

RECOGNIZE ✓ CONFIRM ✓ ADDRESS ✓

FAT MALABSORPTION AND RELiZORB

Hydrolyze fats in enteral formula for tube-fed patients, including those with SBS, EPI, or other GI conditions¹

Fat malabsorption occurs when the body can't properly digest or absorb fats and fat-soluble vitamins.

While tube feeding supports nutrition in GI conditions, its effectiveness may be limited by fat malabsorption.²⁻⁴

Fats like long-chain omega-3s support multiple bodily systems, so fat malabsorption can have devastating consequences, including^{3,5-8}:

- Malnutrition
- Weight loss
- Chronic infections
- Vitamin deficiency
- Pediatric developmental delays

See fat malabsorption?

Think RELiZORB ←

The essential companion for improved fat absorption¹

RELiZORB connects in-line to a variety of tube-feeding setups to hydrolyze fats, including MCTs and LCTs, in enteral formula before ingestion.



Broad formula compatibility, including some with insoluble fiber



Use up to **6 cartridges** in a **24-hour period**



Suitable for **continuous and bolus feedings**
Variable flow rates for multiple configurations



Compatible with **enteral pump, push syringe, and gravity syringe** setups



Scan the QR code for a full list of compatible formulas, or visit RELiZORBhcp.com.



Hear about fat malabsorption from your peers.

Scan the QR code or visit RELiZORBhcp.com/case-studies for real case studies from practicing clinicians.



EPI=exocrine pancreatic insufficiency; GI=gastrointestinal; LCTs=long-chain triglycerides; MCTs=medium-chain triglycerides; SBS=short bowel syndrome.

References: **1.** RELiZORB. Instructions for use. Alcresta Therapeutics, Inc; 2024. **2.** Singh VK, Haupt ME, Geller DE, Hall JA, Quintana Diez PM. Less common etiologies of exocrine pancreatic insufficiency. *World J Gastroenterol.* 2017;23(39):7059-7076. doi:10.3748/wjg.v23.i39.7059 **3.** Alkaade S, Vareedayah AA. A primer on exocrine pancreatic insufficiency, fat malabsorption, and fatty acid abnormalities. *Am J Manag Care.* 2017;23(suppl 12):S203-S209. **4.** Freedman S, Orenstein D, Black P, et al. Increased fat absorption from enteral formula through an in-line digestive cartridge in patients with cystic fibrosis. *J Pediatr Gastroenterol Nutr.* 2017;65(1):97-101. doi:10.1097/MPG.0000000000001617 **5.** Blaauw R. Malabsorption: causes, consequences, diagnosis and treatment. *S Afr J Clin Nutr.* 2011;24(3):125-127. **6.** Omega-3 fatty acids: fact sheet for health professionals. National Institutes of Health: Office of Dietary Supplements. Updated July 18, 2022. Accessed November 28, 2023. <https://ods.od.nih.gov/factsheets/Omega3FattyAcids-HealthProfessional/> **7.** Blonk L, Wierdsma NJ, Jansma EP, Kazemier G, van der Peet DL, Straatman J. Exocrine pancreatic insufficiency after esophagectomy: a systematic review of literature. *Dis Esophagus.* 2021;34(12):1-6. doi:10.1093/dote/doab003 **8.** Malik Z. Overview of Malabsorption. In: Merck Manual Professional Edition. Merck & Co., Inc.; 2023. **9.** Short bowel syndrome. National Institute of Diabetes and Digestive and Kidney Diseases. Updated April 2023. Accessed November 29, 2023. <https://www.niddk.nih.gov/health-information/digestive-diseases/short-bowel-syndrome/all-content> **10.** Capurso G, Traini M, Picicucci M, Signoretti M, Arcidiacono PG. Exocrine pancreatic insufficiency: prevalence, diagnosis, and management. *Clin Exp Gastroenterol.* 2019;12:129-139. doi:10.2147/CEG.S168266 **11.** Surmelioglu A, Ozkardesler E, Tilki M, Yekrek M. Exocrine pancreatic insufficiency in long-term follow-up after curative gastric resection with D2 lymphadenectomy: a cross-sectional study. *Pancreatol.* 2021;21(5):975-982. doi:10.1016/j.pan.2021.03.019 **12.** National Institutes of Health. Malabsorption. Medline Plus. Updated May 6, 2022. Accessed November 28, 2023. <https://medlineplus.gov/ency/article/000299.htm> **13.** Caporilli C, Gianni G, Grassi F, Esposito S. An overview of short-bowel syndrome in pediatric patients: focus on clinical management and prevention of complications. *Nutrients.* 2023;15:1-23. doi:10.3390/nu15102341 **14.** Parrish CR, Copland AP. Enteral nutrition in the adult short bowel patient: a potential path to central line freedom. *Practical Gastroenterol.* 2021;45(4):36-51. **15.** Parrish CR, DiBaise JK. Managing the adult patient with short bowel syndrome. *Gastroenterol Hepatol (NY).* 2017;13(10):600-608. **16.** Berry AJ. Pancreatic enzyme replacement therapy during pancreatic insufficiency. *Nutr Clin Pract.* 2014;29(3):312-321. doi:10.1177/0884533614527773 **17.** Kalnins D, Wilschanski M. Maintenance of nutritional status in patients with cystic fibrosis: new and emerging therapies. *Drug Des Devel Ther.* 2012;6:151-161. doi:10.2147/DDDT.S9258 **18.** Rubin DC. Disorders of absorption. In: Loscalzo J, Fauci A, Kasper D, Hauser S, Longo D, Jameson JL, eds. *Harrison's Principles of Internal Medicine.* 21st ed. McGraw Hill; 2022:chap 325.

RELiZORB is indicated for use in pediatric patients (ages 1 year and above) and adult patients to hydrolyze fats in enteral formula.

RELiZORB is for use with enteral feeding only. RELiZORB should not be connected to an intravenous (IV) line, setup, or system. Medications should not be administered through the cartridge.

Please see [Instructions for Use](https://RELiZORBhcp.com) for full safety information at RELiZORBhcp.com.



IDENTIFY FAT MALABSORPTION, AND ADDRESS WITH RELIZORB

→ RECOGNIZE any at-risk patients

A patient could be at risk of fat malabsorption if they meet the following criteria:

Your patient has a condition associated with fat malabsorption, such as^{2,7,9-12}:

- Short bowel syndrome
- Exocrine pancreatic insufficiency
- GI or pancreatic forms of cancer
- Acute or critical care requiring tube feeding
- Any GI condition that limits fat absorption

Your tube-fed patient has reported any **GI discomfort**³

Your patient is at least 1 year old and **tube feeds with or without parenteral nutrition (PN) or oral supplementation**

→ CONFIRM with signs and symptoms

When a patient appears to be at risk of having fat malabsorption, ask yourself:

Has my patient reported any of the symptoms of fat malabsorption?³

- Diarrhea
- Steatorrhea
- Abdominal pain or discomfort
- Bloating or gas
- Weight loss
- Fatigue

Is my patient having difficulty with enteral nutrition due to limited nutrient absorption?^{3,13}

Is my patient struggling to maintain healthy growth, development, and weight?^{4,5,7,8}

Is my patient struggling with symptoms of tube-feeding intolerance?^{3,13}

Have diagnostic tests, such as fecal elastase, suggested fat malabsorption?³

⚠ **CHECK IN:** ANSWERING “YES” TO JUST 1 OF THESE QUESTIONS CAN SUGGEST FAT MALABSORPTION

→ ADDRESS the root cause—fat malabsorption

Once you confirm fat malabsorption, consider the following to determine if RELIZORB can help your patient:

May have tried to manage tube-feeding challenges by **changing formulas, adjusting feeding rates or volumes, or including additives** without seeing any progress¹⁴⁻¹⁸

Is your patient on a **continuous or bolus tube-feeding regimen**?¹

Have you confirmed that your patient is, or can be, on one of the many formulas that are **compatible** with RELIZORB?

✓ **RESULT:** IF YOU ANSWERED “YES” TO THE QUESTIONS ABOVE, IT MAY BE TIME TO ADD RELIZORB.¹

RELIZORB®
[IMMOBILIZED LIPASE] CARTRIDGE