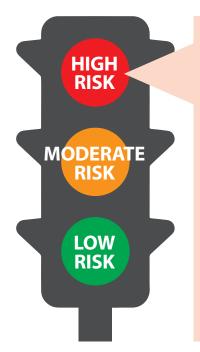
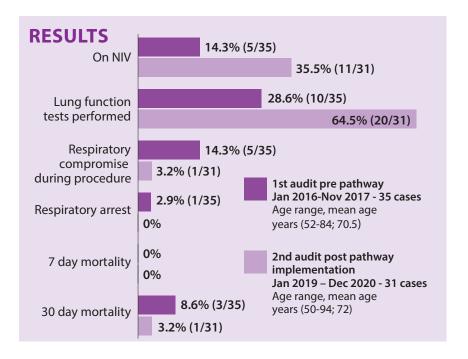
Safe Patient Selection for PEG (Percutaneous Endoscopic Gastrostomy) in MND (motor neurone disease) MND gastrostomy pathway development

BACKGROUND

- Patients with MND undergoing PEG insertion are at high risk of respiratory complications.¹
- The James Cook University Hospital endoscopy unit receives relatively large numbers of PEG referrals for MND patients due to the presence of on-site specialist MND services.
- Review was prompted after a patient suffered a near death due to intra-procedural respiratory arrest.
- Development and implementation of an MND gastrostomy assessment pathway using a traffic light system to stratify each MND patient's level of respiratory risk for PEG insertion.



- TNE (transnasal endoscopy) unsedated, seated push PEG technique.²
- Dedicated gastroenterologist consultant list.
- Non-invasive ventilation available during and post procedure.
- MND specialist nurse present during procedure.
- Standardised lung function tests within three weeks of procedure



METHOD

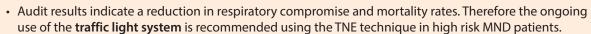
 MDT working group set up to review and evaluate current service pathway.



 Retrospective review of all patients with MND undergoing PEG comparing outcomes pre and post gastrostomy pathway implementation.

DISCUSSION AND RECOMMENDATION

- Risk reduction by improvement in patient selection and peri-procedural safety identified as paramount.
- Local protocol was revised and the MND gastrostomy pathway was developed and implemented to identify key actions required according to the individual patient's pre-procedure stratified level of risk, so that suitable precautions could be taken to ensure maximum safety.





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REFERENCES

- 1) National Institute for health and Clinical Excellence (NICE) (Feb 2016) Motor neurone disease: assessment and management. London. NICE. NG42
- 2) McCulloch A et al. Nasal unsedated seated percutaneous endoscopic gastrostomy (nuPEG): a safe and effective technique for percutaneous endoscopic gastrostomy placement in high-risk candidates. Frontline Gastroenterology 2017; (0)1-5