Percutaneous Endoscopic Gastrostomy (PEG)

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Learning Objectives

- To critically discuss the specialist role in PEG assessment, insertion and aftercare.
- To consider PEG insertion complications and strategies to prevent/manage these problems.
- To evaluate other endoscopic techniques for Enteral Tube Feeding (ETF)

Routes of ETF

- Nasogastric
- Nasoduodenal/jejunal
- Gastrostomy –PEG, Balloon-type, button, PEGJ
- Jejunostomy

Gastrostomy

PLACEMENT

- Endoscopically
- Surgically
- Radiologically
- Via existing stoma tract - balloon type retention gastrostomy

Gastrostomy

GENERAL INDICATIONS

- Longer term feeding (>4 weeks) NICE (2006)

- If upper GI tract inaccessible (surgical gastrostomy)

Specific Indications - PEG

- Dysphagia - e.g neurological disorders, head and neck cancer
- Supplemental feeding- e.g cystic fibrosis, severe burns, short bowel, HIV, Crohns Disease, Chronic renal failure
- Inability to tolerate an Ng tube if long-term feeding indicated
- Patients on long-term Ng feeding who opt for a a PEG for convenience and/or cosmetic reasons.

(Arrowsmith 1996, Reilly 1998, Pollard 2000, Mc Meekin 2000).

Patient Assessment

Multidisciplinary involvement:

- Nutritional screening / assessment – nurse/dietitian
- Swallow assessment if appropriate
- Referring medical team – consider pt appropriate for PEG or may request second opinion
- Nutrition Nurse/Endoscopy Nurse /Gastroenterology doctor

- The decision to use a PEG feeding tube requires an in-depth assessment of the potential benefits to the individual. All patients in whom PEG feeding is proposed should be reviewed by a multidisciplinary team. (NCEPOD 2004)

Review by Nutrition Nurse/Endoscopy Nurse /Gastroenterology doctor

- Appropriateness of referral
- Any contraindications
- Explanation of procedure to pt and family/carers inc. demonstration with PEG tube, insertion procedure & risks/benefits, info. booklet, aftercare, clarify understanding
- Any other factors that may make PEG insertion difficult –communication difficulties, dental/oral problems
- Ensure INR check, consent

➢ **Liaison and documentation crucial**

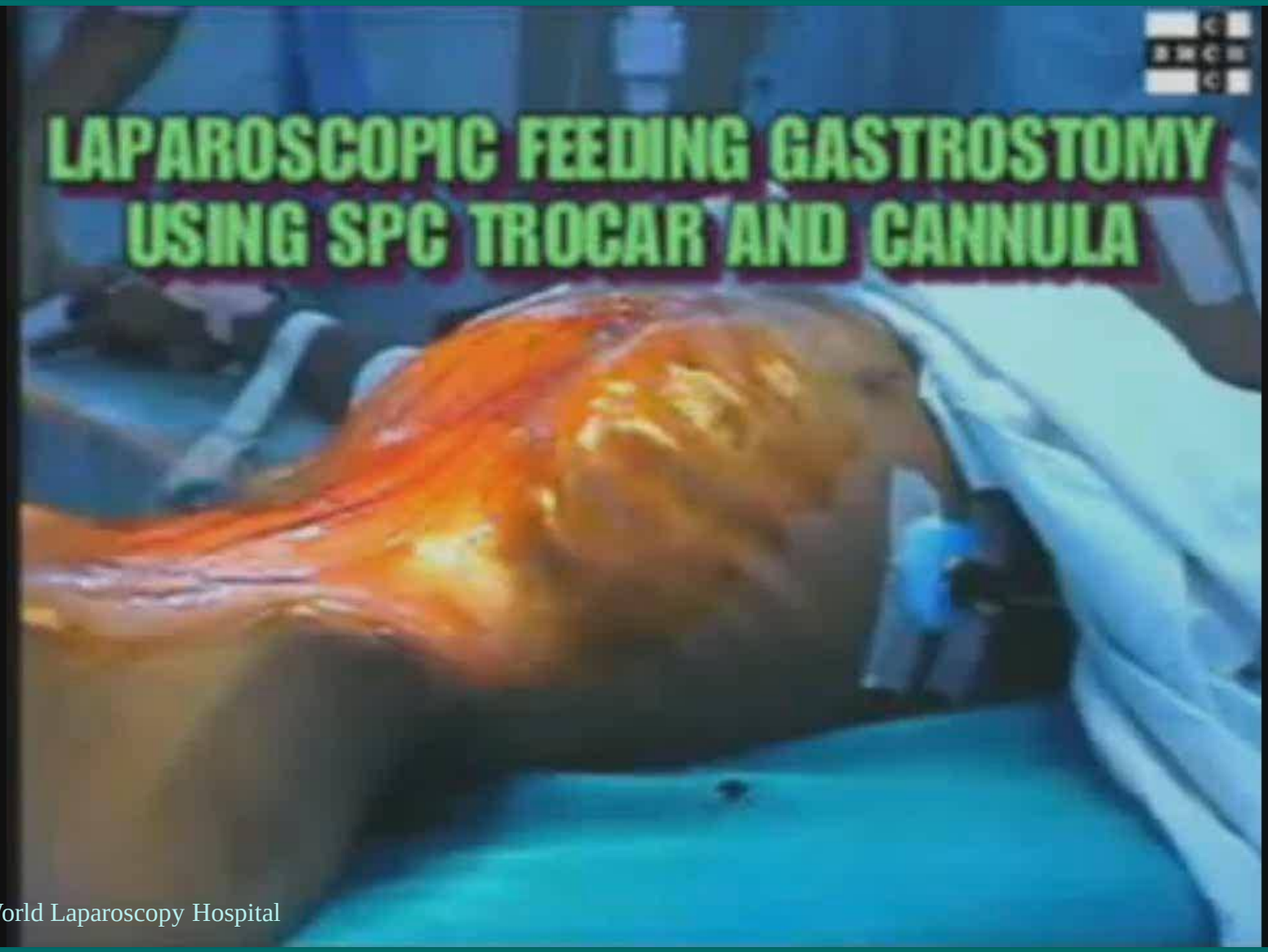
Absolute Contraindications

- Coagulation disorders INR>1.5 (>1.4 BSG 2006)
- Severe Ascites
- Peritonitis
- Interposed organs
- Anorexia Nervosa ?
- Severe psychosis
- Peritoneal carcinomatosis
- Severe erosive gastritis or ulcer
- (Loser et al 2005 - ESPEN)

Legal/Ethical Considerations Lennard-Jones (1998a&b)

- Decision to commence a tube feed made by consultant in conjunction with the health care team, patient and family/carers.
- Consent of a competent adult must be sought for any treatment I.e. hydration or feeding via a tube - refusal is binding.
- Incompetent adult – Dr makes final decision in best interests of pt.

PEG



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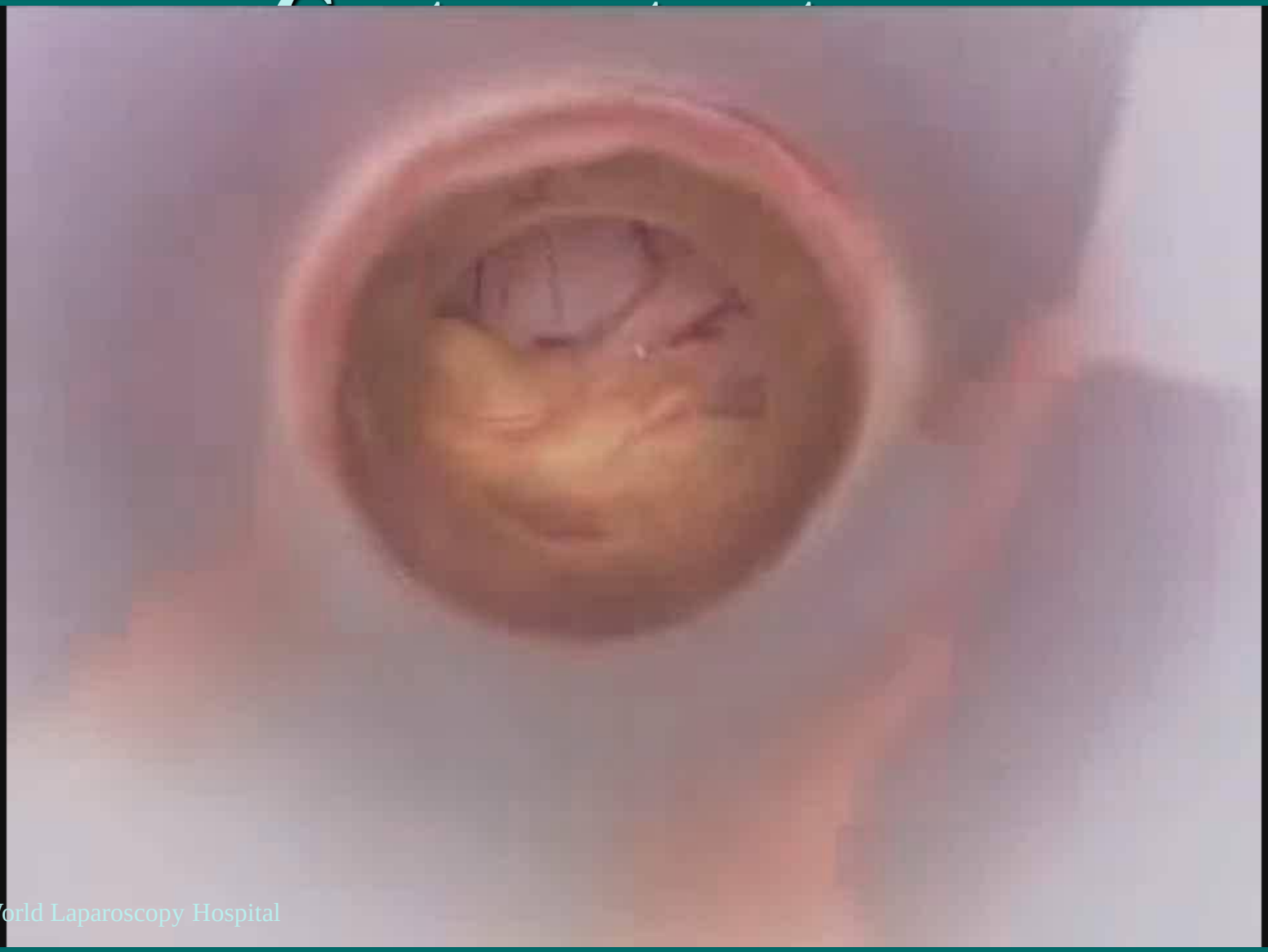
Transgastric Laparoscopic



Insertion Complications

- **Reported mortality** - < 1%
- **Minor complications** – 5-15% inc. cellulitis, wound infection, ileus, peristomal leakage, aspiration
- **PEG site infection** – 3-3.7% (Leak 2002)

धन्यवाद