

Abstract Submission for ESPGHAN Update 2012

Clinical Nutrition

ESPGHAN12-1023

GASTROSTOMY USE IN CHILDREN: A SINGLE CENTRE EXPERIENCE

S. Van Biervliet^{1,*}, K. Van Renterghem², D. Vande Putte², S. Vande Velde¹, R. De Bruyne¹, M. Van Winckel¹

¹Paediatric Gastro-enterology and nutrition, ²Paediatric Surgery, Gent University hospital, Gent, Belgium

Please select your preferred presentation type: Oral or Poster

Has this abstract previously been presented or published?: No

Objectives and Study: Introduction: The percutaneous endoscopic gastrostomy (PEG) is frequently used in children in need of medium or long term tube feeding.

Aim: To evaluate the indications, gastrostomy type, complications and evolution over time in one centre as part of a quality check.

Methods: Methods: This study includes all patients with a gastrostomy consulting at the paediatric gastro-enterology department of our centre during the period 2007-2009. Records were reviewed in December 2010.

Results: Results: In this period 178 patients consulted with a gastrostomy of which 6 were placed in another centre. Almost 94% was placed by the pull technique under endoscopy (n=167). Neurodevelopmental disability (NDD) or muscular disease was the major indication (114, 64%). Other indications were cystic fibrosis (13), gastroenterological (16), metabolic (12), cardiologic (9), nephrological (8) and oncological diseases (6). Twenty (11%) patients (aged 6.4yr (0.75-25)) deceased during follow up (2yr (0.1-14.5) after placement). Immediate complications were 1 case of peritonitis, 1 case of fever treated with prolonged intravenous antibiotics due to the presence of a ventriculoperitoneal drain. Late complications were a gastrocolic fistula in the patient with post-insertion peritonitis and a buried bumper in 8 (4.5%) patients after 6yr (4.5-10) of PEG tube use. Tube feeding was stopped in 27 (15%) after 2.3 yrs (1.27-4.1) mostly in non-NDD. The proportion of tube feeding is decreasing in 16 (9%). The tube type is a PEG-tube in 73 (56%) of which 6 were elongated with a jejunal tube, a button tube in 47 (36%) and a balloon gastrostomy in 11 (8%). Gastro-oesophageal reflux disease (GORD) led to Nissen fundoplication in 45 (25.3%) patients. Over the years the percentage in need of GORD surgery remained about 20% of all gastrostomy patients but the time lapse between the 2 procedures decreased. The simultaneous performance of the procedure increased from 10% to 68.5%.

Conclusion: Conclusion: Gastrostomy tubes are increasingly used for patients with feeding difficulties of different origin most frequently placed by endoscopy. The major indication remains NDD. In case of important GORD laparoscopic Nissen procedure and PEG placement can be performed simultaneously.

Disclosure of Interest: None Declared