Endoscopic management of enteral tubes in adult patients – Part 2: Peri- and post-procedural management. European Society of Gastrointestinal Endoscopy (ESGE) Guideline

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Standards and Guidelines

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ESGE clinical practice guideline provides recommendations on techniques, safety measures, and management protocols for percutaneous endoscopic gastrostomy and nasogastric tube placement.

KEY POINTS

- The 'pull' technique is recommended as the standard method for PEG placement, while the direct percutaneous introducer 'push' technique is recommended when the pull method is contraindicated, such as in severe esophageal stenosis or in patients with head and neck cancer or esophageal cancer.
- Intravenous administration of a prophylactic single dose of a beta-lactam antibiotic (or appropriate alternative in case of allergy) is recommended to decrease the risk of post-procedural wound infection.
- Each institution should have a dedicated protocol to confirm correct positioning of nasogastric tubes placed blindly at bedside, including radiography, pH testing of aspirate, and end-tidal carbon dioxide monitoring, but not auscultation alone; radiographic confirmation is recommended for high-risk patients including ICU patients or those with altered consciousness or absent gag or cough reflex.
- Enteral nutrition may be started within 3 to 4 hours after uncomplicated placement of a PEG or PEG-J.
- Daily tube mobilization (pushing inward) along with a loose position of the external PEG bumper 1 to 2 cm from the abdominal wall could mitigate the risk of buried bumper syndrome.

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