

Percutaneous Endoscopic Gastrostomy: A Review of Practice and Complications

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Background: Percutaneous Endoscopic Gastrostomy (PEG) is the standard option for long-term nutritional support in infants and children with nutritional deficit due to feeding difficulties.

Objective: To assess the indications, complications and long-term efficacy of PEG.

Design: A Retrospective Study.

Setting: Our Lady's Children's Hospital, Crumlin, Dublin, Ireland.

Method: One hundred forty-eight patients underwent PEG insertion from October 2004 to December 2007. Data were reviewed from the Hospital Inpatient Enquiry (HIPE) and patients' charts.

Result: One hundred forty-eight patients underwent PEG insertion; 91 (61.5%) males and 57 (38.5%) females with a median age of 15 months (range 1-190 months). The procedure was abandoned in one patient due to unfavorable anatomy (failure rate 0.7%), and this patient is excluded from this report. PEG was indicated for feeding difficulties in 102 (68.9%) patients, recurrent aspiration pneumonia in 15 (10.1%) and failure to thrive in 32 (21.6%). No mortality was recorded; however, 15 (10.1%) patients developed stomal leakage and 3 (2%) of these required change of PEG. Nine (6%) patients developed a wound infection, 2 (1.4%) developed a gastrocolic fistula, 1 (0.7%) patient developed adhesive intestinal obstruction requiring laparotomy and adhesiolysis. Two (1.4%) patients had aspiration pneumonia, 3 (2%) had inadvertent tube removal, 4 (2.7%) had tube blockage, 3 (2%) had tube breakdown, 2 (1.4%) had tube migration, 5 (3.4%) had vomiting and 6 (4%) patients had excess granulation tissue.

Conclusion: PEG tube feeding is an efficient, well-tolerated method for medium and long-term enteral feeding with excellent results and minimal overall morbidity.