INTRODUCTION

Pre-operative evaluation of cardio-vascular, pulmonary, hepatic and renal functions, together with an assessment of the haematologic status and physiologic age, is performed routinly in the preparation of a patient for operation in order to minimise operative and post-operative risks however, an equally critical, though sometimes disregarded, factor affecting surgical judgement is the nutritional condition of the patient.

The importance of correct nutritional status to health maintainance as well as the need for proper nourishment to effect satisfactary prognosis to-ward regaining health in the sick and / or traumatized, is now generally recognized by most health care professionals. Thus the question concerning how nutritional status can best be measured and when malnutrition is found, how well the severity of malnutrition can be quantitated. Fortunately a number of methods have been developed in recent years which, when used collectively, provide a reliable index of the nutritional state both quantitatively and qualitatively. These developments are timely because recent research has shown that malnutrition among hospitalized patients (Bistrain et al 1974, Blackburn et al 1977, Bollet et al 1973) is far more common than realized. It is also evident that many people in the general population are malnourished. From this the case may be made that nutritional assessment should become a part of medical care on all levels.

The latter suggestion is appropriate because experimental evidence has indicated that the relative nutritional status has a direct influence on the operation level of the immune system and other organ functions related to survival (Law et al 1974). Clinical observations also support this notion since it is generally noted that infection occurs more often and more severely in the poorly nourished (Cannon 1944).

deficiency may contribute to an inereased rise of complications and mortality in surgical patients. More than 40 years ago Studly found postoperative mortality to be incressed significantly following surgery for ulcer disease in patients with preoperative weight loss of more than 20%. Paticular types of surgical procedures necessitate period of relative or complete starvation preoperatively and / or post-operatively. Specific pathological conditions or lesions that have caused or contributed to the state of malnutrition often require operative interference. Moreover, accidntal or surgical trauma precipitates the catabolic response promoting excessive nitrogen losses and accentuating any existing protein deficits.

Recently Bruce et al 1979 reported that two development have had a major impact on the nutritional managment of hospitalized patients in United States:

1- Recognition and definition of the prevalance of malnutrition among hospitalized patients.
2- Development of effective methods for a dminstration of required nutrients either enterally or parenterally.

They reported that recognition of existing malnutrition is a necessary first step in managment of preoperative malnutrition. Failure to diagnose and treat malnutrition in hospitalized patients may affect wound healing, resistance to infection, strength and general sense of well being and lenght of hospitalization.

Many patients are diagnosed clinically to be surgically unfit although their local diseases are operable and they have no other contraindication to do the operation. Nutritional assessment of such patients will provide a good estimation of their general condition.

The purpose of this study was to assess the nutritional status
the surgically unfit patients who were locally operable and had
cardiovascular,pulmonary, hepatic or renal centraindication to
rgery to document objectively the type and degree of malnutrition.
was a trial to find the proper parameters needed to decide surely
at the patient is surgical unfit beside the clinical judgement.