

Problems with Tube Feeding

QUICK OVERVIEW OF THE PROBLEMS

Research studies have revealed that once a person is taken to the hospital, if he is not eating, the doctor is very likely to order a surgical operation in order to implant a feeding tube.

However, research studies have shown that he is likely to do this either without notifying the relatives in advance or, if he does, he is likely to tell them that it is safe and necessary. He generally does not tell them the dangers, or the alternative: spoon feeding for a brief period until the patient begins eating again.

This entire matter is very serious, and you want to make intelligent decisions if a loved one of yours is taken to the hospital.

The following information is provided here because studies reveal that, in most cases, the physician is not going to tell you these things: —*vf*

Body is weakened—Because the tube can be extremely uncomfortable and cause sore-

ness, very often the patient tries to pull out the tube. He wants it out because it is causing him discomfort and even pain! In order to avoid this, the medical staff either ties his hands down or they give him medication to keep him partially anesthetized. —**But this inactivity greatly weakens his body, and can hasten death.**

Aspiration Pneumonia—One of the biggest concerns with feeding tubes is **the possibility of developing aspiration pneumonia.** Some people cannot get used to the feeding tube, and they still try to swallow. Individuals who do this may end up with aspiration pneumonia. Fluid entering the lungs (because the patient is lying flat) causes this condition.

“Aspiration” is the unintentional inhalation of food or fluids into the lungs. It is dangerous in the elderly because of the risk of aspiration pneumonia. Although a tube feeder may not be consuming food orally, they are still at risk for aspirating the enteral formula. **Laying flat while receiving a feeding tube, or receiving an excessive amount of formula in a short period**

ADVANTAGE OR DANGER?

It is common and completely normal for patients facing a terminal illness to experience loss of appetite with a decreased interest in food or drink and weight loss. As the illness progresses, patients will either be unable to take in food or fluid by mouth or they will refuse to eat or drink. It may be that the patient has been ill for some time and has been receiving artificial nutrition but not getting any better. In either case, the question whether to withhold or withdraw artificial nutrition may arise. This can be a cause of great unease and distress for the patient’s loved ones and caregivers.

Artificial nutrition is the delivery of a patient’s nutritional support in a fashion that does not require the patient to chew and swallow. This can be given with total parenteral nutrition (TPN), or through a nasogastric tube (NG tube), or gastrostomy tube (G tube or PEG tube).

There are many things that can cause loss

of appetite and reduced oral intake of food and fluids near the end of life. Some causes are reversible—such as constipation, nausea, and pain. Other causes may not be treated effectively—such as certain cancers, altered states of consciousness, and weakness of the muscles necessary to eat. **Reversible causes should be identified by the patient’s physician and addressed.** If the cause is unknown or not treatable, the decision whether to withhold or withdraw support may need to be made.

Making the decision to withhold or withdraw artificial nutrition and hydration raises serious questions and emotional conflicts for many people. **It is often helpful for people, faced with that difficult decision, to understand what science and medicine have found regarding artificial nutrition. As with any medical decision you are faced with, it is important to understand the benefits of risks. Is artificial nutrition beneficial for the terminally ill patient? Let us take a look at what medical research can tell us.**

of time should be avoided. Appropriate precautions should also be taken with the elderly who suffer from esophageal reflux.

Patients being tube fed at night also face the danger of aspirating the liquid. **If the feeding recipient regurgitates the supplemental liquid, they may not successfully swallow it again.** Liquid in the bronchial tubes or lungs may cause breathing problems, choking, and even death. Because of this danger, patients tube fed at home should be located in a place where caregivers can detect problems quickly, such as the same bedroom.

Gastrointestinal Discomfort—Nausea, vomiting, and diarrhea can all be side effects from tube feeding. The concentration of the formula, the rate of flow, and the amount of water provided affect people differently; this is why doctors will initiate feedings at a slow rate and increase until the goal rate is reached. In the severely malnourished elderly, precautions should be taken against the refeeding syndrome. This occurs **when nutrition is depleted suddenly in starved individuals. It can cause high blood sugar, heart complications, and death.**

Hypoglycemia—According to *Principles and Practice of Medical Genetics*, **tube feeding sessions which are interrupted by a blockage or another problem may lead to hypoglycemia**, especially in patients who are being fed supplementally to maintain their blood sugar. Hypoglycemia can cause sweating, shakiness, nausea, difficulty concentrating, lethargy, and trouble speaking. Some supplemental feeding devices include alarms to indicate that a problem has occurred. This can help reduce the chances of hypoglycemia caused by an interrupted feeding.

No Improvement—Many people believe that the added nutrients received through tube feeding will improve an elderly patient's condition. However, statistics show that **a feeding tube does not improve or change a person's condition.** An elderly patient whose body cannot normally process food actually stays in the same state.

Dependency—Many people who receive a feeding tube will become dependent on the tube. They get so accustomed to the tube that they never again eat normally.

Complications—If the feeding tube is put in too early, the patient may experience bleed-

ing in the stomach. Because feeding tube placement is done surgically, **the procedure carries the same risks as any surgery. These include infection and bleeding at the wound site.**

Infections and Bleeding—Here is more information on this: Although a feeding tube can be placed nasally or orally for short periods, a *gastrostomy* is the surgical procedure in which a permanent feeding tube, known as a PEG tube, is inserted into the stomach. **The tube site is a wound that is prone to infection and must be kept clean. Even with the best care infection is still possible to the site, as the elderly tend to have a weakened immune system.** Recovering from an infection can be further compromised if nutritional status is impaired, which is common in this age group. **Excessive bleeding at the site may also occur until fully healed. The surgical site should be routinely checked for any drainage, blockages, or pain.**

Tube Dislodgment—Once a tube is placed, there is risk for dislodgment. This can happen in oral or nasal tubes; however, **excessive tension on a PEG tube can cause the surgical opening to widen, causing leakage and damage to the surrounding tissues.** The elderly who are afflicted with Alzheimer's disease or dementia have been known to pull out their own tubes, causing injury to themselves. According to the *Oral Cancer Foundation*, a dislodged tube must be corrected within 24 hours or surgical reinsertion is often required.

Psychological Effects—Tube feeding, particularly gastric tube feedings, may have some psychological impacts on an elderly individual. **They may miss the pleasure of tasting and the socialization of eating meals with others.** It is important for those who are tube feeding to have socialization in other ways, to prevent depression. **Those with cognitive impairments, such as dementia, may require restraints to prevent them from pulling out their tube.** This can cause distress to not only the patient but be difficult on family members as well. **Because the body is strapped down, the person rapidly becomes weaker, and death is hastened.**

Reduced Life span—According to the *British Medical Journal*, **tube feeding rarely extends lives of patients who are suffering from advanced dementia, and may actually shorten the life span of some patients.** The presence of the

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tube can increase patient stress, especially when restraints are used to keep the patient from removing it. **Higher stress levels can cause a patient's condition to worsen.** The *British Medical Journal* states that **elderly patients often have very low energy requirements, and that overnight tube feeding should be avoided unless the patient is actively starving.**

Safety Problems—Operator error can make tube feeding more dangerous than it would be under normal circumstances. According to the *Archives of Disease in Childhood*, **patients being tube fed in the home may be at higher risk of infection from poor hygiene, as well as clogs due to inadequate tube flushing and inappropriate positioning, which may cause regurgitation or interrupted feeding.** While tube feeding by trained personnel also carries these risks, they are higher when the caretaker is not a professional.

THE FOUR TYPES OF INSERTED TUBES

Total Parenteral Nutrition—TPN is an imperfect form of nutrition that is only used for a short term. It is delivered through a central line, which is usually inserted *at the neck or armpit and threaded through a vein, where it ends up near the heart.* It was once thought that patients with cancer could benefit from TPN. The hope was that it could reverse the loss of appetite and severe weight loss that cancer patients suffer and improve their prognosis. However, **several studies have found that it neither helped cancer patients gain weight nor improved their quality of life. On the contrary, it actually increased the risk of infections** and problems with the central line that were dangerous to the patients.

Nasogastric (NG) Tubes—For patients who are unable to swallow, whether it's due to invasive tumors, weakness, or neurological disorders, **feeding through a tube has been the standard delivery of nutrition.** The nasogastric tube is the easiest way to achieve this. *A tube is inserted through the nose and down the throat into the stomach.* A liquid food formula is given through the tube continuously—at a slow rate or several times a day with a larger dose. Like TPN, however, multiple medical studies have shown that **survival rates for terminally ill patients are no**

different if they are artificially fed rather than not. Again, the risks are dangerous. Patients with NG tubes have a higher risk of pneumonia, which can significantly lower their survival rate. NG tubes can also be easily pulled out, causing distress to both the patient and their loved ones.

Gastrostomy (G) Tubes—A gastrostomy tube is one that *is inserted directly into the stomach by a surgical procedure.* A percutaneous-endoscopic gastrostomy, or PEG tube, is done endoscopically and is less invasive. With either of these tubes there is less risk of the patient pulling the tube out. **There is still the risk of pneumonia,** however. Just like the nasogastric tube, **there is little evidence that feeding through a gastrostomy tube will increase the health or life expectancy of terminally ill patients.**

Intravenous (IV) Hydration—If a patient can no longer drink fluids or isn't drinking what his caregivers think is enough fluid, the caregiver may be tempted to ask for IV fluid. *Fluids can be delivered through a small needle that is inserted in a vein and hooked up to tubing.* Studies have shown that **administering fluids to a terminally ill patient at the end of life offers little, if any, benefit. Risks include infection at the insertion site or in the blood, and fluid overload resulting in swelling or even breathing problems in more severe cases.**

CARING FOR THE FEEDING TUBE SITE

If you are at home and need to care for a surgically implanted feeding tube, here is information which will be helpful:

Caring for the site of a feeding tube is of the utmost importance for individuals who have recently undergone surgery. Gastrostomy tubes (also known as G-tubes) are used to deliver food and medicine straight into the stomach of individuals recovering from a major operation. In addition, these tubes can vent and drain fluids.

With little more than soap and water, a patient's feeding tube can be taken care of very easily by just about anyone—a friend, family member, or even the patient himself.

Caring for the Site—The site where the tube enters the body can become dirty and eventually infected. In order to care for the area, **you must wash your hands with soap and water to ensure contaminants don't reach the site. Such**

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cleaning will need to occur often, as gauze and dressings may become soaked with fluid or may adhere to the skin and the wound. You must **gingerly remove the old dressing and, if possible, wash the area with soap and water**. A colored discharge is normal in small quantities, but additional discharge—as well as redness, dry skin, swelling, extra skin growth and crustiness—should be noted and discussed with a doctor or a nurse.

Redressing the Wound—Applying new dressings will help to keep the wound healthy and facilitate healing. **After gently cleaning around the site, the skin should be dried off by dabbing a soft rag against the area. New dressing must be applied exactly as directed** by the doctor.

Overdressing a wound does not allow the area to breathe and can result in further issues; underdressing will not properly protect the site and will allow contaminants to enter. Once new dressing is in place, the tube must be secured with a piece of medical tape.

Flushing, Venting, and Protecting—In order to prevent the tube from accumulating buildup, it must be cleared. **Flushing should occur at the very least every eight hours, but some doctors will recommend that tubes be flushed more often**. Before and after tube feedings or medications are administered, **a small amount of water will suffice to clear residues. After flushing, the tube should be reinserted into the site. Venting to eliminate trapped air pockets is also usually required**. Caring for the tube after reinsertion means not handling it; the less trauma to the area, the better.

WHEN TO STOP CONTINUOUS TUBE FEEDING

Is It Helping?—Look at how much good the tube feeding is doing. **If the person has a medical condition that is terminal and which is causing him to lose weight anyway, and if he is in severe pain, then a continuous feeding tube really may be postponing the inevitable** (death). This may be a case when the patient and the patient's friends and family need to discuss the removal of the tube, so that the patient does not suffer needlessly. If the tube is maintaining a person's health and recovery prognosis is very

good, however, then the tube probably should be kept in place.

Recovery—Continuous feeding sometimes is used because of medical conditions from which a person may recover, such as temporary paralysis of the throat muscles or an eating disorder. **If it is clear that the person may once again eat on her own and her weight is at least stable, then continuous tube feeding no longer is necessary**. When this occurs is different for each person; but doctors generally are able to provide an estimated recovery time, based on their own experience with the medical condition that requires the tube feeding.

Complications—In some cases of tube feeding, **patients may develop complications even when the feedings are helping with weight gain and sustaining life**.

For example, the patient may experience **chronic infections at the stoma**, or he may face problems like **dumping syndrome, gas, bloating, adverse reactions to the formula or combination of formula and medication, nausea or vomiting, and regurgitation**.

In such instances, stop the feeding so the complications will not get worse. Fluids and nutrients still can be delivered intravenously until another solution is found or until the complication resolves.

Desires—There are many cases where doctors are not completely sure if a person on a continuous feeding tube will recover. In these cases, **examine the wishes of the patient and the patient's family and friends**. For instance, if a person is in a coma, he may have a living will that specifies that he does not want life support, such as a feeding tube, continued for over a certain period of time or the will may state that he absolutely does not want the tube.

There are instances in which, if the patient did not make a living will which specified no tubes, or he had not earlier provided written power of attorney to someone,—that the hospital refuses to remove the tubes!

Then everyone suffers, including the patient,—and the hospital bills continue to increase. Finally, in mercy to the patient and his loved ones, he passes away.