The Facts About Feeding Tubes

What is a Feeding Tube?
A feeding tube is a tube that is surgically inserted through the skin of the abdomen directly into the stomach. The medical term for this is Percutaneous Endoscopic Gastrostomy tube, or PEG tube. People with feeding tubes are fed by putting a form of liquid nutrition into the tube.

Feeding tubes can be helpful in certain circumstances, but like with any medical treatment, it is important to weigh the benefits and possible negative outcomes before deciding. Something to think about when making this decision is what the goals of the feeding tube are. Is the goal to prolong life? Is it meant to restore the person back to their normal level of functioning? Is it to delay death? Depending on the goal, the effectiveness of a feeding tube can vary greatly. The underlying disease also impacts how effective a feeding tube will be. It is also important to remember that nutrition provided by a feeding tube cannot be smelled, tasted or otherwise enjoyed in the way people enjoy foods that are chewed and swallowed.

The Benefits of a Feeding Tube
Feeding tubes can be beneficial and have helped many patients by providing the necessary hydration and nutrition for those who are unable to eat or drink by mouth. For example, a stroke patient may need a feeding tube for a short period before recovering and going back to eating and drinking by mouth. Or a patient with head and neck cancer can also benefit from a feeding tube by providing them a means to receive nutrition and hydration during, pre, and post treatment. It also gives the patient the ability to take medications via the feeding tube if they are having trouble swallowing.

The Burdens of Feeding Tubes
While there are situations where feeding tubes are beneficial, there are potential negative effects that sometime occur. The use of feeding tubes can result in:

- Aspiration pneumonia, which is a type of pneumonia caused by fluid/food getting into the lungs,
- Infections
- Need for restraints and/or sedation in those patients who try to pull feeding tube out
- Increased visits to the ER due to tube displacement, infections, etc.
- A Feeding Tube does not reverse or cure a patient with a terminal illness.
- The use of artificial feeding can increase suffering in the terminal ill by increasing nausea, vomiting, bleeding, edema, incontinence and infections.

A decision to proceed with a feeding tube is one that should weigh the benefits and burdens of the procedure in light of the patient’s values and goals. It is a complex decision that requires input for multiple individuals, patient, family, doctor, etc. Should you have any further questions or concerns, please speak with you doctor.
<table>
<thead>
<tr>
<th>Advance Care Planning</th>
<th>Dysphagic Stroke</th>
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<th>Neurodegenerative Disease</th>
<th>Persistent Vegetative State</th>
<th>Advanced Dementia</th>
<th>Advanced Cancer</th>
<th>Advanced Organ Failure</th>
<th>Frailty</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who had good quality of life, high functional status, minimal co-morbidities prior to stroke</td>
<td>People with decreased level of consciousness, multiple co-morbidities, poor functional status prior to stroke</td>
<td>e.g., Parkinsons, Alzheimers, ALS</td>
<td></td>
<td></td>
<td>Excludes patients with early stage esophageal and oral cancer</td>
<td></td>
<td></td>
<td>Patients with multiple co-morbidities, poor functional status, failure to thrive, pressure ulcers</td>
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<tr>
<td><strong>Prolongs Life</strong></td>
<td>Likely</td>
<td>Likely in short term Not likely in long term</td>
<td>Likely</td>
<td>Likely</td>
<td>Not Likely</td>
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<tr>
<td><strong>Improves or Restores Functional Status</strong></td>
<td>Up to 25% regain swallowing capabilities</td>
<td>Not Likely</td>
<td>Uncertain</td>
<td>Not Likely</td>
<td>Not Likely</td>
<td>Not Likely</td>
<td>Not Likely</td>
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<td><strong>Enables Potentially Curative Therapy/Reverses Disease Process</strong></td>
<td>Not Likely</td>
<td>Not Likely</td>
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