

Complications of Feeding Jejunostomy Placement: A Single-Institution Experience

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INTRODUCTION

- Feeding jejunostomy is an alternative route of enteral nutrition in patients undergoing major gastrointestinal operations.
- Data regarding this type of enteral feeding and related complications are limited in the literature.
- Aim of study: analyze complications after feeding jejunostomy placement.

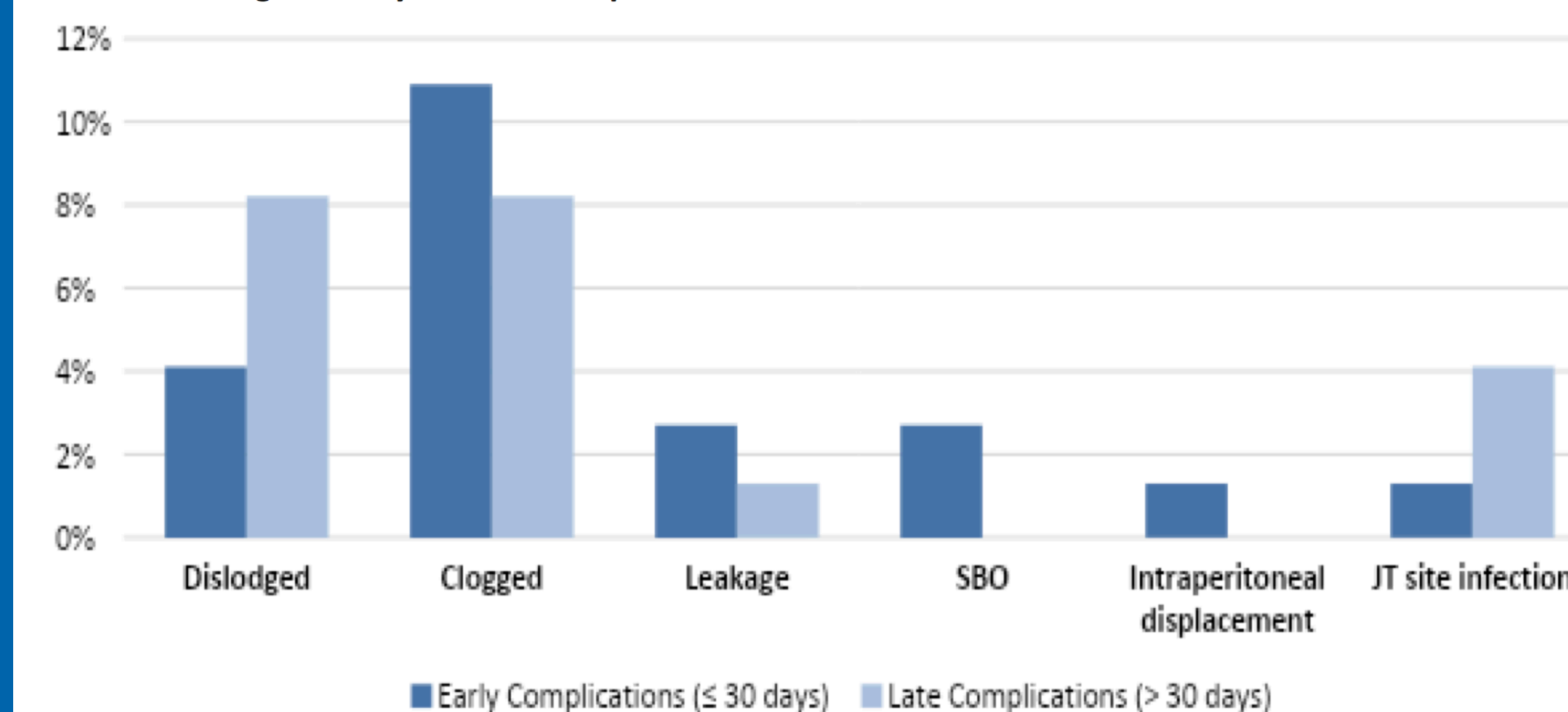
METHODS

- Retrospective review of medical charts
- Inclusion:** patients who underwent open or laparoscopic jejunostomy tube (JT) placement at Cleveland Clinic Florida between 2009 and 2019
- Data collected:**
 - Demographics
 - Surgical-related variables
 - Feeding JT: size, time to removal
 - JT complications (≤ 30 days and > 30 days)

Table: Early and Late Complications after Jejunostomy Tube Placement

Number of patients (n = 73)	% (n) or mean $\pm$ SD	
Early complications	19.1 (14)	
Late complications	20.5 (15)	
Complications	Early (≤ 30 days)	Late (> 30 days)
Dislodged	4.1 (3)	8.2 (6)
Clogged	10.9 (8)	8.2 (6)
Leakage	2.7 (2)	1.3 (1)
Small bowel obstruction	2.7 (2)	0 (0)
Intraperitoneal displacement	1.3 (1)	0 (0)
JT site infection	1.3 (1)	4.1 (3)
Mortality	0 (0)	16.4 (12)
Reoperation	4.1 (3)	0 (0)
Time placement-removal JT (days)	83.4 $\pm$ 93.6	

Table: Percentage of early and late complications



Note: SBO small bowel obstruction, JT jejunostomy tube

RESULTS

- Study population:** 73 patients
- Age:** 64.4 $\pm$ 12.9 years
- Gender:** male (72.6%, n=53) and female (27.4%, n= 20)
- Surgical approach:** laparoscopic (90.4%, n=66)
- Most common surgical indication:**
 - Gastroesophageal cancer (65.7%, n=48)
- Most common used JT size:** 14 Fr (53.4%, n=39)
- Most common complications:**
 - Early (≤ 30 d): clogged tube (10.9%, n=8)
 - Late (> 30 d): clogged / dislodged tube (8.2%, n=6)
- Time to JT removal:** 83.4 $\pm$ 93.6 days

CONCLUSIONS

- Feeding JT placement appears to be safe and feasible despite the number of complications.
- This route should be indicated to ensure the optimization of nutritional status for patients with complications that require prolonged periods of time without nutritional support per os.