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MAKING DECISIONS ABOUT PEG PLACEMENT

A GUIDE FOR PHYSICIANS AND OTHER HEALTH PROFESSIONALS

PEG insertion is not always indicated in patients suffering from dysphagia or reduced nutritional intake. Multiple studies have shown high levels of risk for complications following PEG insertion. A recent 2017 study found statistically significant higher levels of mortality in patients who received PEG and low likelihood of functional mobility or oral feeding after PEG placement (1).

Non-exhaustive list of contraindications for PEG (2;3):

- Obesity
- Serious coagulation disorders
- Hemodynamic instability
- Sepsis
- Severe ascites
- Peritonitis
- Oesophageal obstruction
- Gastrectomy
- Dementia
- The first 21 days following a CVA
- Expected survival less than 2 months
- Forced vital capacity < 50%

In addition to definitive contraindications for PEG, prognosis and goals of care should be discussed before PEG insertion (2).

We recommend the use of the Modified Glasgow Prognostic Score (mGPS) when making decisions about PEG placement. A 2018 study (n=190) compared GPS and other biomarkers for power to predict negative outcomes after PEG insertion (4). The study found that **GPS had good predictive value for aspiration pneumonia and in-hospital mortality following PEG insertion.** GPS may be a useful tool for assessing candidacy for PEG (where 0=good prog)

mGPS	Score
Crp ≤ 10, albumin ≥ 35	0
Crp ≤ 10, albumin < 35	0
Crp > 10	1
Crp > 10 and albumin < 35	2

Figure 1: Modified Glasgow Prognostic Scoring (5)

References:

- (1) Meisel, K., Arnold, R. M., Stijacic Cenzer, I., Boscardin, J., & Smith, A. K. (2017). Survival, functional status, and eating ability after percutaneous endoscopic gastrostomy tube placement for acute stroke. *Journal of the American Geriatrics Society*, 65(8), 1848-1852.
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- (4) Wong, T. Y. E., Nakamura, H., & Mihara, C. (2018). The Glasgow prognostic score (GPS) predicts aspiration pneumonia and survival after percutaneous endoscopic gastrostomy (PEG). *Clinical Nutrition*, 37, S246-S247.
- (5) Kennelly, R. P., Murphy, B., Larkin, J. O., Mehigan, B. J., & McCormick, P. H. (2016). Activated systemic inflammatory response at diagnosis reduces lymph node count in colonic carcinoma. *World journal of gastrointestinal oncology*, 8(8), 623.
- (6) Gomes Jr, C. A., Andriolo, R. B., Bennett, C., Lustosa, S. A., Matos, D., Waisberg, D. R., & Waisberg, J. (2015). Percutaneous endoscopic gastrostomy versus nasogastric tube feeding for adults with swallowing disturbances. *Cochrane database of systematic reviews*, (5).



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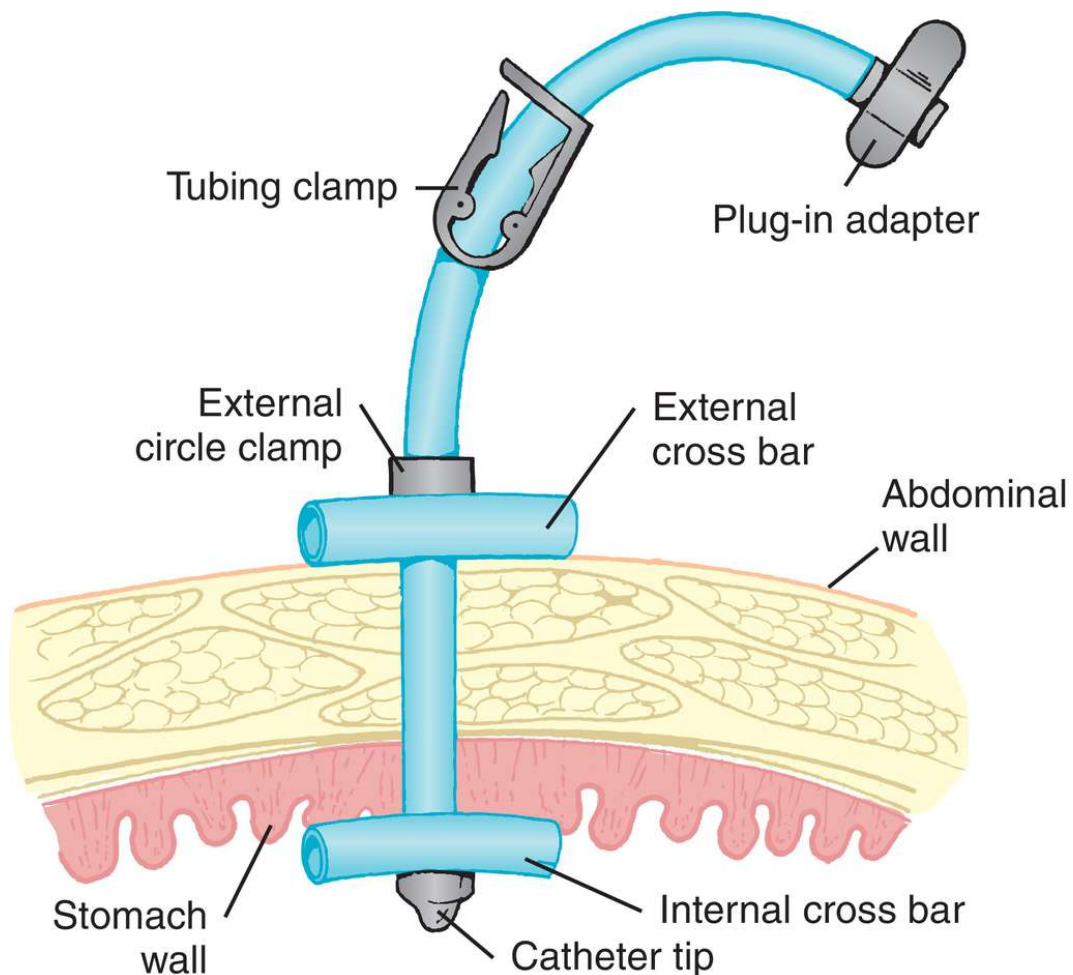
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