The Right Tube For the Right Spot

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Objectives

• Understand the Commercially Available Enteral Access Tubes for Use
• Be Able to Differentiate the Requirements for Gastric or Jejunal Feeding
• Describe the Advantages and Disadvantages of Gastric Versus Jejunal Feeding
Enteral Access
PEG vs Surgical Gastrostomy

- 121 patients
- Surgical-G or PEG
- Outcomes measured
  - Cost
  - Mortality
  - Morbidity

- Steigmann et al, Gastrointest Endosc 1990

OG 1.5 x cost of PEG
Appropriate Enteral Access Device

• **Decision Tree for Tube Selection**;
• Patient’s disease status
• Duration of enteral access needs
• Functional status
• Gastric and small bowel anatomy
• Gastrointestinal function
• Patient preference
• Available institutional expertise
Enteral Access Tubes

** Clinicians working with these patients should be aware of all available enteral access devices

- Nasoenteric (G or J)
- PEG
- DPEJ
- PEG/J
- Surgical or Radiologic Gastrostomy
- Surgical or Radiologic Jejunostomy
- Surgical or Radiologic G/J
- Replacement gastrostomy and jejunostomy
- Low-profile devices
Gastrointestinal Anatomy

- Stomach (G-Tube)
- Colon
- Jejunum (J-Tube)
Percutaneous Gastric Access

Flexible Internal Bolster
Percutaneous Gastro-Jejunostomy

PEG

Stomach

Jejunal Tube

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Jejunostomy

Needle Catheter
Jejunostomy Tubes
Gastric Enteral Access

- **Gastric Tube (PEG, RIG, Surgical Gastrostomy)**
- Tube Placed Directly Into the Stomach
  - Surgical, Endoscopic or Radiologic Gastrostomy
- Preferred over Small Bowel Access
  - Stomach is a reservoir, can store food and slowly discharge it into the small intestine
  - Stomach is a durable structure
  - Bolus or continuous feedings
Gastric Enteral Access

- **Gastric Feedings** - Patients with inability to swallow or who won’t swallow. No issues with the stomach or its function
  - Typical patients (weight loss)
  - CVA (stroke)
  - Esophageal cancer
  - Dementia
  - Cancer/AIDS with anorexia and inability to eat
  - ALS
Jejunal Enteral Access

• **Appropriate For:**
  – Gastroparesis
  – Gastric feeding intolerance
  – Aspiration of tube feeding with gastric feeding
  – Severe GERD
  – Inability to obtain gastric access
  – Gastric outlet of duodenal obstruction
  – Gastric or duodenal fistula
  – Esophageal or gastric resection
  – Pancreatitis
Jejunal Feeding Patients

• **Small Bowel Tube Feedings**

• **Surgical Jejunostomy, Direct Endoscopic Percutaneous Jejunostomy, Gastrojejunostomy, Radiologic Gastrojejunostomy**

  – Gastric outlet obstruction (cancer)
  
  – Gastroparesis (diabetics)
  
  – Pancreatitis (used to use TPN)
  
  – Patients at risk for tube feeding aspiration
X-Ray of a Gastro- Jejunostomy Tube
## Gastric vs. Jejunal Feeding

### Gastric
- Many commercial tube options
- More physiologic
- Formula – isotonic, hypertonic
- Infusion – continuous, bolus
- ↑ Reflux/aspiration

### Jejunal
- Limited commercial tube options
- Less physiologic
- Formula – isotonic
- Infusion – continuous
- ↓ Reflux/aspiration