Percutaneous Endoscopic Gastrostomy in Children

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Standards and Guidelines

Paediatrics

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The updated ESPGHAN position paper on percutaneous endoscopic gastrostomy in children recommends individualized, multidisciplinary decision-making to optimize outcomes and minimize complications.

KEY POINTS

- PEG insertion decisions should be made by a multidisciplinary team considering all appropriate circumstances, with timing, device choice, and insertion method dependent on local expertise and family consultation.
- Feeding can be initiated as early as 3 hours after tube placement in stable children using iso-osmolar feeds of standard polymeric formula.
- Low-profile devices can be inserted initially via single-stage procedure or after 2–3 months by replacing a standard PEG tube in those requiring longer-term feeding.
- PEG removal may proceed after typically 8–12 weeks of non-use with reliance on oral intake for growth and weight gain, following due consultation.
- Major complications such as inadvertent bowel perforation should be avoided through good technique and appropriate team experience, while non-closure of fistula after removal has been successfully managed with surgical procedures and recently with Over-The-Scope-Clip.

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