

Recent Study Findings Regarding how Percutaneous Endoscopic Gastrostomy (PEG) tubes are used in Stroke Patients

1. Determining Need

Modified barium swallow tests have been the primary predictor of PEG need. A study found that the rate of PEG placement was not related to any one of the abnormalities noted on the modified barium swallow. The decision to insert a PEG tube was made on clinical grounds and not on abnormal barium studies alone.

What this means for Dietitians: Be confident in clinical judgments. They go a long way in determining patients need for PEG tubes.

2. Using a PEG tube vs an NG feeding tube

It was consistently shown that early tube feeding significantly reduced the patient's risk of dying after a stroke. However, the superior use of one method over another continues to be controversial.

What this Means for Dietitians: The consensus is to make sure that the patients are being fed. Although there isn't one superior method of feeding, PEG tubes seem like a reasonable choice. PEG tubes have been the chosen method for patients needing long term feeding assistance. Overall PEG tubes are safe, well tolerated, and was most effective if placed within the first two weeks.

3. Swallowing Recovery After Stroke

When patients were assessed upon their dysphagia level, the patients that were not able to tolerate pureed food after their stroke were at the greatest risk for needing a PEG placed.

What this means for Dietitians: A PEG should be considered in people unable to tolerate grade 3 thickened fluids or a puree diet 14 days after their stroke.

4. When to Start Feeding through the PEG

In studies where the protocol was to start enteral nutrition four hours after the PEG insertion it was noted that if used under close observation, early feeding was found to be safe and cost saving. The need to admit outpatients to the hospital for the procedure or detain already admitted patients longer was eliminated.

What this means for Dietitians: There is no need to postpone the start of PEG feeding after initial insertion, begin feeding as soon as four hours after insertion.

5. PEG acceptability among patients / care givers

- 60% of patients felt the PEG prolonged life and would do it again if need be
- 83% felt that feeding through the PEG was easy
- 39% felt that the feeding was too frequent

What this means for Dietitians: The overall feeling about PEG tubes is positive. They should not be avoided when using nutrition support. Try to make a feeding schedule that will work in your patients' everyday life.