

An eight-year follow-up of 156 stroke patients with percutaneous gastrostomy – improved outcomes in carefully selected patients

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Introduction: Percutaneous Endoscopic Gastrostomy (PEG) and Radiologically Inserted Gastrostomy (RIG) are often performed for medium to long-term enteral feeding in stroke patients. In 2004 NCEPOD found a 6%, 30-day mortality following PEG, most of them dying within 2 weeks.

Methods: In 2008 we introduced some changes to our practice: 1) Assessment by a dedicated nutrition team. 2) Careful selection for PEG or RIG. 3) Stringent pre-op and post-operative care 4) Continuous audit. All stroke patients at our hospital who received a PEG or RIG from 1/6/2007 until 31/12/2015 following stroke were followed up and their mortality rates and complications assessed. Kaplan Meier method, Cox-proportional regression analysis was used for analysis.

Results: A total of 156 patients (female 47%) with stroke underwent PEG or RIG (94 vs 62) over an 8-year period. Median age was 82.5yr. RIG patients were older with greater comorbidity. There was no difference in early mortality between the two procedures. Median time to insertion was 44.5days. Median survival was 246 days; 365 for PEG (95% CI 160.0 to 332.0); 214 days for RIG (95% CI 156.0 to 272). Most patients were discharged to care home (54%) and 10% died before discharge from hospital. Mortality was associated with age >80yr ($p < 0.001$), Barthel score (< 0.001), days in hospital (0.006) and comorbidities (0.056).

Conclusion: These data suggest improved outcome after PEG/RIG insertion in stroke patients after careful selection and management by a dedicated team. Survival has improved as compared to previous National figures from the NCEPOD data. A collaborative approach between stroke teams and dedicated nutrition teams, improves outcomes.