologists, child-life specialists, & other peds specialists

In transition from pediatric ➔ adult, it becomes essential to plan 4:

- ✏ Continuity of care
- ✏ Pt independence
- ✏ Maintaining/improving QoL

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Ref #

9 + 10

🏠 Home [#ParenteralNutrition](#) & [#EnteralNutrition](#)

- ✓ Pt selection essential: acceptable home environment w support
- ✓ Pt/caregiver edu, routine monitoring essential to prevent/reduce complications
- ✓ Support groups provide support & networking

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⚡ Essential that the MDT continues to engage in collaborative care even as pt initiates & responds to tx such as teduglutide

📊 Monitor labs as pt weans from [#ParenteralNutrition](#)

🍷 Adjust diet w changing nutrition needs

👤 Educate & engage to optimize [#adherence](#)

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#IBDPoll 3

2yo pt w hx of necrotizing enterocolitis & new dx of SBS after surgery
Parents meet w GI to discuss her care & voice confusion w diverse care recommendations.

Which approach is recommended to facilitate integrated mgmt for this pt?

- GI with SBS experience
- IBD Clinic
- Intestinal rehab program
- Regular nurse follow-up

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IRP=med centers w interdisciplinary teams experienced in centrizid & integrated mgmt of SBS

Ref #

4 + 5

Goals of IRP

- Promote intestinal adaptation
- Facilitate enteral autonomy
- M&M

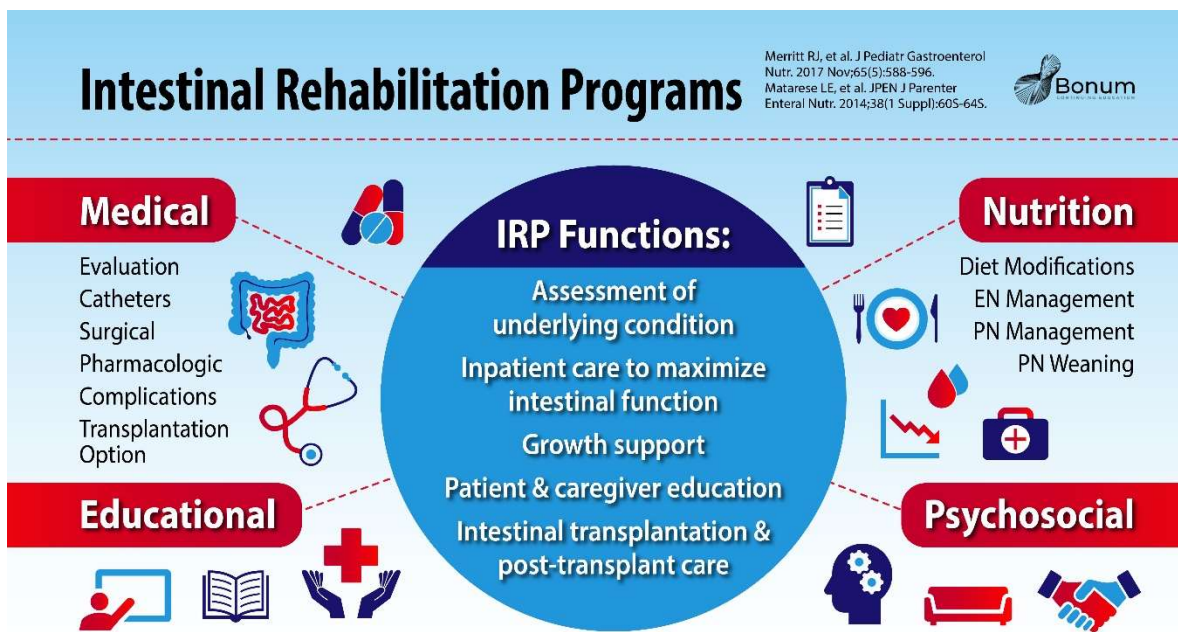
IRPs provide expertise in PN mgmt, diet & fluid optimization, pharmacologic mgmt &

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- IRPs can be focused on Pediatric, Adults, All ages
- Some pts don't have access to IRPs and/or unable to travel to one
- Telemedicine allows for virtual consult w IRP team



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1, 6, 8

- ◆ Pts w #ShortBowelSyndrome managed in an IRP benefit from better survival vs historical ctrls treated w/o MDT care
- ✓ Systematic rev/meta-analysis: ↑ in OS (22% to 42%) among peds pts
- ✓ Retrospective cohort: ↓ in peds pts who died before transplant (15% to >60%)

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#GITwitter; mgmt of SBS may feel daunting 😞
Fortunately, you're not alone

RESOURCES 🙋

👨‍⚕️ HCPs: @sbsFoundation @ASPEN_nutrition

👤 Patients: @IFFGD @OleyFoundation

Caregivers: 📷 🙋

& the mentoring network developed by @MondayNightIBD 🙋

<h2>Clinician Resources</h2>	<p>@sbsfoundation Maintains a list of Centers of Excellence</p> <p>@ASPEN_nutrition Provides guidelines, clinical resources for PN/EN</p>
<p>@sbsfoundation Provides education and community support network</p> <p>@OleyFoundation Focus on home PN/EN support</p>	<p>@ASPEN_nutrition PN/EN patient info center</p> <p>@IFFGD International Foundation for Functional GI Disorders</p>
<h2>Caregiver Resources</h2>	<p>@NA4Caregiving National Alliance for Caregiving</p> <p>@CaregiverAction Caregiver Action Network</p> <p>@CaregiverAlly Family Caregiver Alliance </p>

Patient Resources

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- 🔑 Pts
- ✓ GI, Surg, RN, Dietician best 4 SBS MDT; ped pts benefit from neonatologists, child-life specialists, & other ped specialists
- ✓ Essential MDT continues even w tx
- ✓ IRPs: centers w MDT expertise in PN mgmt, diet & fluid optimization, pharm mgmt & surgery

Claim your CME credit by completing the post-survey and evaluation. Link provided 🙋



bit.ly/4oOZTdp

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