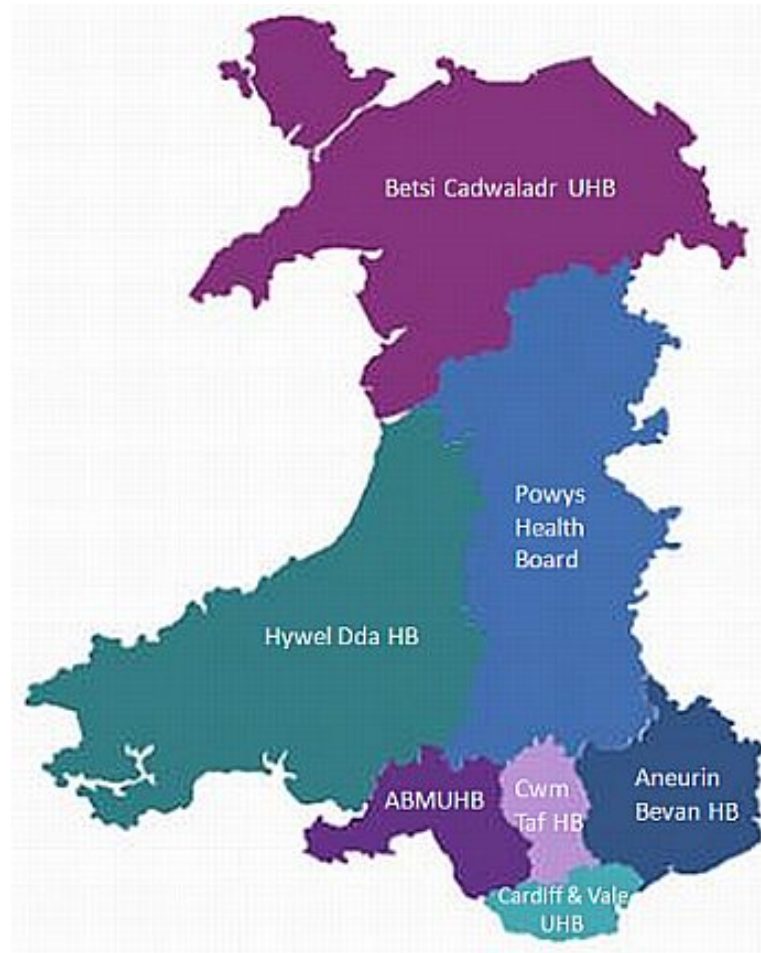


# Establishing a Pre Assessment Elective Gastrostomy service

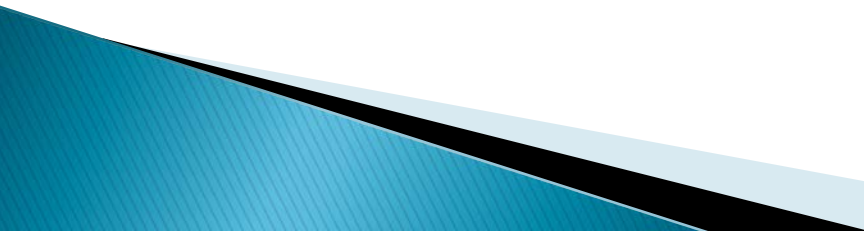
Lisa Owen – Home Enteral Feeding Dietitian  
Judith Gethin – Nutricia Homeward Nurse

# Where are we?.....

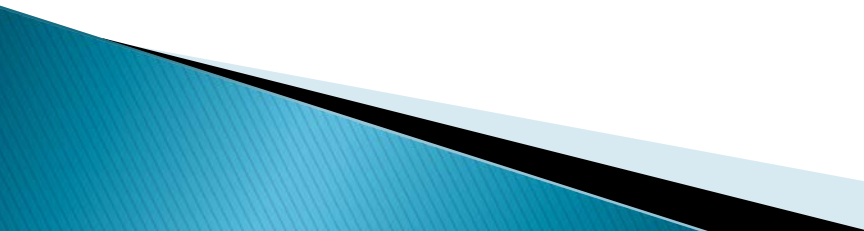


← Here!

# Aneurin Bevan University Health Board

- ▶ 7 Health Boards serve Wales
  - ▶ ABUHB – 2<sup>nd</sup> largest population of all Health Boards in Wales
  - ▶ Covers 21% of Wales's population
  - ▶ Highest HETF patient numbers
  - ▶ Has NO Nutrition Nurses (adults)!!!
- 

# Background

- ▶ NCEPOD study 2004 n=719
  - ▶ 43% died within 1 week (n=692)
  - ▶ 1 in 5 procedures futile / not indicated
  - ▶ Most frequent critical incident respiratory failure, 76% had respiratory complications
- 

“The decision to use a PEG requires an in-depth assessment of the potential benefits to the individual. All patients in whom PEG feeding is proposed should be reviewed by an MDT”

- NCEPOD, 2004 /


# Why start the service?



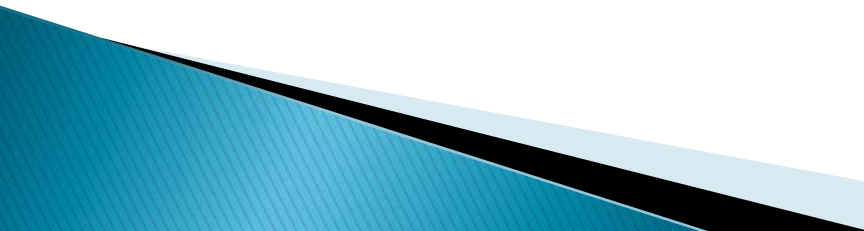
- ▶ Average urgent OPD wait 116 –217d
  - ▶ Endoscopy urgent wait – 28–77d
- Dedicated Gastro Consultant**



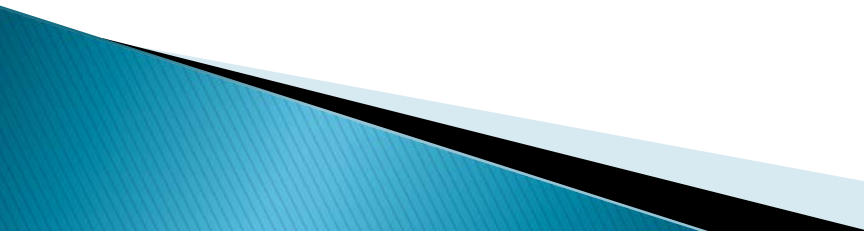
# Developing the service

- ▶ Standard operating procedure – triage referrals
  - ▶ Centralise service
  - ▶ Standardised assessment proforma
  - ▶ Monthly “PEG clinic”
  - ▶ Integrated MDT assessment – SLT, Dietitian, Nutricia Nurse & Consultant when required
- 

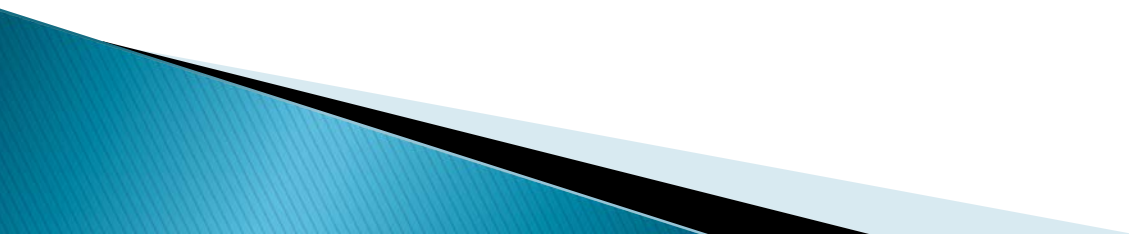
# Further developments

- ▶ Housebound / urgent patients seen at home (Dietitian & Nurse assessment only)
  - ▶ PEGs are placed as first line
  - ▶ RIGs placed if poor respiratory function is identified
  - ▶ FVC < 30% – 50% respiratory risk – Signpost straight to RIG
- 

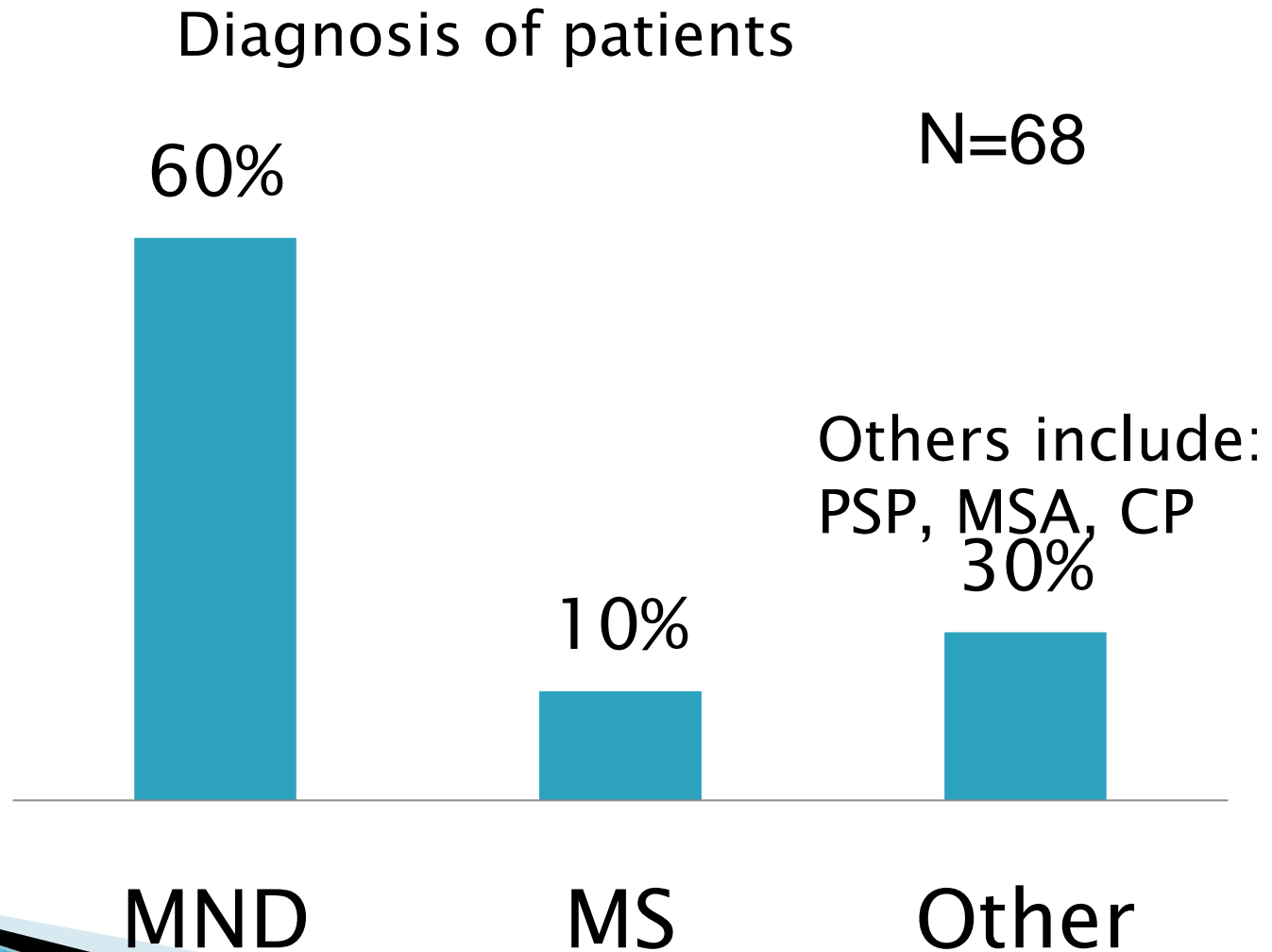
# The Assessment

- ▶ Written info & FRC posted
  - ▶ Patient centred and led
  - ▶ 1 hour appointment (flexible):
    - Nutritional and dysphagia risk
    - Medical history
    - Social circumstances / care
  - ▶ Myth busting & informed consent
- 



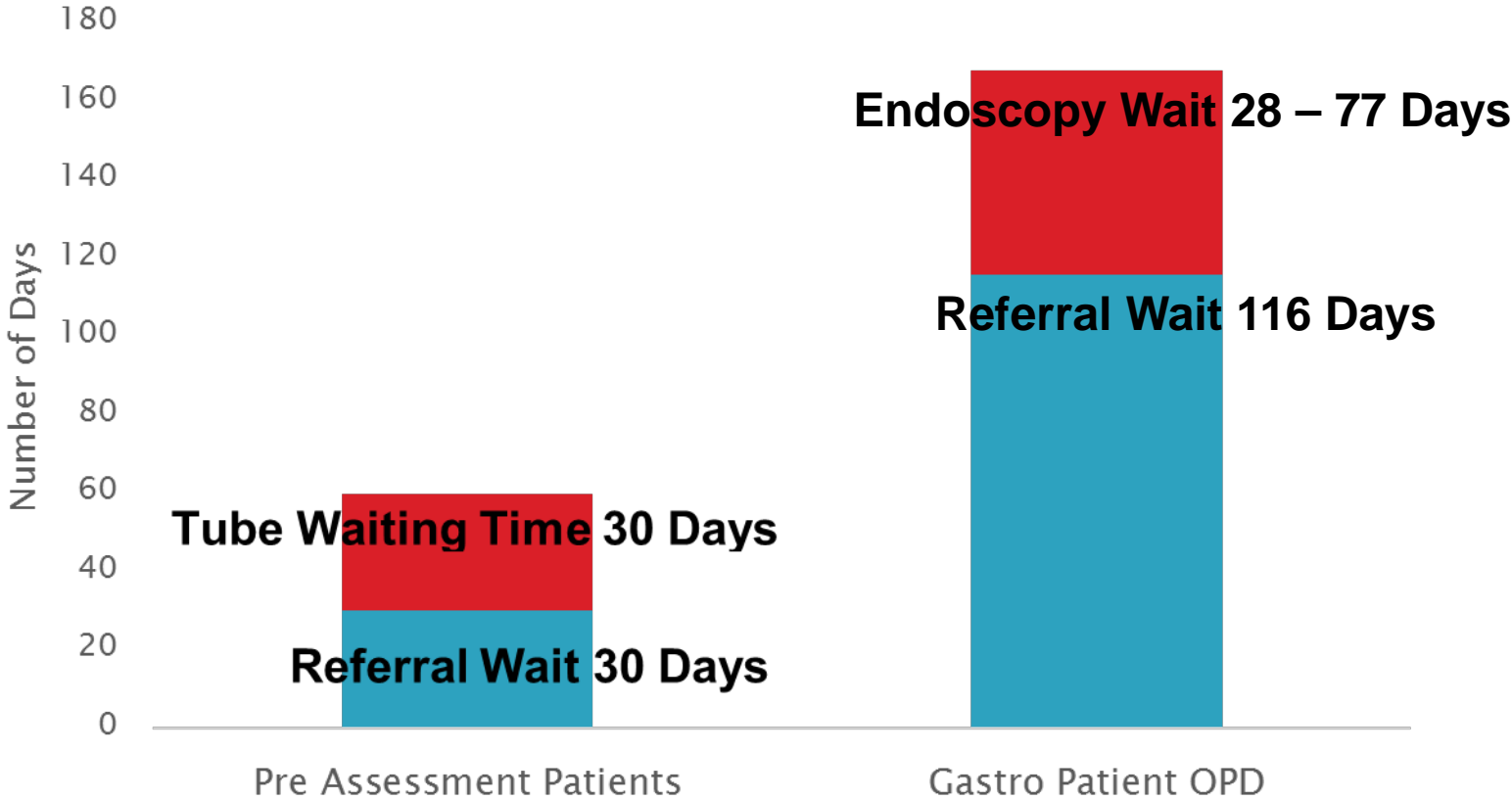


# Service Evaluation – Demographics



# Service Evaluation – Waiting Times

## Waiting Times Days





**KEEP  
CALM  
AND  
SKIP THE  
QUEUE**

# Service Evaluation – Outcomes

75% said YES



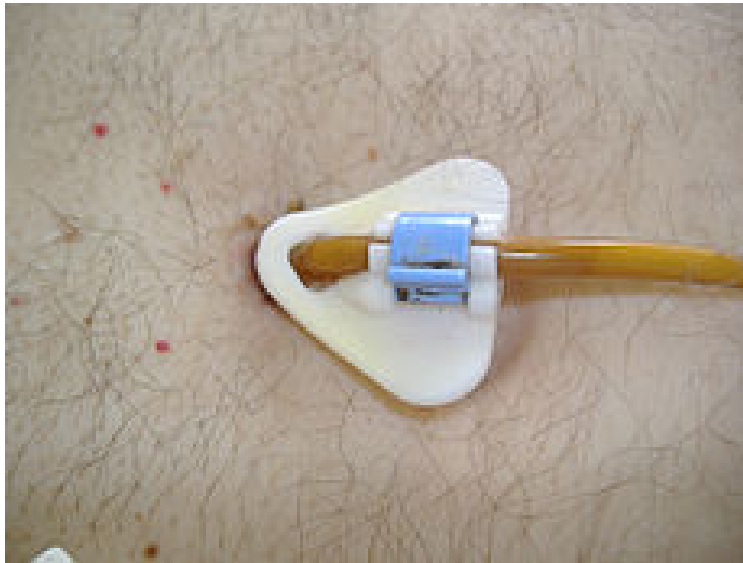
19% said NO



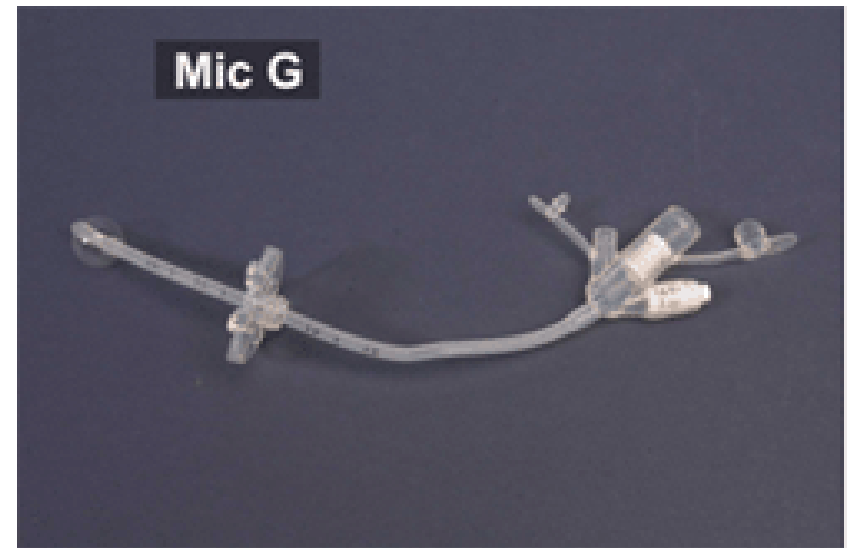
Undecided 6%

# Types of Tubes Placed n=51

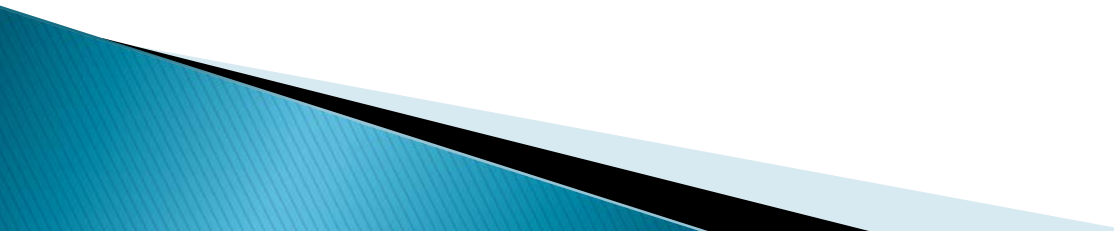
PEG - 36



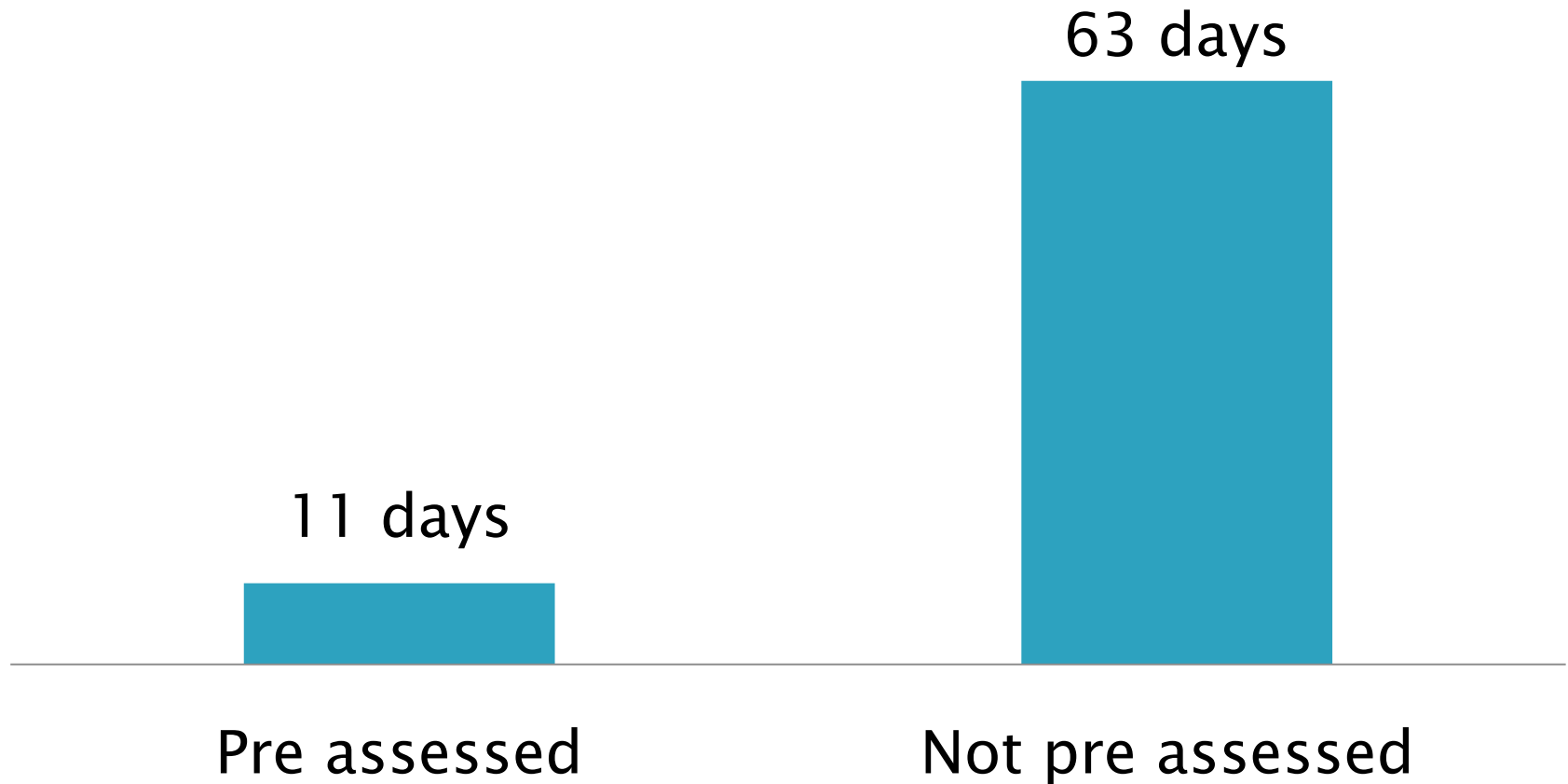
RIG -15



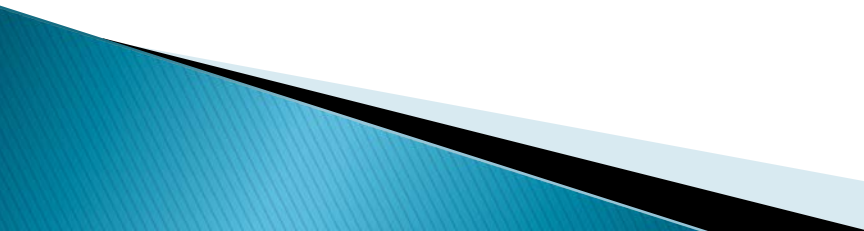
# The impact of the service

- ▶ Compared Pre Assessed patients who had tubes placed N=51 to patients having tubes placed during acute admission N=34
  - ▶ Length of Hospital stay
- 

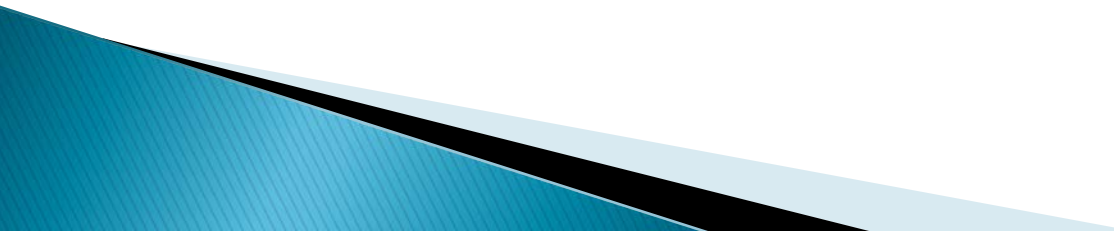
# Average length of Hospital stay



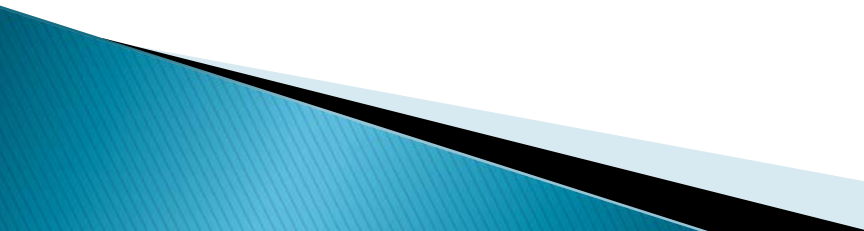
# ProGas study – Lancet July 2015

- ▶ Largest study to date comparing method and timing of tube placement in ALS patients
  - ▶ 30d mortality – similar for PEG, RIG and PIG (RIG ↑ complications)
  - ▶ Patient age and amount of weight loss at gastrostomy – indication of mortality
  - ▶ Current MND guidelines advise gastrostomy at 10% weight loss – early gastrostomy consider at 5% weight loss
  - ▶ Increase in strain on carers after gastrostomy
- 

# Local Vs PROGas

- ▶ Patients referred early
  - ▶ PEGs first line
  - ▶ RIGs if respiratory compromise / failed PEG
  - ▶ Patients & carers understand implications of Gastrostomy
  - ▶ Informed decision
- 

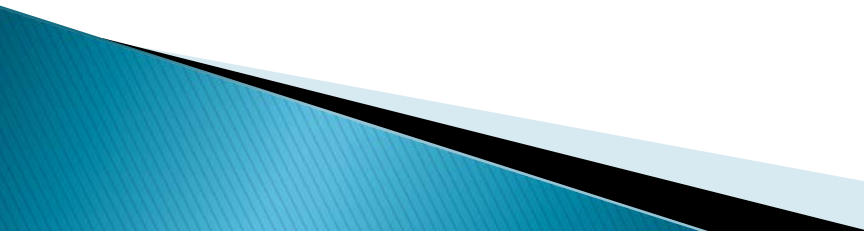
# Case Study

- ▶ Male age 71 with bulbar MND
  - ▶ Referred via email 14<sup>th</sup> Oct 16 for urgent RIG
  - ▶ Holiday to Spain early November
  - ▶ Respiratory review 9am on 19<sup>th</sup> Oct
  - ▶ Home visit 19<sup>th</sup> Oct pre assessment
  - ▶ RIG successfully placed 21<sup>st</sup> October – 7 days after referral!
- 

# Are we Ethical?



# Summary

- ▶ Integrated care – acute & community
  - ▶ Collaboration – Nutricia provide Nursing expertise
  - ▶ Continuity of care
  - ▶ Improved service: ↓ waiting time & ↓ Hospital stay
- 

**TOGETHER**



**WE CAN DO IT**

[memegenerator.net](http://memegenerator.net)