

Patients with Pancreatitis are at High Risk for Malnutrition and May Require Nutritional Support¹

Malnutrition in Hospitalized Patients Results in Poorer Outcomes and Higher Treatment Costs



Almost 50% of all patients are malnourished at the time of hospital admission²



4 to 6 days longer hospital length of stay^{3,4}



54% higher likelihood of hospital 30-day readmissions⁵



Up to 300% increase in hospital costs⁴

Clinical Value of RELiZORB^{6,7}

- The only FDA-cleared digestive enzyme product to hydrolyze fats in enteral nutrition
- Clinical evidence in enterally fed patients
- Designed for continuous feeding
- Allows use of low-cost enteral formulas

RELiZORB[®] 
(IMMOBILIZED LIPASE) CARTRIDGE



RELiZORB is a first-of-its-kind digestive enzyme cartridge designed to mimic the function of pancreatic lipase. RELiZORB is indicated for use in pediatric patients (ages 5 years and above) and adult patients to hydrolyze fats in enteral formula.

Characterized by a deficiency in pancreatic enzymes—including lipase, the enzyme responsible for fat digestion—exocrine pancreatic insufficiency (EPI) can lead to significant malnutrition and fat malabsorption⁸

Conditions commonly associated with fat malabsorption⁹:

- Acute or chronic pancreatitis
- Pancreatic cancer and other cancers
- Pancreatectomy
- Cystic fibrosis
- Short bowel syndrome

More than 50% of critically ill patients without pre-existing pancreatic diseases have EPI^{8,10} – including those with:

- Abdominal surgery
- Chronic liver disease
- Trauma/critical care
- Crohn's disease
- Celiac disease

Fat malabsorption is associated with poor outcomes that can impact digestive symptoms, nutritional status, physical functioning, treatment burden, body image, and pain¹¹⁻¹³

Consider RELiZORB in Your Hospitalized Patients with Fat Malabsorption Who Require Enteral Nutrition



Meet Richard*

A 70-year-old male admitted to the hospital with severe epigastric abdominal pain that has been ongoing for approximately three days.

*Fictional patient based on actual patient experience. The information presented is for illustrative purposes only, and not intended, nor implied, to be a substitute for professional medical advice. Individual patient profiles may vary.

Clinical Presentation

- Sudden onset epigastric tenderness
- Nausea
- Vomiting
- Diarrhea
- Afebrile
- Lab workup:
 - WBC of $12.6 \times 10^3/\mu\text{L}$
 - Serum amylase 543 IU/L
 - Serum lipase 761 IU/L

Patient History

- Hypertension
- Hypercholesterolemia with hypertriglyceridemia
- Gallstones 5 years ago
- Moderate alcohol consumption
- No history of abdominal trauma or recently initiated medications

Diagnosis

- Severe necrotizing pancreatitis
- Pancreatic fistula

Treatment

- Total parenteral nutrition was initiated upon admission
- Enteral nutrition (EN) with Peptamen® 1.5 and RELiZORB was initiated on hospital day 5
- Goal EN feeds of 75 mL/hr were met on hospital day 7
- Diet was gradually advanced to oral intake, allowing for the discontinuation of EN

RELiZORB is for use with enteral feeding only; do not connect to intravenous or other medical tubing. Medications should not be administered through RELiZORB. Please see Instructions For Use for full safety information at www.relizorb.com.

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