

Advancing Patient Care through Percutaneous Endoscopic Gastrostomy Placement: A Comprehensive Analysis of its Role

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Description

A small incision is made in the abdominal wall, usually in the upper left quadrant. A tube is then inserted through this incision and guided into the stomach. A bumper or disc is placed on the external end of the tube to hold it in place against the abdominal wall. This prevents it from being pulled out accidentally. Once the tube is in place, it can be used for delivering liquid nutrition, medications, or fluids directly into the stomach. It can also be used for venting air and gastric contents if necessary. Hospitalized patients frequently have unfortunate nourishment, and the metabolic requests of basic disease might compound this. Gastrointestinal (GI) parcel brokenness might be because of medical procedure or added to by basic disease itself. Some chronic illnesses or conditions can lead to swallowing difficulties or gastrointestinal issues, necessitating PEG placement for long-term nutritional support. The patient is given a sedative, and an endoscope (a thin, flexible tube with a camera) is inserted through the mouth and down the esophagus to visualize the stomach lining and identify the optimal location for the tube insertion.

PEG placement is a minimally invasive procedure performed under endoscopic guidance. It involves the insertion of a gastrostomy tube through the abdominal wall directly into the stomach. The tube allows for the delivery of enteral nutrition and hydration, bypassing the oral and pharyngeal pathways, which are often compromised in patients with advanced aerodigestive cancers. Oesophageal and head and neck cancers are among the most aggressive malignancies, often diagnosed in advanced stages with limited treatment options. Dysphagia, characterized by difficulty swallowing, is a prominent and debilitating symptom in these cancers, contributing to malnutrition and a decline in the patient's quality of life. This article underscores the importance of addressing dysphagia-related malnutrition to enhance patient prognosis. Patients with cancers in the aerodigestive tract, head, neck, or esophagus often experience difficulty swallowing, making it challenging to maintain proper nutrition. PEG placement allows them to receive nutrition and hydration directly into the stomach. Conditions like stroke, Amyotrophic Lateral Sclerosis (ALS), or severe neurological injuries can result in dysphagia (difficulty swallowing). PEG tubes help maintain nutrition in individuals with these conditions [1,2].

One supportive therapy option for managing these issues is Percutaneous Endoscopic Gastrostomy (PEG) placement. This article explores the usefulness of PEG placement in advanced aerodigestive cancer patients, including its benefits, risks, and considerations for clinical decision-making. Advanced aerodigestive cancers, such as esophageal, laryngeal, and hypopharyngeal cancers, can cause dysphagia (difficulty swallowing) and obstruct the normal passage of food. This often results in malnutrition, reduced quality of life, and complications during cancer treatment. One

intervention aimed at addressing these challenges is the Percutaneous Endoscopic Gastrostomy (PEG) placement, a procedure that allows for direct enteral feeding. This article evaluates the role of PEG placement as a supportive therapy in the management of advanced aerodigestive cancer patients. Advanced aerodigestive cancers often lead to swallowing difficulties and malnutrition, posing significant challenges for patients' quality of life and treatment outcomes.

PEG tubes provide a crucial means of delivering nutrition and hydration to individuals who cannot consume food and liquids orally, improving their overall health and quality of life. The decision to use a PEG tube is typically made based on a patient's specific medical condition and their ability to tolerate oral nutrition. It often involves discussions between the patient, their family, and healthcare providers to ensure that it aligns with the patient's goals of care and overall treatment plan. PEG placement is generally considered a safe procedure, but like any medical intervention, it carries some risks, including infection, bleeding, and injury to nearby structures. It is essential for patients with a PEG tube to receive proper care, including regular cleaning and monitoring for potential complications [3-5].

By doing so, they can provide tailored, patient-centred care that optimizes the management of advanced aerodigestive cancers. Further research and clinical studies are needed to refine guidelines and improve patient outcomes in this context. Percutaneous Endoscopic Gastrostomy (PEG) placement is a valuable supportive therapy option for advanced aerodigestive cancer patients experiencing dysphagia and malnutrition. It offers numerous benefits, including improved nutritional support, enhanced quality of life, and the potential to continue cancer treatment. However, healthcare providers must carefully weigh the risks and benefits of PEG placement in individual cases, considering patient preferences and ethical considerations.

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Conflict of Interest

The Author declares there is no conflict of interest associated with this manuscript.

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