“We can do that:” PEG outcomes from surgeons vs GI

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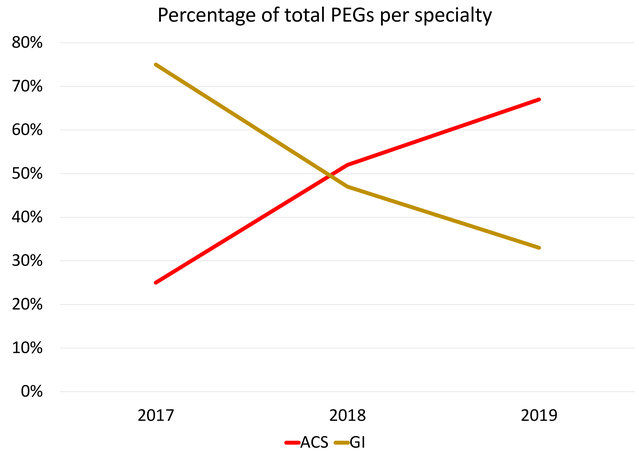
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Background:

Percutaneous endoscopic gastrostomy (PEG) tubes are placed by gastroenterologists (GI) and surgeons throughout the country. At Rhode Island Hospital, before July of 2017, all PEGs were placed by GI. In July of 2017, in response to a growing need for PEGs, acute care surgeons (ACS) also began performing PEGs at the bedside in ICUs. The purpose of this study was to review and compare outcomes of PEG tubes placed by ACS and GI.

Methods

- Retrospective chart review of patients who received a PEG placed by ACS or GI at the bedside in any ICU
  - December 2016 to September 2019
- Primary Outcomes reviewed:
  - Success rates of placing PEG
  - Duration of procedure
  - Complication requiring intervention
  - Mortality
- Secondary outcomes
  - Discharge disposition
  - Rates of CMO after PEG



Graph 1: ACS acquired a significant proportion of the PEGs in the hospital since starting to perform the procedure in 2017

Disposition	All	ACS	GI
SNF/Rehabilitation	281 (82.4%)	128 (82.1%)	153 (82.7%)
Hospice	17 (5%)	6 (3.9%)	11 (6%)
Death	34 (10%)	17 (10.9%)	17 (9.2%)
Home	9 (2.6%)	5 (3.2%)	4 (2.2%)

Table 2
Disposition of patients post PEG

	All (341)	ACS (156)	GI (185)	P
Success rate	319 (93.6%)	146 (93.6%)	173 (93.5%)	0.97
Duration-min (median)	14 (9-19min)	16 (13-21)	10 (7-16)	<0.001
Overall complication requiring procedural intervention	32 (10%)	14 (9.7%)	18 (10.3%)	0.49
Tube into adjacent structure	6 (1.9%)	5 (3.5%)	1 (0.6%)	0.07

Table 1: There was no significant difference in success rates between surgery (146/156 93.6%) or GI (173/185 93.5%) (p 0.97). On average, GI performed the procedure faster than surgery (Median 10 (7-16) min vs 16 (13-21) mins respectively, p <0.001) There were no significant differences between groups in any of the PEG outcomes or complications investigated.

Conclusions

- Bedside PEG tube placement appears to be a safe procedure in the ICU population.
- GI and Surgery had nearly identical success rates in placing PEGs.
- GI performed the procedure faster than surgery.
- There were no significant differences in the reviewed patient outcomes or complications between PEGs placed by ACS or GI.
- 10% of patients receiving a PEG during this study died during the hospital admission
- 5% went to hospice
- >80% went to a rehab facility further re-iterating the importance of goals of care.
- When a complication occurred, ACS PEG patients typically were managed in the OR while GI tended to re-PEG patients highlighting a potential difference in management that should be further investigated.