

G-Tubes

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PLACEMENT

- Surgical—require general anesthesia and associated with 2.5-16% major complication rate
- Percutaneous endoscopic gastrostomy (PEG)—associated with .5% mortality, 1% major complications (peristomal leakage and peritonitis, necrotizing fasciitis, and gastric hemorrhage), and 8% minor complications
- Can also be placed under fluoroscopic guidance.

LOCATION OF TUBE

G-tube	J-tube
--Allows continuous or bolus feedings	--No bolus feedings--will cause dumping symptoms --Does not appear to decrease aspiration --Higher rate of tube dysfunction

COMPLICATIONS

Mechanical	Metabolic	Gastrointestinal
Obstruction—flush tube with 30-60 cc water after all feedings and after meds Check gastric residual volume before each bolus feeding and hold feeding for at least 1 hour if residual is more than half of previous feeding volume	Fluid and electrolytes disturbances: hypokalemia, hyponatremia, hypophosphatemia, hyperglycemia	Nausea, vomiting, abdominal pain, diarrhea (check for high sorbitol content of liquid medications) Can reduce aspiration by elevating head 30-45 degrees for 1-2 hours after feeding

OUTCOMES

A descriptive study in community setting followed 150 patients over the age of 60 who had a first time PEG placement:

- 16% of the patients died before the baseline assessment (within 2 weeks of PEG) –another 15% died before the 2-month follow-up
- 12-month mortality was 50%.
- most did not show any improvement in functional status, weight, or serum albumin.

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