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What is a feeding tube?

(Feeding Jejunostomy, feeding gastrostomy)

Proper nutrition is an integral part of a surgical patients care. Frequently, we may all focus on the proper antibiotics, wound

is the gastrointestinal track (figure 1) by means of a feeding tube (figure 2). The alternative, and less desirable is the venous system. In the latter one there is a catheter is inserted in a vein (Central line, or a PICC line) and then a mixture of Fat, Carbohydrates, Amino acids (building blocks of protein), in addition to minerals, trace

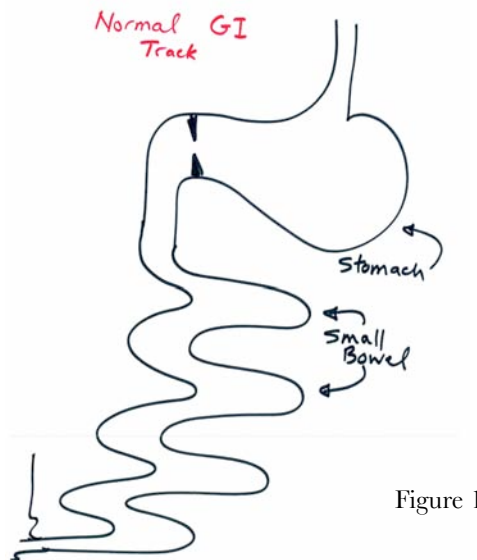


Figure 1

dressing changes, medications and overlook the fact that the proper source of healthy calories is not being provided.

There are two general venues where nutrition can be provided. One obvious one

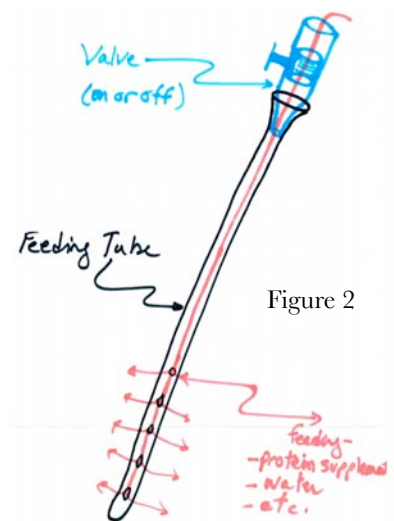


Figure 2

elements, or other medication are placed in an IV bad and infused. These are called

TPN or PPN (depending on the concentration and where they are infused).

One would expect that a source of nutrient delivered directly to the liver, by the means of venous catheters will be more beneficial. This is not true since there are a number of complications with this method. The most common ones are line issues, where the catheters either become infected, or get plugged. The other set of problems with TPN or PPN is that it causes stress on the liver.

Feeding tubes are used to introduce food to the GI track. This would be in cases where a patient is not able to swallow

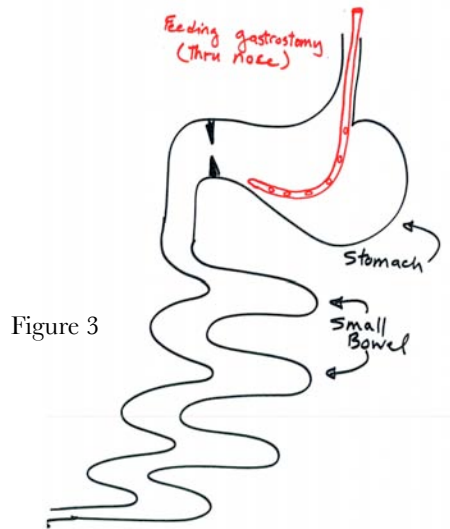


Figure 3

(stroke, or a patient on the ventilator) or has a significantly higher calorie requirement (a burn patient). A patient may need a feeding tube if their GI track is not absorbing the necessary amount of the minerals or nutrients (post weight loss surgery).

The feeding Gastrostomy is placed in the stomach. For a very short term it can be placed thru the nose (figure 3). For a long term access feeding Gastrostomy tube, it is placed thru the skin. This can be done using an endoscopy or may need surgery (post RNY) (Figure 4).

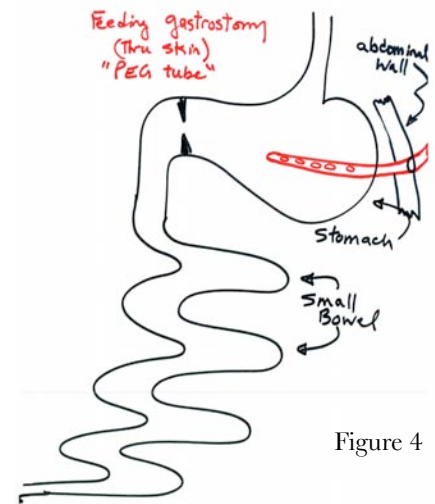


Figure 4

Feeding Jejunostomy tubes are placed in the jejunum (small bowel). There are many reasons that may result in the recommendation of a feeding jejunostomy Vs. A gastrostomy. Just like a

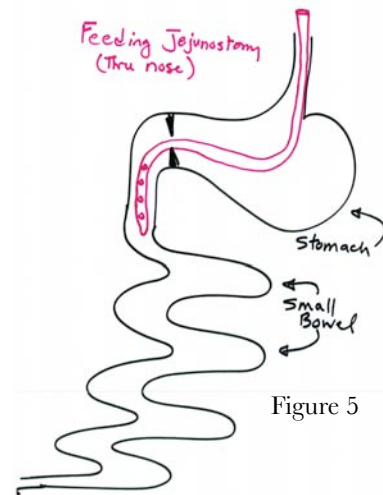
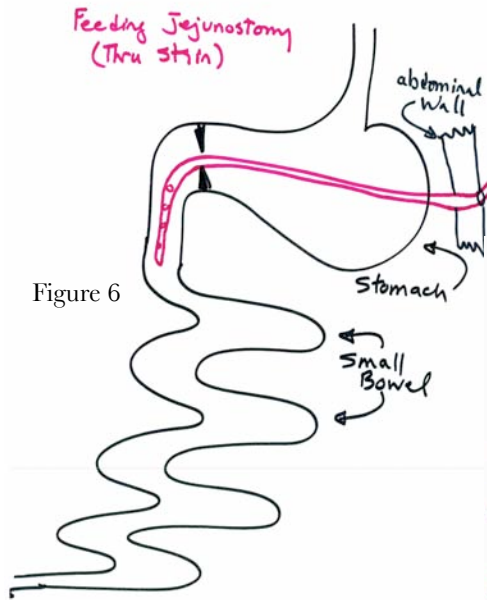


Figure 5

Jejunostomy, it can be placed thru the nose (figure 5) for a short period of time or thru the skin. For any long period of time it should be placed thru the skin. In some cases this can be done endoscopically (if the stomach can be accessed) or surgically (post RNY, DS) (Figure 5 and 6).

One of the fundamental differences is that a feeding jejunostomy feeds the GI track past the Pyloric valve, yet in a Gastrostomy the food is proximal to the



pyloric valve. This may or may not seem to matter yet there are patient who may have a distinct benefit of getting one Vs. The other.

Regardless of the type of the feeding tube, and regardless of if it was inserted surgically or endoscopically, once a tube is placed (other than thru the nose) then it needs to stay in for at least a period of 6 weeks.

I will discuss the details of feeding tubes post weight loss surgical procedures next week.

If there are specific topics of questions please forward them to info@dssurgery.com.

