

00137 Early Versus Delayed Feeding Protocols After Uncomplicated Intussusception Reduction in Children: a Systematic Review and Meta-analysis of Outcomes

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Aims: Emergency department management of uncomplicated intussusception in children is commonly practised worldwide. Its success requires early tolerance of feeds for maximal time and cost benefit. We performed a systematic review and meta-analysis to compare outcomes between early and delayed feeding protocols.

Methodology: Studies published in English up to Jan 2018 were searched from Medline, Embase, Google scholar and Cochrane databases, using a combination of the terms 'intussusception', 'reduction' and 'management'. A meta-analysis was performed of studies comparing outcomes after early (≤ 2 hours) and delayed (> 2 hours) feeding after successful intussusception reduction in children.

Result: One randomized controlled trials (RCT) was found but was excluded for poor quality data. Two observational studies (1 retrospective, 1 prospective) were included, comprising 113 early feeding patients and 133 delayed cases. There was no statistical difference in overall recurrence rate between early (8.8%) and delayed feeding (12.0%) [pooled odds ratio (OR)=0.74;95% confidence interval(CI) 0.32 to 1.72;P=0.26;I²=21%]. Length of stay appeared longer in the delayed group, but paucity of data did not allow statistical comparison.

Methods of reduction were air or water-soluble contrast enema.

Conclusion: Early feeding less than 2 hours post uncomplicated intussusception reduction appears safe. However, selection of this time-point may be too early to result in significant outcome differences, and robust data is lacking in the published literature.