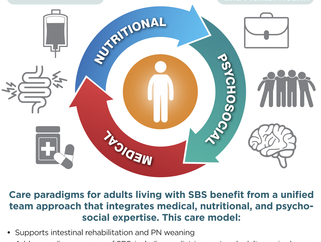
Engaging in Multidisciplinary Coordinated Care for Adults Living With SBS



Adults living with SBS face complex medical and psychosocial challenges that require integrated, multidisciplinary management. Coordinated care among gastroenterologists, surgeons, dietitians, pharmacists, nurses, mental health professionals, and social workers is critical to optimize intestinal adaptation, reduce PN reliance, and improve QoL. Collaboration across specialties—and continuity between pediatric and adult care—ensures individualized, holistic management that supports both physical function and emotional well-being.

Why Multidisciplinary Care Matters in Adult SBS



Care paradigms for adults living with SBS benefit from a unified team approach that integrates medical, nutritional, and psychosocial expertise. This care model:

- Supports intestinal rehabilitation and PN weaning
- Addresses diverse causes of SBS, including pediatric-onset and adult-acquired cases
- Reduces complications from long-term PN and improves survival
- Integrates psychosocial and vocational support to maintain independence and employment
- Strengthens adherence and satisfaction through cohesive communication

Roles and Responsibilities of the SBS Care Team



Each discipline contributes unique expertise that collectively enables comprehensive management and improved outcomes

Gastroenterologist
Oversees medical management, PN weaning, and therapy optimization (eg, teduglutide, somatropin)

Surgeon
Evaluates anatomy for potential reconstructive interventions or bowel lengthening procedures

Dietitian
Develops individualized enteral and oral feeding plans; monitors micronutrient balance and hydration

APP/Nurse/APRN/Navigator
Coordinates care, tracks symptoms, educates patients, and facilitates communication among providers

Pharmacist
Manages PN composition, reviews drug interactions, and educates patients on GLP-2 and rHGH therapies

Psychologist/Therapist
Addresses emotional adjustment, body image, social reintegration, and coping skills

Social Worker
Supports insurance navigation, employment accommodations, and access to community resources

Primary Care Provider
Monitors long-term comorbidities and continuity of care beyond the specialty setting

Practical Strategies for Effective Coordination

Intentional communication, structured workflows, and shared goals are key to effective multidisciplinary collaboration in SBS care

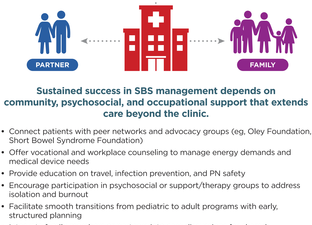
Care Timeline

Acute Care → Rehabilitation → Home Management → Long-Term Follow-Up → Transition Planning

Practical Tips

- Schedule regular multidisciplinary team meetings, including virtual case reviews
- Use shared electronic health records or care coordination platforms
- Assign a designated care coordinator (often nurse or APRN) as liaison among team members and patients
- Establish standardized PN and enteral feeding protocols across settings
- Integrate psycho-social screening into gastroenterology practice (eg, PHQ-9, GAD-7)
- Develop transition pathways for patients aging out of pediatric care
- Involve patients in shared decision making and goal setting
- Communicate key updates (PN status, lab trends, mental health concerns) across all team members

Extending Support Beyond the Clinical Setting



Sustained success in SBS management depends on community, psychosocial, and occupational support that extends care beyond the clinic.

- Connect patients with peer networks and advocacy groups (eg, Oley Foundation, Short Bowel Syndrome Foundation)
- Offer vocational and workplace counseling to manage energy demands and medical device needs
- Provide education on travel, infection prevention, and PN safety
- Encourage participation in psychosocial or support/therapy groups to address isolation and burnout
- Facilitate smooth transitions from pediatric to adult programs with early, structured planning
- Integrate family members or partners into care discussions for shared understanding and support

Key Takeaways

Multidisciplinary collaboration is critical to optimize medical, nutritional, and psychosocial outcomes in adult SBS

Clear communication, structured coordination, and patient inclusion improve satisfaction and adherence

Mental health, vocational, and relationship support are integral to holistic SBS care

Transition planning and community engagement extend the reach of care beyond clinical settings

Abbreviations
APP: advanced practice provider
APRN: advanced practice registered nurse
GAD-7: Generalized Anxiety Disorder 7-item scale
GLP-2: glucagon-Like Peptide-2
IF: intestinal Failure
PHQ-9: Patient Health Questionnaire 9-item scale
PN: parenteral nutrition
QoL: quality of life
rHGH: recombinant human growth hormone
SBS: short bowel syndrome

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