



Should coffee consumption be added as an adjunct to the postoperative care of gynecologic oncology patients?

Yes, for patients who enjoy drinking coffee. In a trial to investigate recovery of bowel function after surgery, 58 women consumed coffee and 56 did not consume coffee following laparotomy with hysterectomy and staging for gynecologic malignancies. The coffee-consumption group had reduced time to flatus by 12 hours compared with the noncoffee group. The coffee drinkers also had shortened time to full diet by 1.3 days, reduced time to first bowel movement by 12 hours, and hospital stay shortened by 1 day. With coffee consumption, symptoms of ileus were reduced from 52% to 14%. This study, however, does not answer the question of whether coffee consumption improves postoperative recovery.

FAST TRACK

Evidence suggests that coffee consumption has little potential for harm and modest potential for benefit

Güngördük K, Özdemir IA, Güngördük Ö, Gülseren V, Gokçü M, Sancı M. Effects of coffee consumption on gut recovery after surgery of gynecological cancer patients: a randomized controlled trial [published online ahead of print October 22, 2016]. *Am J Obstet Gynecol*. doi:10.1016/j.ajog.2016.10.019.

► EXPERT COMMENTARY

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Postoperative ileus is a common complication following abdominal surgery, particularly for patients undergoing laparotomy. Ileus is frustrating for patients and providers alike, and its occurrence may prolong the length of hospital stay, increase the cost of care, worsen patient satisfaction, and potentially delay postoperative treatments,

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such as chemotherapy for patients with gynecologic malignancies. The etiology of ileus is multifactorial, but it is thought to be caused primarily by a local inflammatory response from mechanical handling and irritation of the bowel. Although various interventions, such as laxatives, peripheral mu antagonists, and chewing gum, have been shown to reduce the occurrence of ileus, the effectiveness of these interventions varies, and ileus remains a major source of morbidity.¹

Details of the study

To investigate whether coffee consumption accelerates recovery of bowel function following surgery, Güngördük and colleagues conducted a randomized controlled trial of coffee consumption after laparotomy with hysterectomy and staging for patients with gynecologic malignancies. This intervention

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avoids costs associated with drugs such as oral mu antagonists.

The trial included 114 women; after surgery, 58 were assigned to consume coffee 3 times daily and 56 received routine postoperative care without coffee consumption. The primary outcome measure was the time to the first passage of flatus after surgery. Time to first bowel movement and time to tolerance of a solid diet were secondary outcomes.

The results of this trial are consistent with prior study findings in colorectal surgery.² Güngördük and associates found that patients in the coffee-consumption group, compared with controls, had reduced the time to flatus by 12 hours (mean [SD] time to flatus, 30.2 [8.0] vs 40.2 [12.1] hours; $P < .001$), shortened time to full diet by 1.3 days (mean [SD] time to tolerate food, 3.4 [1.2] vs 4.7 [1.6] days; $P < .001$), reduced time to first bowel movement by 12 hours (43.1 [9.4] vs 58.5 [17.0] hours; $P < .001$), and shortened length of hospital stay by 1 day. Symptoms of ileus were reduced from 52% to 14% with coffee consumption.

Study limitation. An important weakness of this study is that although the authors defined the severity of ileus by time to resolution, they did not define what constituted a diagnosis of ileus in the first place.

Unanswered questions. Coffee is a known diarrhetic, so it is not unexpected that its use shortened time to flatus and first bowel movement. What is not known, however, is whether coffee consumption improves recovery. The significance of a 1-day reduction in hospital stay is unclear given the relatively prolonged hospitalization (6 to 7 days) seen in this investigation of patients with mixed gynecologic malignancies who

WHAT THIS EVIDENCE MEANS FOR PRACTICE

Should patients be allowed to drink coffee following surgery? Of course! They should be encouraged to eat and drink whatever they wish. Excellent nutrition leads to excellent healing, which leads to excellent outcomes. Like chewing gum, coffee consumption has little potential for harm and modest potential for benefit. If surgeons wish to adopt interventions that have a high potential to reduce ileus and hasten recovery, they should consider incorporating euvoemia, early feeding, and opioid reduction strategies into their perioperative care routine within an enhanced recovery pathway.

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underwent staging only. In contrast, another study showed that, for patients managed within an enhanced recovery pathway (a multimodal perioperative care enhancement protocol), median length of stay was 4 days for patients who underwent staging alone and 5 days for patients with ovarian cancer (40% underwent enteric resections).³ Thus, the effects of coffee consumption are unclear for patients managed with an optimized perioperative pathway.

The improvement in oral intake is also of questionable significance since these patients tolerated a solid diet 3 to 4 days after surgery, compared with the evening of surgery for most patients managed with enhanced recovery.

Incisional injection of liposomal bupivacaine has been associated with a reduction in the rate of ileus from 22% to 11% after complex cytoreduction for ovarian cancer when added to an existing enhanced recovery pathway; rates were only 5% for patients undergoing staging alone.⁴ These findings may be due to the significant reduction in opioid use that accompanied the use of liposomal bupivacaine. 📌

FAST TRACK

Given the relatively prolonged hospitalization in this trial of patients with mixed gynecologic malignancies, the significance of a 1-day reduction in hospital stay is unclear

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