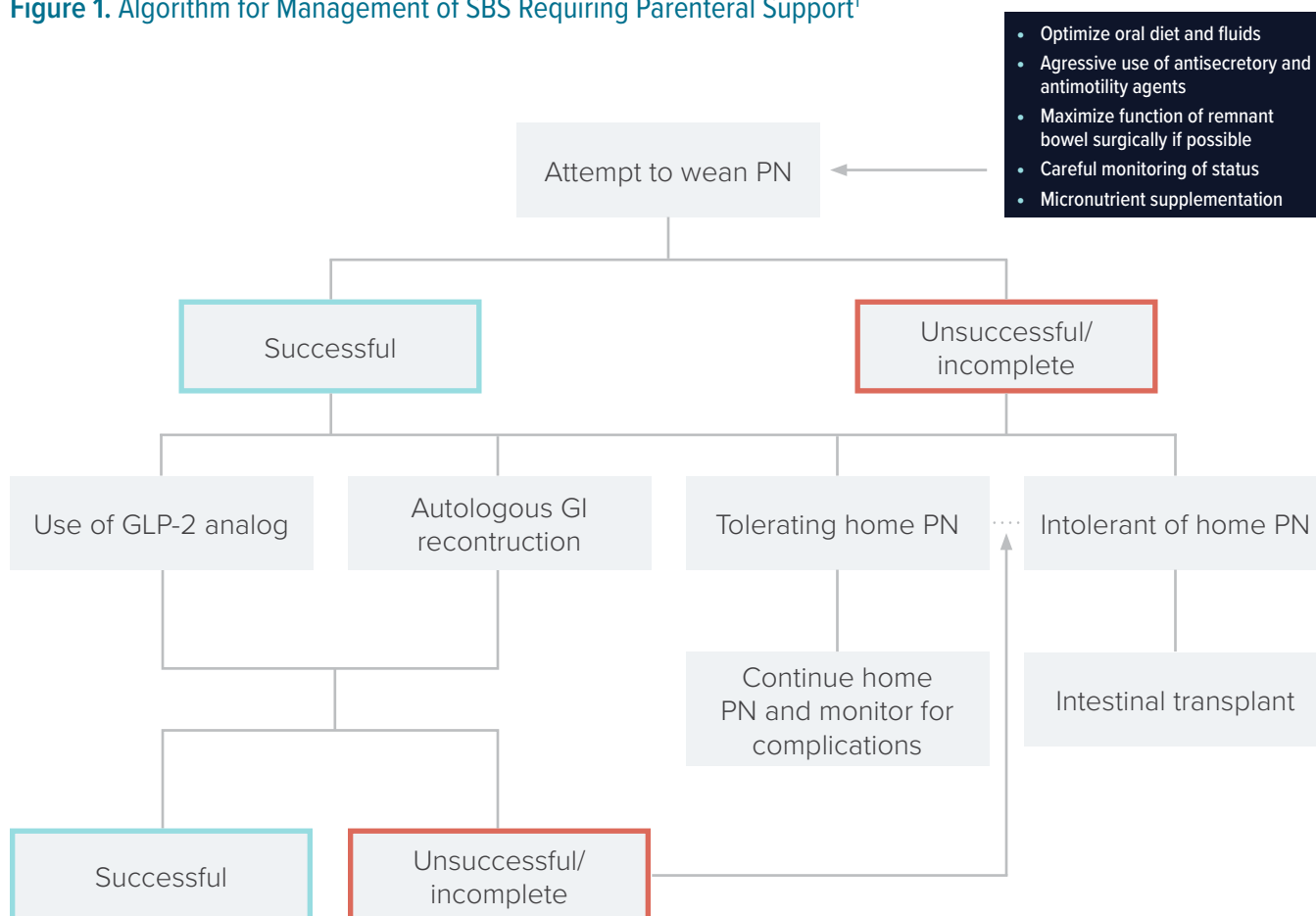


# Team-Based Management of Short Bowel Syndrome



Short bowel syndrome (SBS) is a chronic and potentially life-threatening condition that occurs when patients have a remaining functional small bowel length of < 200 cm.<sup>1</sup> Most patients with SBS develop intestinal failure (IF) when the remaining intestine has insufficient absorptive capacity to sustain life. These patients often require parenteral nutrition (PN) to meet nutrition and hydration needs.<sup>2</sup> Because parenteral nutrition is time intensive, expensive, resource heavy, and associated with infectious complications, reducing reliance on parenteral support is a key goal of SBS treatment (Figure 1).<sup>1,3</sup>

**Figure 1. Algorithm for Management of SBS Requiring Parenteral Support<sup>1</sup>**



GI = gastrointestinal; PN = parenteral nutrition.

# Team-Based Management of Short Bowel Syndrome



Treatment with a glucagon-like peptide-2 (GLP-2) analog is one method for improving intestinal absorptive function and decreasing the need for parenteral support. Currently teduglutide is the only GLP-2 analog for SBS approved for both adult and pediatric patients.<sup>4</sup> Because of the potential for serious side effects, patients must meet multiple criteria to be considered for GLP-2 analog treatment and must be monitored throughout treatment (Figure 2).<sup>1,5</sup>

**Figure 2. Initiating and Monitoring Treatment with GLP-2 analogs<sup>1,5</sup>**

## TREATMENT INITIATION

- Contraindicated in patients with active or recent malignancy
- Criteria for treatment
  - SBS-IF
  - PN/IV fluids required > 3x/weekly
  - Patient has been optimized on diet therapy, antisecretory drugs, and antidiarrheal drugs
- Full multidisciplinary treatment team in place

## TREATMENT MONITORING

- Pediatric screening
  - Baseline and annual fecal occult blood screening
  - 1 year colonoscopy/sigmoidoscopy with a repeat every 5 years or if blood in stool
- Adult screening:
  - Baseline colonoscopy/sigmoidoscopy with repeat at 1 year and then 5 years thereafter
- Fluid overload
- Pancreaticobiliary disease
  - Lab monitoring every 6 months
- Monitor for changing drug effects from increased absorption

IV = intravenous; PN = parenteral nutrition; SBS-IF = short bowel syndrome with intestinal failure.

# Team-Based Management of Short Bowel Syndrome



## Multidisciplinary Care in SBS

Patients with SBS require specialty care from a multidisciplinary team comprising dietitians, nurses, surgeons, gastroenterologists, social workers, home healthcare, and many other specialists to achieve best outcomes. Treatment of SBS includes a combination of dietary intervention, pharmacotherapy, and surgery to help patients to achieve enteral independence and improved quality of life.<sup>1</sup> An overview of the multidisciplinary team for SBS can be seen in Figure 3.<sup>6</sup>

Figure 3. Multidisciplinary Care Team for Short Bowel Syndrome<sup>6</sup>



# Team-Based Management of Short Bowel Syndrome



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