Introduction Percutaneous endoscopic gastrostomy (PEG) is the preferred method for inserting feeding gastrostomy tubes. The national confidential enquiry into PEG outcomes showed that patient selection was paramount for improving associated mortality and morbidity rates [1]. We carried out a retrospective audit into the indications and complications associated with PEG insertion at West Suffolk Hospital, a district general hospital, during 2008–2009 and 2013. During this period a multidisciplinary nutrition team approach and PEG referral proforma were introduced.

Methods Retrospective audit data were collected during two periods, January 2008 to December 2009 and January to September 2013. The indication for PEG, documentation of antibiotic prophylaxis, the presence of a MDT review and complications post PEG insertion were audited.

Results 55 PEG placements occurred during the first audit cycle. 56% were inserted for dysphagia caused by cerebrovascular accident. Antibiotic prophylaxis were documented in 80% of cases. Seven patients did not have an MDT discussion during the admission. There were no immediate complications. Three patients died within 30 days of PEG insertion (two died of pneumonia and one from large bowel obstruction). There were 36 PEG insertions during the second audit cycle. 39% were inserted for dysphagia caused by CVA. Antibiotic prophylaxis were documented in 83% of cases. All patients had an MDT discussion. Two immediate complications were reported. There were no reported deaths 30 days post procedure.

Conclusion Following the introduction of a systematic MDT approach to PEG, there has been a reduction in 30 day mortality post-PEG insertion. When carefully monitored the use of PEG for long term enteral feeding can be used safely and successfully in a district general hospital.

REFERENCE


Disclosure of Interest None Declared.

A RETROSPECTIVE AUDIT OF PEG INDICATIONS AND COMPLICATIONS AT A DISTRICT GENERAL HOSPITAL FOLLOWING THE INTRODUCTION OF A MULTI-DISCIPLINARY NUTRITION TEAM

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Introduction We aimed to compare the “Nutrition Screening Tool” (NST) and the “Malnutrition Universal Screening Tool” (MUST) on referral rates for dietetic assessments in in-patients in a Tertiary Neurology and Neurosurgery unit. Each tool generates a score above which dietetic assessment is recommended (a NST a score of 12 or more out of 22, a MUST score of 2 or more out of 5). The MUST score is considered the gold standard assessment method. The NST has been introduced in some centres with anecdotal reports of a reduction in referrals for dietetic assessment.

Methods In-patients at the National Hospital for Neurology and Neurosurgery were assessed for a one month period. The NST and MUST was completed on all available in-patients. A comparison of the number of referrals to dieticians was made using each assessment tool.