

Mistakes in gastrostomy insertion in children and adolescents and how to avoid them

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Mistakes In Articles

Paediatrics

Small Intestine & Nutrition

Stomach & H. Pylori

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This article addresses percutaneous endoscopic gastrostomy tube placement in children, combining evidence-based data with clinical experience to supplement existing guidelines.

KEY POINTS

- PEG placement provides enteral feeding through the stomach with the same underlying principle in adults and children, but indications, considerations and techniques differ owing to anatomical differences, age-dependent physiological concerns, and age- and disease-specific needs
- PEG or PEG-J tube placement should be considered when feeding via nasogastric tube or naso-jejunal tube is necessary for a prolonged time
- PEG tubes allow delivery of medications and venting of the stomach when needed
- Nutrition via PEG facilitates transition to out-of-hospital care and improves quality of life for children and families while improving outcomes in children with chronic diseases
- Recent clinical guidelines provide guidance for PEG tube placement in children but offer little advice on device selection, postoperative management, tube removal and other specific cases

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