

Characteristics of hypoosmolar parenteral nutrition

Parameters	Median [Q1;Q3]
BMR (kcal/d)	1325 [1213;1403]
Oral intake (kcal/d)	597 [463;737]
Hypoosmolar PN (kcal/d)	858 [600;1200]
Total energy intake (kcal/d)	1414 [1151;1597]
Volume (mL/d)	1360 [1000;2000]
Duration of PN (d)	6 [3;11]

**NP57 The Use of Balloon Gastrostomy Feeding Tube in the Management of Patients on Enteral Feed in the Community**  
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**Introduction:** The use of Balloon Gastrostomy Feeding Tube (BGFT) for the provision of nutrition support in enterally fed patients is on the increase in the community. BGFT is a gastrostomy replacement tube which is often placed in existing stoma tract in patients whose Percutaneous Endoscopic Gastrostomy (PEG) tubes have been dislodged or removed. The BGFT can be replaced by the Nutrition Nurse Specialist in the community and there is no risk of Buried Bumper Syndrome (BBS). Despite these advantages, con-

cerns remain with respect to complications and costs associated with the use of BGFT compared with PEG tube. **AIM:** The aim of this study was to compare the complication rate of BGFT and PEG tubes in patients receiving nutrition support. **Method:** The present study was based on a retrospective study of all patients receiving enteral nutrition via BGFT and randomly selected patients on PEG tube between January and December, 2005. A total of 30 patients (15 BGFT, mean age, 54.0 ± 25.4 yrs and 15 PEG tube, mean age, 67.1 ± 20.6 yrs) were involved in the study. This was based on two consecutive visits to patients in their own homes, nursing homes or care centres within Lewisham, Southwark and Lambeth primary care trusts. Data on infection and/or overgranulation of stoma site, tube dislodgement, gastric leakage, BBS, tight tube and other complications were collected from patients' records and clinically scored in order of increasing severity. Data were analysed statistically using Mann - Whitney U test. **Results:** Results showed no significant difference (P>0.05) in clinical scores between BGFT and PEG tube patients in both visits. However, there was a 26.7% increase in the prevalence of clean stoma site in PEG patients compared to no difference in BGFT patients between the two visits.

In addition, while the prevalence of infected and overgranulated stoma site decreased by 6.7% in PEG patients, it increased by 20.0% in BGFT patients and may relate to the level of compliance to stoma and tube care recommendations. Overgranulated site alone increased by 6.7% in BGFT patients and remained unchanged in PEG patients. There was no incidence of BBS.

The improvement in the prevalence of stoma exudate, deposits in tube and redness or gastric burn in these patients during the period was similar while the episodes of infected stoma site was comparable.

Table 1: Comparison of Complication Rates of BGFT and PEG Tube Patients

	CleanStoma Site PEG BGFT	SlightExudate PEG BGFT	Overgranulated stoma site PEG BGFT	InfectedStoma site PEG BGFT	Infected & Overgranulated Site PEG BGFT	Deposits in tube PEGBGFT	Tube dislodgement PEG BGFT
Initial visit No of Pts.	6.0, 8.0	1.0, 1.0	4.0, 1.0	1.0, 2.0	2.0, 0.0	1.0, 1.0	0.0, 1.0
Prevalence %	40.0, 53.3	6.7, 6.7	26.7, 6.7	6.7, 13.3	13.3, 0.0	6.7, 6.7	0.0, 6.7
Final visit No of Pts.	10.0, 8.0	0.0, 0.0	4.0, 2.0	0.0, 0.0	1.0, 3.0	0.0, 0.0	0.0, 1.0
Prevalence %	66.7, 53.3	0.0, 0.0	26.7, 13.3	0.0, 0.0	6.7, 20.0	0.0, 0.0	0.0, 6.7

**Conclusion:** The use of BGFT may provide similar improvement in terms of prevalence of stoma exudates, infected stoma sites, redness and/or gastric burn and deposits in tubes compared with PEG tubes. In addition, there is the need to monitor compliance to stoma and tube care recommendations in order to minimise the risk of complications.