

NUTRITIONAL RECOMMENDATIONS FOR CRANIOFACIAL ANOMALIES PATIENTS IN THE CRANIOFACIAL ANOMALIES REHABILITATION HOSPITAL, BRAZIL

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GOALS: describe the nutritional behaviors targeted and performed at our institution.
METHODS AND RESULTS: Breastfeeding is restricted to a smaller number of infants but, most of them can be fed orally with bottles and the indications of probes are for syndrome and Pierre Robin Sequence cases. In the absence of breast milk formula milk is introduced. New foods are introduced after 6 months of age. The consistency is pasty with small pieces and, if necessary, a higher concentration of nutrients is made. Dietary, anthropometric and laboratory evaluations are done in all patients. Infants with respiratory distress, low intake and small gain of weight received hyper caloric diet. Many are referred for clinical evaluation of swallowing and for instrumental evaluation by video fluoroscopy or fiber optic endoscopy of swallowing and indicated route of administration and consistency of food. After cheiloplasty and palatoplasty surgeries, the children have a period from 30 days with liquid diet. In the oral-maxillary surgeries the patients received liquid diet added with hyperproteic and hypercaloric supplements. Postoperative period of 60-70 days evolving, every 20 days for pasty and bland diets, before returning to normal feeding. Experimentally, we add mixture of protein in the diet to complete the protein profile and improve the quality of the iron. Studies of the last 14 years showed a reduction in average hospital stay from 10.2 to 4.3 days, and reduction 86.7% in the average weight loss during hospitalization with only the nutritional intervention. Moreover, the diet offered was efficient to maintain the nutritional status; prevent postoperative complications; improve healing and immune response and reduce the hospital costs.