

Percutaneous Endoscopic Gastrostomy for Dysphagia Patients in Tertiary Care Hospital – Guntur

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Abstract: Dysphagia is common in neurological , neurosurgical cases , cancer cases etc . Here we are resending various neurological ,neurosurgical cases like strokes, head injuries , ICSOL patients , degenerative diseases like parkinsons disease ,Ca Tongue with dysphagia . All these patients have dysphagia, odynophagia, chocking spells on attempted feeding . By PEG procedure they have good relief of symptoms. Risk of chocking and aspiration pneumonia can be prevented .

Keywords: PEG, dysphagia , stroke , ICSOL , ICH , parkinsons disease , Cancers.

I. Introduction

Strokes are common in elderly in olden days. At present due to change in life style, HTN , DM , obesity , metabolic syndrome strokes are common in younger age groups. RTA occurs in all age groups with ICH leading to coma requiring tube feeding for long time. PEG is an endoscopic procedure that is done for any dysphagia patients that require prolonged ryles tube feeding. PEG procedure reduces the hospital stay, complications like aspiration pneumonia, improves nutrition and early recovery.

Symptoms :

Symptoms of disease

Dysphagia

Odynophagia

Chocking spells

Aspiration pneumonia

Diagnosis:

History

Examination on attempted swallowing.

II. Materials and methods

All patients are assessed for PEG by gastroscopy for the feasibility of procedure . PEG is done under local anaesthesia . Oral xylocaine is given for pharyngeal anaesthesia , later gastroscopy is done to see the patency of lumen , to rule out GOO . Stomach is distended to see the light [translucency] from the skin on abdomen and this prevents the risk of colon injury by displacement of colon . Point of incision is asessed on the skin , under strict aseptic condition 2% xylocaine is given for cutaneous infiltration into the skin and the needle is passed deep till the needle tip is seen in stomach . Once the needle is seen in stomach the needle is withdrawn . Skin incision is given deep upto rectus , rectus muscle is separated and trochar with cannula is passed inside till it appear in stomach , once in stomach the trochar is withdrawn and wire is passed into stomach through the cannula. The wire is caught into the snare loop that is passed into the stomach through the scope and the wire is pulled out along with the scope out of mouth . PEG tube is looped to the wire and the wire is pulled back through the skin incision ,when the PEG loop is entering into oral cavity xylocaine jelly is applied and loop is pulled out of stomach through the skin opening . when the loop is entering the esophagus the scope is passed inside to see the track of the loop , once in the stomach the loop is anchored to the wall ,the position is fixed and scope is withdrawn . The tube is connected to the feeding connection tubes and feeding is started with in 1 hour. The entire procedure is completed in 15minutes. Antibiotics are given for 3 days . Dressing is changed on second day and patient attender is given the necessary training to feed , to care the PEG site . Patient has to be in right lateral position after feed.

A total of 16 cases of dysphagia due to various reasons had PEG procedure in last 5 years. Male: Female ratio is 13: 3. Age group range is from 20 to 70 years . 3 are of young age group , all are due to large ICH . 8 cases are due to CVA , 2 are due to parkinsons , 3 are due to cancers.

Complications: Complications are rare with this procedure . Wound infection is common and can be treated with antibiotics . Fistula is rare with PEG but common with open feeding gastrostomy .

Advantages: Can be done as OP procedure Patients not fit for surgical gastrostomy can be taken for PEG
Complications are less .

Outcome:

Outcome is good with this procedure . Complications are less . We had encountered wound infection in 3 cases. 5 cases had early recovery and removal of the PEG tube in 2-5 months . one patient had long requirement of PEG tube and replacement of tube . On average the PEG tube is in situ for 9-12 months in most patients .

III. Conclusion

PEG is the best long term treatment option for the dysphagia patients . PEG prevents the risk of choking spells, aspiration pneumonia , provides adequate nutrition for the patient for early recovery . The early the patient is given the PEG treatment ,better is the recovery with minimal complications .

