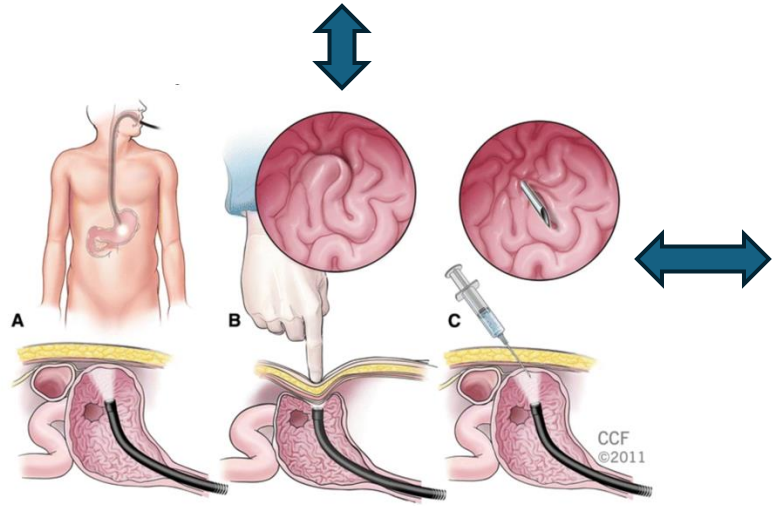
ASGE Guideline on Endoscopically Placed Gastrostomy Feeding Tubes

By: Luis M. Nieto, M.D.

Background: Gastrostomy feeding tubes are critical for providing long-term enteral nutrition to patients unable to maintain adequate oral intake.

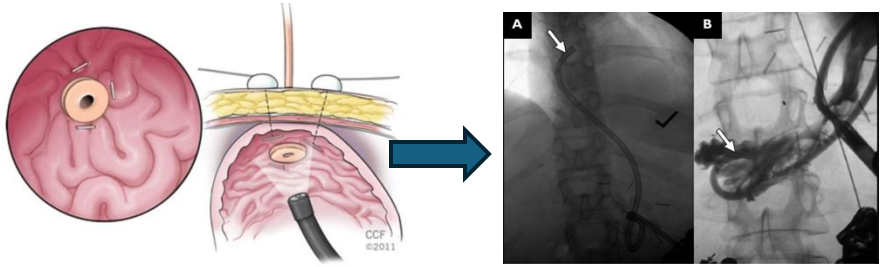
Percutaneous Endoscopy Gastrostomy (PEG): involves inserting a feeding tube directly into the stomach through a small incision in the abdominal wall.

It requires visualizing the gastric lumen and is carried out with the patient under moderate sedation or propofol-based anesthesia, without requiring fluoroscopy or contrast.



Preferred Technique for Gastrostomy Placement

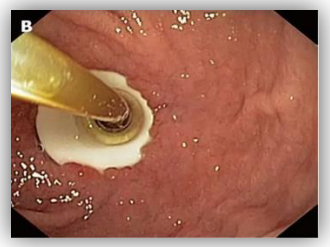
Recommendation #1: PEG over interventional radiology–guided gastrostomy (IR-G) as the initial method of gastrostomy placement. PEG is associated with lower colonic perforation, peritonitis, all-cause 30-day mortality and tube malfunction.



Best Practice Advice

A) Transillumination
B) 1-to-1 indentation
C) Safe-track needle technique with air aspiration should be performed during PEG to reduce risk of colon perforation.

- Prophylactic antibiotics (e.g. cefazolin) should be administered at the time of initial gastrostomy to reduce risk of infection.



Guidance For Antiplatelet And Anticoagulant Before PEG Placement

Recommendation #2:

2a: Management of Antiplatelet Medications: NO need to hold antiplatelets (including dual antiplatelet therapy) before undergoing PEG.

2b: Management of Anticoagulant Medications: Decisions regarding the periprocedural management of anticoagulant medications should be individualized → weigh the risks of bleeding against the potential for thromboembolic events.

Best Practice Advice

- For patients on antiplatelet and anticoagulation medications *who have restrictions to blood transfusions or are at high risk of bleeding* → the decision to continue medications should be made through a multidisciplinary discussion involving the healthcare team and the patient.

- Temporarily tightening the PEG tube bumper for 24 hours, followed by loosening, may help tamponade potential bleeding.

Avoid excessive tightening to reduce the risk of a buried bumper.

1. Timratana, P., El-Hayek, K., Shimizu, H. *et al.* Percutaneous endoscopic gastrostomy (PEG) with T-fasteners obviates the need for emergent replacement after early tube dislodgement. *Surg Endosc* **26**, 3541–3547 (2012). https://doi.org/10.1007/s00464-012-2348-7
2. Covarrubias DA, O'Connor OJ, McDermott S, Arellano RS. Radiologic percutaneous gastrostomy: review of potential complications and approach to managing the unexpected outcome. AJR Am J Roentgenol. 2013 Apr;200(4):921-31. doi: 10.2214/AJR.11.7804. PMID: 23521471.
3. Cyrany J, Rejchrt S, Kopacova M, Bures J. Buried bumper syndrome: A complication of percutaneous endoscopic gastrostomy. World J Gastroenterol. 2016 Jan 14;22(2):618-27. doi: 10.3748/wjg.v22.i2.618. PMID: 26811611; PMCID: PMC4716063.

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Initiation of Tube Feeding Post-Procedure

Recommendation #3: Tube feeding can be safely initiated within four hours following gastrostomy placement.

Best Practice Advice

- In the absence of clinical contraindications, medications may be administered through the PEG tube immediately after placement.
- Routine measurement of gastric residual volume is not indicated as this delays initiation of feeding and increases prokinetic use.

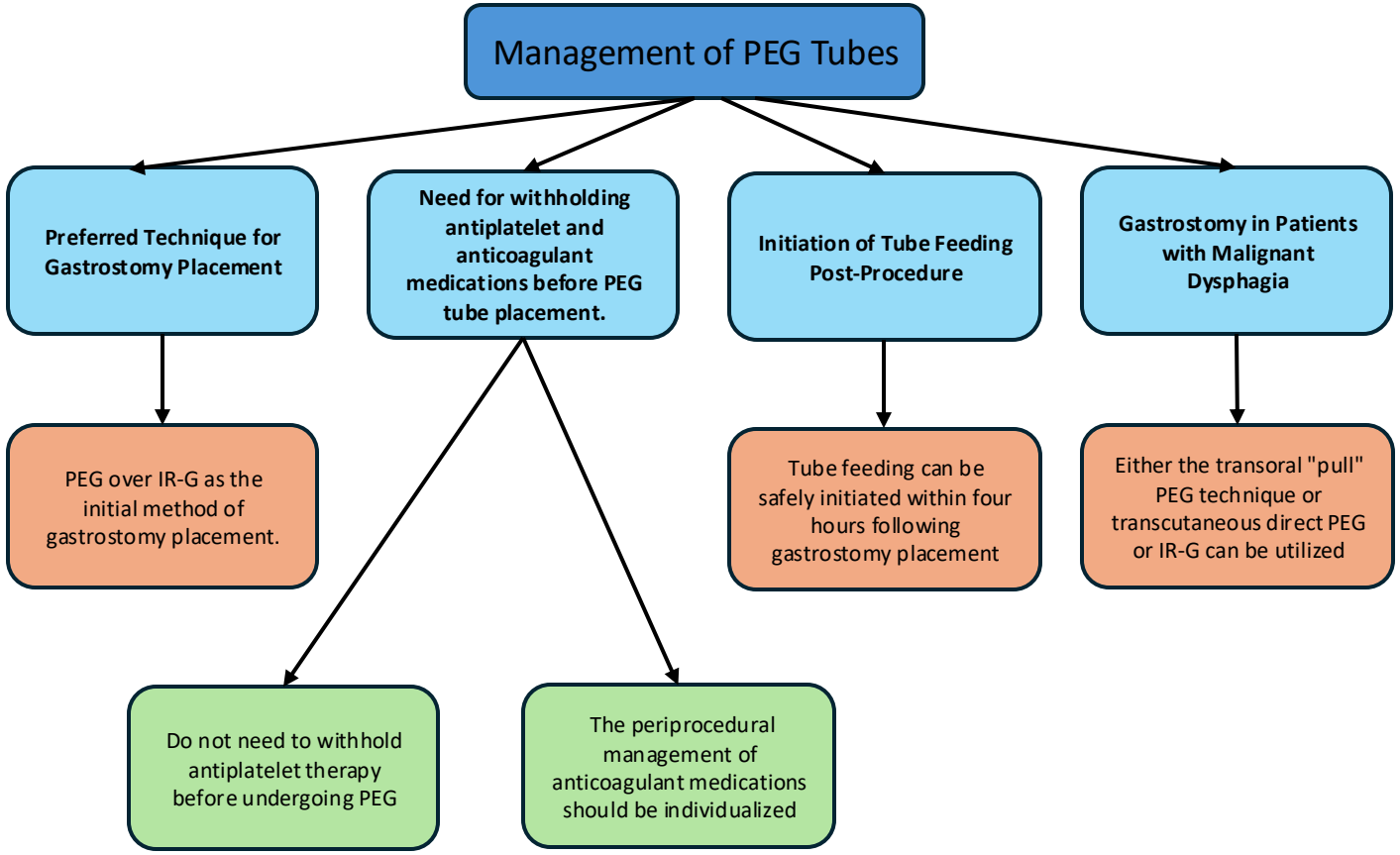
Gastrostomy in Patients with Malignant Dysphagia

Recommendation #4: For patients experiencing malignant dysphagia, either the transoral "pull" PEG technique or transcutaneous direct PEG or IR-G can be utilized for initial enteral access.

Best Practice Advice

- There is a risk of implantation metastasis, and it should be discussed with the patient during the informed consent process.
- The gastrostomy site should be regularly monitored to evaluate for signs of implantation metastasis.

Simplified Algorithm of Recommendation



ASGE Standards of Practice Committee; Kohli DR, Abidi WM, Cosgrove N, Machicado JD, Desai M, Forbes N, Marya NB, Thiruvengadam NR, Thosani NC, Alipour O, Ngamruengphong S, Elhanafi SE, Sheth SG, Ruan W, Fang JC, McClave SA, Zvavanjanja RC, Kamel AY, Qumseya BJ. American Society for Gastrointestinal Endoscopy guideline on gastrostomy feeding tubes: summary and recommendations. Gastrointest Endosc. 2025 Jan;101(1):25-35. doi: 10.1016/j.gie.2024.08.044. Epub 2024 Nov 7. PMID: 39520459.