

PTU-082 **AN AUDIT OF THE INCIDENCE AND TREATMENT OF BURIED INTERNAL GASTROSTOMY FIXATORS**

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Introduction Buried gastrostomy bumper can lead to infection, inability to administer feeds/medications, peritonitis and

admission to hospital. In some cases surgical removal in this vulnerable patient group is the only option. Regular review of community patients can identify this problem at an early stage leading to successful endoscopic intervention.

Buried bumper syndrome (BBS) occurs when the gastrostomy internal bumper is pulled up against the gastric mucosa with too much force eroding into the mucosa, which overgrows, until the bumper becomes partially or completely buried. Flow through the tube is obstructed and feed may leak back around it onto the skin.

We have developed a novel endoscopic technique to free the buried bumper. Under endoscopic control, an oesophageal dilatation balloon is passed through the tube from the outside and seen endoscopically emerging into the stomach. Inflating the balloon while it is still partly within the PEG tube dilates a passage through the over-grown mucosa and also stiffens the tube so that it could be pushed back into the stomach

Methods

Aim To audit the incidence of BBS and the results of endoscopic intervention. A 3 year audit of all PEGs placed at the Royal Liverpool Hospital was performed to examine the incidence of BBS and the results of our novel endoscopic intervention

Results Over a three year period 329 PEGs have been inserted. Of these 15 (4.5%) have developed BBS

In 2007, 6 patients had buried bumpers; 4 could not be freed endoscopically and required surgical intervention. In 2 cases the bumper was successfully freed. In 2008, a 87.5% success rate (n=7) was achieved using the method described above. In 2009 there were no reported cases of buried bumper. In 2010, successful freeing of the bumper was achieved on first attempt in 62.5% with an overall success rate of 75% after a second attempt at the procedure in one case.

Conclusion BBS occurs in 4.5 % of patients Of these patients 68% can be freed by the technique we have developed with minimal complications.

Competing interests None.

Keywords buried bumpers.