

New statement on 'PEG' feeding tubes in children published

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Placement of a percutaneous endoscopic gastrostomy tube has become an "essential" technique for children and young people with a wide range of problems with feeding and nutrition, according to a position statement in the *Journal of Pediatric Gastroenterology and Nutrition*, official journal of the European Society for Paediatric Gastroenterology, Hepatology and Nutrition (ESPGHAN) and the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition.

The new position statement was developed by the ESPGHAN Gastroenterology Committee. "The PEG tube now plays a key role in the management of children and [young people](#) with nutritional compromise, providing safe and effective access to the gastrointestinal tract," comments lead author Dr Robert B. Heuschkel of Addenbrookes Hospital, Cambridge, United Kingdom. "This document reviews all the current evidence on this important practice in children and presents it as a practical and accessible guide for all [health care professionals](#) involved in the care of these tubes."

PEG is safe and effective for nutritional support in children

Gastrostomy tubes are devices placed into the stomach through an opening in the stomach wall. They are used to provide nutritional support to children (and adults) patients with problems affecting feeding or nutrition—for example, conditions causing inability to swallow or

chronic diseases leading to malnutrition. At one time, open surgery was always required to place gastrostomy tubes.

But in more recent years, the PEG technique—using an endoscope to guide tube placement in the stomach and to create the opening in the abdominal wall—has become the standard. "There are very few clinical scenarios which require open, more major, surgery rather than the quicker, less invasive, PEG tube," Dr Heuschkel notes.

The availability of PEG has improved nutritional management of children with many different diseases and conditions. However, they add that the decision to insert a PEG, as well as the procedure itself, should only be performed only by a team experienced in carrying out PEG placement in children, with a pediatric surgeon available to manage possible complications.

Practical guidance on PEG tube placement and care

In addition to medical factors, the decision to perform PEG should consider possible ethical, psychological, and quality of life issues. The patient and parents may need some time and preparation to accept the idea of feeding tube placement. "As a result, the date for gastrostomy insertion may need to be delayed for all parties to be comfortable with the procedure," the Committee writes.

The statement addresses practical considerations and techniques related to PEG tube placement. Concerns that PEG causes gastroesophageal reflux are "misplaced," the Committee writes. They summarize the various techniques for PEG tube placement—the newer "push" technique may have advantages over the previous "pull" technique.

If the PEG tube is placed for long-term nutritional care, pediatric dietetic expertise is essential. After a few months of healing, the

