

Home jejunostomy feeding after oesophagectomy



Assume that today's date is 22 October 2026. Mr Merriman is being discharged home this afternoon. You are the ward dietitian on the upper gastrointestinal surgical ward. Using the information in the case notes, write a letter to Ms Roisin Ballantyne, Home Enteral Nutrition Dietitian, referring Mr Merriman for ongoing monitoring of his jejunostomy feeds, his weight and his transition to a full oral diet. Address the letter to Ms Roisin Ballantyne, Home Enteral Nutrition Dietitian, Community Home Enteral Nutrition Service, 61 Fairview Road. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180-200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

Patient details

1. Name: Mr Mwangi Merriman
2. DOB: 14/03/1969 (57 yrs)
3. Address: 27 Kestrel Street
4. Admitted: 28/09/26; discharge: 22/10/26

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Social background

5. Lives with wife; she attended feed training and manages pump set-up and flushes
6. Bus depot supervisor; hopes to return to work in 3/12
7. Keen amateur fisherman
8. Ex-smoker (quit 2010); nil alcohol since diagnosis
9. Wife complained to staff that hospital parking fees are 'a disgrace'

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Medical history

10. Adenocarcinoma lower oesophagus, diagnosed 05/26
11. Neoadjuvant chemotherapy completed 08/26
12. Long-standing GORD
13. Appendicectomy age 19
14. Allergies: nil known

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Surgery and inpatient course

15. 29/09: Ivor Lewis oesophagectomy + feeding jejunostomy placed
16. Jejunal feeds started day 1 post-op; refeeding risk — ↓ phosphate day 3, replaced, now within normal range
17. Contrast swallow day 7: no leak → oral fluids; soft diet from day 10
18. Pt complained hospital meals 'bland and cold'

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Nutrition assessment

19. Ht 178 cm; usual wt 84 kg (03/26); pre-op 79 kg; discharge wt 74 kg (BMI 23.4) — ~12% loss since 03/26

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Nutrition assessment

20. Oral: soft, moist diet, 6 small meals/day; meeting approx. 40% of est. requirements
21. Early satiety; mild dumping symptoms (dizziness, sweating) after sweet drinks → advised avoid high-sugar drinks, take fluids between meals
22. Est. requirements ~2200 kcal, 110 g protein/day
23. Bowels regular; no diarrhoea on current feed

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Feeding regimen

24. 1.5 kcal/mL polymeric formula, 1000 mL via pump over 12 hrs (20:00-08:00)
25. Flush jejunostomy with sterile water before and after feeds and any medications; flush volumes as per individually prescribed feed + water chart (copy sent with referral)
26. Head of bed elevated ≥ 30° during feed and when sleeping
27. Jejunostomy site clean and dry; retention suture in situ until surgical review
28. Pump, giving sets + 2/52 formula supplied by hospital

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Plan

29. Community dietitian: weekly wt + oral intake review
30. ↓ overnight feed volume as oral intake ↑; cease feeds only when oral intake meets most of requirements AND wt stable
31. Tube dislodged (partly or fully): stop using; do not flush, advance or reinsert; secure tube / cover site if fallen out → immediate surgical assessment or ED. Tube blocked: do not force; contact upper GI surgical team same day
32. Surgical review 05/11/26 — timing of tube removal per surgeon
33. Oncology review 12/11/26 re adjuvant treatment
34. GP informed via discharge summary

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