A survey of post gastrostomy insertion nutritional care

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Content

• Introduction to survey and outline of process
  ▶ As part of Complex Nutritional Support Dietetic Effective Practice Group who feed into GG&C Food Fluid and Nutritional Care Clinical Nutrition Group

• Results

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• Conclusion and moving forwards
NICE (2006, 2011) Percutaneous endoscopic gastrostomy (PEG) tubes placed without apparent complications can be used for enteral tube feeding 4 hours post insertion.
Why conduct a survey?

However, no guidance on:
• Nutrition vs fluids
• Rate of administration
• Whether guidance applicable to radiologically inserted gastrostomy (RIG)

Why?

To standardise care and ensure continuity and equity of practice across Greater Glasgow and Clyde.
Survey

• **Aim**: Investigate current practice and clinical rationale for gastrostomy practice within GG&C for administering nutrition and fluid in adults post primary PEG and RIG insertion.

• **Exclusions**: Surgical gastrostomy and routine existing gastrostomy replacements.

• **Method**:
  
  • Webropol survey via email
  
  • All adult acute Dietitians and members of multi disciplinary nutrition teams & cascaded
  
  • It is estimated it was sent to 100 people.
Results:

Thirty eight responses received:

Dietitians n=24
Nutrition Nurses n=5
Gastroenterologists n=5
Surgeons n=2
Interventional Radiologists n=1
Pharmacist n=1
How long after gastrostomy insertion should a tube be used?

**PEG**

- 0 hours: 3%
- 4 hours: 82%
- 6 hours: 11%
- 12 hours: 3%
- Other (please specify): 3%

**RIG**

- 0 hours: 3%
- 4 hours: 82%
- 6 hours: 11%
- 12 hours: 3%
- Other (please specify): 3%
On first use of gastrostomy what should be administered?

**PEG**
- Sterile water: 87%
- Enteral feed: 13%
- Other (please specify)

**RIG**
- Sterile water: 89%
- Enteral feed: 11%
- Other (please specify)
What rate should administration be commenced?

**PEG**

- 10 ml/hr: 3%
- 25 ml/hr: 11%
- 50 ml/hr: 42%
- 75 ml/hr: 16%
- 100 ml/hr: 16%
- 125 ml/hr: 29%
- Other (please specify): 29%

**RIG**

- 10 ml/hr: 3%
- 25 ml/hr: 11%
- 50 ml/hr: 42%
- 75 ml/hr: 16%
- 100 ml/hr: 16%
- 125 ml/hr: 29%
- Other (please specify): 29%
If sterile water used initially how long after would feed be administered?

### PEG

<table>
<thead>
<tr>
<th>How long (hours)</th>
<th>Percentage response</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>34%</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>4</td>
<td>11%</td>
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<td>3%</td>
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<tr>
<td>10</td>
<td>16%</td>
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<tr>
<td>12</td>
<td>26%</td>
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</tbody>
</table>

### RIG

<table>
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<th>Percentage response</th>
</tr>
</thead>
<tbody>
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<td>8%</td>
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<td>10</td>
<td>29%</td>
</tr>
<tr>
<td>12</td>
<td>3%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>18%</td>
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</tbody>
</table>
Summary

• 4 hours is predominantly used post insertion of both PEG and RIG as per NICE

• Majority administer sterile water and then introduce enteral feed at a range of 2-12 or more hours, most frequently used rate is 50ml/hr.

• No evidence base for choice of feed versus sterile water. Anecdotal experience for cautious use of sterile water and low rate to aid hydration and establish tolerance with minimum patient discomfort.

• Patient centred, considers hydration status, effective use of resources, cost and potential wastage of opened feed water packs.

• Cautious approach may only be applicable and necessary where insertion has been complicated or patient has not previously been established on enteral feeding.
Conclusion

• Based on this survey:

✓ Use gastrostomy 4 hours post insertion

✓ Sterile water 50ml/hr until tolerance clinically agreed.

✓ Those established in enteral feeding pre insertion and individual clinical assessment indicates the previous enteral feeding regimen may be resumed after 4 hours.

• A proposal to develop a protocol to standardise this best practice has been submitted to the board Clinical Nutrition Group for ratification.
References

Questions?