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048

RATE AND SEVERITY OF 30-DAY AND 1-YEAR COMPLICATIONS ARISING FROM PERCUTANEOUS ENDOSCOPIC GASTROSTOMY USE

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Introduction Percutaneous Endoscopic Gastrostomy (PEG) feeding is utilised in patients with exceptionally poor oral intake, such as those undergoing treatment for head and neck cancer or dysphagia. PEG feeding increases the risk of many complications which are important in pre-insertion counselling and post-insertion management. While some papers have been published on this topic, this is the first UK study to review longitudinal gastrostomy complications since the 2004 NCE-POD audit of PEG deaths and the subsequent changes in practice.

Methods Single-centre retrospective chart review of all patients receiving PEG insertion between January 2016 and December 2018. Subgroup analysis compared those who were cared for with professional help vs those who relied on self/family support using chi-squared and Fisher exact analysis.

Results 306 patients met the inclusion criteria. The mean age at insertion was 67 years. The majority were cared for in their own home (80.4%) by themselves or family (74.8%). 127 were inserted for dysphagia and 165 prophylactically prior to treatment for head and neck cancer.

16.7% had a complication in the first 30 days. The most common complication was pain (45.3%), followed by a weeping/irritated site (17.2%), leaking tube (6.3%) and site infection (6.3%). 50.0% of 30-day complications were ‘mild’ (treated in the community), 48.4% were ‘moderate’ (reviewed

in secondary care) and 1.6% were ‘severe’ (required an invasive procedure to rectify).

35.6% experienced at least one complication in the first year. The most common was pain (27.6%), followed by a weeping/irritated site (17.8%), external overgranulation (11.4%) and site infection (11.4%). 53.0% were ‘mild’, 40.5% ‘moderate’ and 6.5% ‘severe’.

The incidence of serious gastric bleeds over the 1-year period was 2.2%, aspiration pneumonia occurred in 3 patients (1.6%) and buried bumper syndrome (BBS) occurred in 1 (0.6%). 30-day mortality for patients post-insertion was 4.2%, with the 10/13 of these falling into the dysphagia group.

Subgroup analysis showed those who relied on self- or family-care had a 63% higher chance of developing at least one complication over a 1-year period compared to those with professional support. This was statistically significant at $p = 0.0177$.

Conclusions This study represents one of the largest of its kind evaluating the complications arising from PEG insertion. The findings correlate reasonably well with published data.

This study provides valuable data on the rate and severity of complications arising from PEG use and has implications for consenting and counselling patients pre-insertion as well as planning support services and post-insertion management.

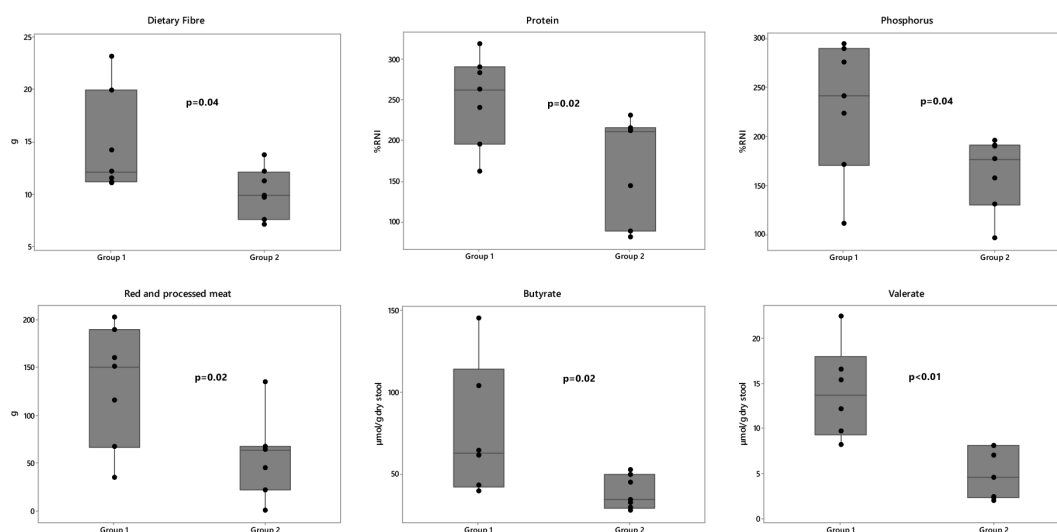
049

DIETARY TRIGGERS OF COLONIC INFLAMMATION FOLLOWING EXCLUSIVE ENTERAL NUTRITION TREATMENT IN CHILDREN WITH CROHN'S DISEASE

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Introduction Exclusive enteral nutrition (EEN) ameliorates gut inflammation in children with Crohn's disease (CD). We have previously described the rapid rise in faecal calprotectin levels (FC) when children with CD return to their habitual diet after



Abstract 049 Figure 1 Comparisons of intake of nutrients and foods and Short chain fatty acid levels between Group 1 (above median FC) and Group 2 (below median FC) in children with Crohn's disease, at food reintroduction, post EEN completion.