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Prophylactic Percutaneous Endoscopic Gastrostomy (PEG) - The Importance of Nutritonal Support in Patients with Head and Neck Cancers (HNCs) or Neurogenic Dysphagia (ND)

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Abstract

Backround: We evaluated the effectiveness and safety of prophylactic PEG performed for the enteral nutrition support during the oncological treatment of patients with HNCs and as a part of the management of neurological patients experiencing neurogenic dysphagia.

Methods: In 2013 we followed up on a group of 23 HNC patients subjected to prophylactic PEG. We assessed the duration of the procedure, intraprocedural incidents and their causes, time to tube-refeeding and discharge after intervention, postinterventional analgesia, early and late complications, toleration, costs and postoperative course of these patients after radical surgery maintaining PEG in place. In parallel we followed up on a group of 10 neurological patients who have undergone a PEG placement to improve the nutrional status and to prevent recurrent chest infections due to ND related silent aspiration.

Results: The procedures were performed under sedation with Midazolam and the mean duration was about 7 minutes. Postoperative analgesia was minimal. Refeeding through the tube was initiated 2-4h hours later and the patients were discharged 12-24h after the procedure. Early complications were not observed and later we noted 2 cases of peristomal infections, succesfully managed conservatively. After oncologic surgery we noted 2 (8.69%) pharyngocutaneous fistulas. Conservative care obliterated the fistulas at 6 weeks, maintaining the feeding tube in place. We also compared the results with a group of 27 patients fed through the naso-gastric tube and a group of 20 cases with open gastrotomy-tube prophylactically inserted. The 10 neurological patients had varied conditions but degenerative diseases like motor neuron disease (3 cases – 30%) and multiple sclerosis (2 cases -20%) took the lead. We encountered one case of peristomal infection and one case of tube blockage resolved by replacement. We evaluated the nutritional status by controling the weight of these patients before and after PEG placement. A mean weight gain of 3.1 kg (range 1.2 – 7) was documented.

Conclusions: PEG is a simple minimmaly invasive procedure performed safely under sedation. It takes a very short time and is virtually free of major complications. The requirements of analgesics are minimal. The refeeding is started early and the tube is well tolerated by the patient. PEG has an important role in the conservative healing of pharyngocutaneous fistula. PEG is the procedure of choice for the neurological patients. It prevents weight loss and aspiration pneumonia in pacients with neurogenic dysphagia with a low rate of complications.

Key words: prophylactic percutaneous endoscopic gastro-stomy, head and neck cancers, nutritional support, neurogenic dysfagia

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