

How to predict post-operative enteral nutrition problems

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Percutaneous endoscopic gastrostomy (PEG) has become one of the most useful and established enteral nutrition techniques. However, since PEG is based on a surgical technique and is mainly performed in elderly individuals with poor general conditions, the frequency of adverse events is higher compared to other methods of nutrition. Even when PEG is successful, patients often encounter enteral nutrition problems after surgery. Although the knowledge of the predictors of post-operative enteral nutrition problems may provide useful information, there are no studies that have specifically examined such predictors.

A research article to be published on March 21, 2009 in the *World Journal of Gastroenterology* addresses this question. This research, lead by Dr. Shiro Yokohama and his colleagues in Asahikawa Rehabilitation Hospital, showed that enteral [nutrition problems](#) after [PEG](#) occurred at a comparatively high rate. Analysis of patients' background factors identified the following four predictors of these problem cases: (1) enteral nutrition before gastrectomy; (2) presence of esophageal hiatal hernia; (3) past history of paralytic ileus; and (4) presence of chronic renal dysfunction.

Predictors for post-operative enteral nutrition problems can be used to determine indications for PEG. Since specific causes exist for such predictors, it may be possible to analyze causal relationships and mechanisms of onset, thereby making it possible to devise several preventive methods.

More information: Yokohama S, Aoshima M, Nakade Y, Shindo J, Maruyama J, Yoneda M. Investigation and prediction of enteral nutrition problems after [percutaneous endoscopic gastrostomy](#). *World J Gastroenterol* 2009; 15(11): 1367-1372
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