**Introduction**

Insertion of percutaneous endoscopic gastrostomy (PEG) tubes allows long-term enteral feeding in selected patient groups, but the procedure is associated with not insignificant risks. The Sheffield Gastrostomy Score (SGS) was developed to predict and quantify 30-day all cause mortality amongst patients undergoing PEG insertion based on the patient’s age and serum albumin, but as yet has not been robustly validated in wider populations.

**Methods**

Having been identified on an endoscopy database, the clinical records of all patients who underwent PEG tube insertion at a London District General Hospital between August 2013 and August 2018 were retrospectively examined. Data collected for the study included basic demographics (including age and sex), biochemistry (including nearest albumin level prior to PEG procedure), and 30-day mortality as recorded on the hospital electronic record system. The SGS was calculated for each case with age scoring 0 or 1 (<65/≥ 65 years) and albumin scoring 0, 1 or 2 (<25 g/L). Observed 30-day mortality rates were then compared to those predicted by the SGS using the χ² test.

**Results**

200 PEGs were inserted over this period of time with complete data available from 177 cases (89%). 59% of patients were male. Mean age of patients undergoing PEG insertion was 75 years. Mean pre-PEG albumin level was 27 g/L. Thirty-day all cause mortality for the whole cohort was 7.3%. Observed and expected 30-day all cause mortality rates given SGS are demonstrated in Table 1.

**Conclusion**

The SGS may over estimate 30-day mortality in patients undergoing PEG insertion, particularly those with scores of two or greater. Whereas these findings may reflect a difference in patient sample, further validation studies of the SGS are warranted.

**REFERENCES**
