Percutaneous endoscopic gastrostomy tube related complications: Dietitian Led PEG Service

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Introduction: PEG feeding provides a valuable means for feeding in patients with swallow disorders. Our dietitians have extensive experience of PEG related complications and their management.

Aims: To study the nature of PEG-related referrals in order to provide targeted staff education.

Methods: All PEG-related referrals to the dietetics department in a 30 month period were reviewed.

Results:
206 Referrals for PEG Related Complications were received from January 2014- June 2016. 69(33.3%) were from the adult wards, 37(17.9%) were from the paediatric wards, 28(13.5%) were from the acute medical assessment unit (AMAU) and 71(34.5%) were referred to a PEG clinic. 123(59.7%) were male and 83(40.1%) were female patients. In the adult population, the mean age was 51 ±16y and in the paediatric population, the mean age was 5.4 ±2.4y. 66(32%) of referrals were resolved by insertion of a new PEG tube. A further 86(41.7%) patients required adjustment of their existing PEG. 30 (14.6%) patients required treatment of hypergranulation.

Indications

- Dislodgement 19%
- Routine Tube Change 19%
- Erythema 15%
- Damaged PEG Component 15%
- Leakage 10%
- Hypergranulation 6%
- Blocked Tube 4%
- Weight Change 6%
- Cessation 6%

Erythema/ Infection

Hypergranulation

CONCLUSIONS

Treating PEG related complications in the outpatient setting prevented 57 admissions, freed 114 bed days and saved >€30,000. By educating nurses/patients about PEG related complications, the Dietitian Led PEG Service reduced admissions significantly.