

Question 33 – Week of September 29

Inadvertent dislodgement of a feeding tube would least likely be prevented by:

- A. Use of a nasal bridle.
- B. Placement of T-fasteners.
- C. Use of a skin-level button PEG.
- D. Placement of the enteral access lower in the GI tract.

Answer: D

Use of a nasal bridle helps secure an ENET tube. Placement of T-fasteners at the time of PEG placement keeps the stomach adhered to the anterior abdominal wall, protecting the patient and increasing the ease of replacement should inadvertent removal occur. Likewise, for patients prone to pull on tubes, placement of the skin-level button PEG results in the patient pulling on the connector tubing (not the PE itself), thus providing an added measure of safety. Placement of the enteral access device lower in the GI tract would reduce risk of aspiration, but not risk of inadvertent removal.

References:

1. McClave SA, Chang WK. Complications of enteral access. *Gastrointest Endosc* 2003;58:739-751.
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3. Schapiro GD, Edmundowicz SA. Complications of percutaneous endoscopic gastronomy. *Gastrointest Endosc Clin N Am* 1996;6 (2): 409-22.
4. McClave SA. Managing complications of percutaneous and nasoenteric feeding tubes. *Techniques Gastro Endosc* 2001;3 (1):62-68.