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Assessing Early Use and Complications of Gastrostomy Blended Feeds.

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Introduction

- Providers are hesitant to recommend using blended tube feeds (BF) after gastrostomy tube (GT) placement due to increased risk of bacterial contamination, nutrition inadequacy, tube blockages, and lack of data addressing clinical outcomes.
- Caregivers often feel that BF are more natural, better tolerated, and more cost-effective.
- We studied early use of BF, potential complications, and satisfaction among caregivers.

Methods

- Pts less than 18 yrs old seen in consultation for GT placement from Jan 2019-Jan 2021 were identified and 146 pts met inclusion criteria.
- All patients received education for use of the GT prior to placement; however, choice of tube feeds was at the discretion of caretakers.
- A survey was given to caretakers at 8-week postoperative clinic visit to address the following:
 - Use of blended feeds, reasons for use or disuse, type, and preparation of commercial or homemade blended feeds, complications, and satisfaction.
- Demographic data, ED and clinic visit data and operative details were obtained retrospectively via chart review.

Results

Type of GT feeds (n = 146)		
	Formula only	135 (92.5%)
	Home Blended only	3 (2.1%)
	Commercial Blended only	2 (1.4%)
	Formula + Home Blended	3 (2.1%)
	Formula + Commercial Blended	2 (1.4%)
	Home Blended + Commercial Blended	1 (0.7%)
# of patients using blended feeds		11/146 (7.5%)
GT obstruction (clog)		
	# of patients experiencing clog	2 (18%)
	ED visits for clogged GT prior to 1st change	0
	Clinic visits for clogged GT prior to 1st change	0
	Clog requiring reoperation prior to 1st scheduled change	0
I am glad I used blended feeds earlier than recommended		
	Yes	9 (82%)
	No	2 (18%)
Satisfaction with blended feeds		
	Very satisfied	10 (91%)
	Somewhat satisfied	1 (9%)
	Not satisfied	0

Conclusion

- Use of blended feeds after GT placement at CMH is low, commonly due to a lack of education regarding the potential for use, preparation, and safety.
- There is high satisfaction among caregivers who used blended feeds, with no documented obstructions requiring exchange or reoperation.
- Further caregiver education is needed to address the option for use, risks, and benefits of blended feeds to inform further study.

