



Improving Life on Nutrition Support



The Ins and Outs of Enteral and Parenteral Nutrition Therapy

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Objectives:

- To review home nutrition statistics.
- To understand the difference between EN and PN.
- To identify locations for EN and PN tubes and catheters.
- To give examples of the types of tubes and catheters used at home.

Home Enteral Therapy Statistics

- 40,000 people receive parenteral nutrition in their homes in the U.S.
- 152,000 people receive enteral nutrition in their homes in the U.S.

On Top of the World

Rick Davis: Me "taking a drink" in the Grand Canyon through my MIC-KEY and extension tube with a 2 oz syringe. (From www.oley.org)



Enteral vs. Parenteral Nutrition

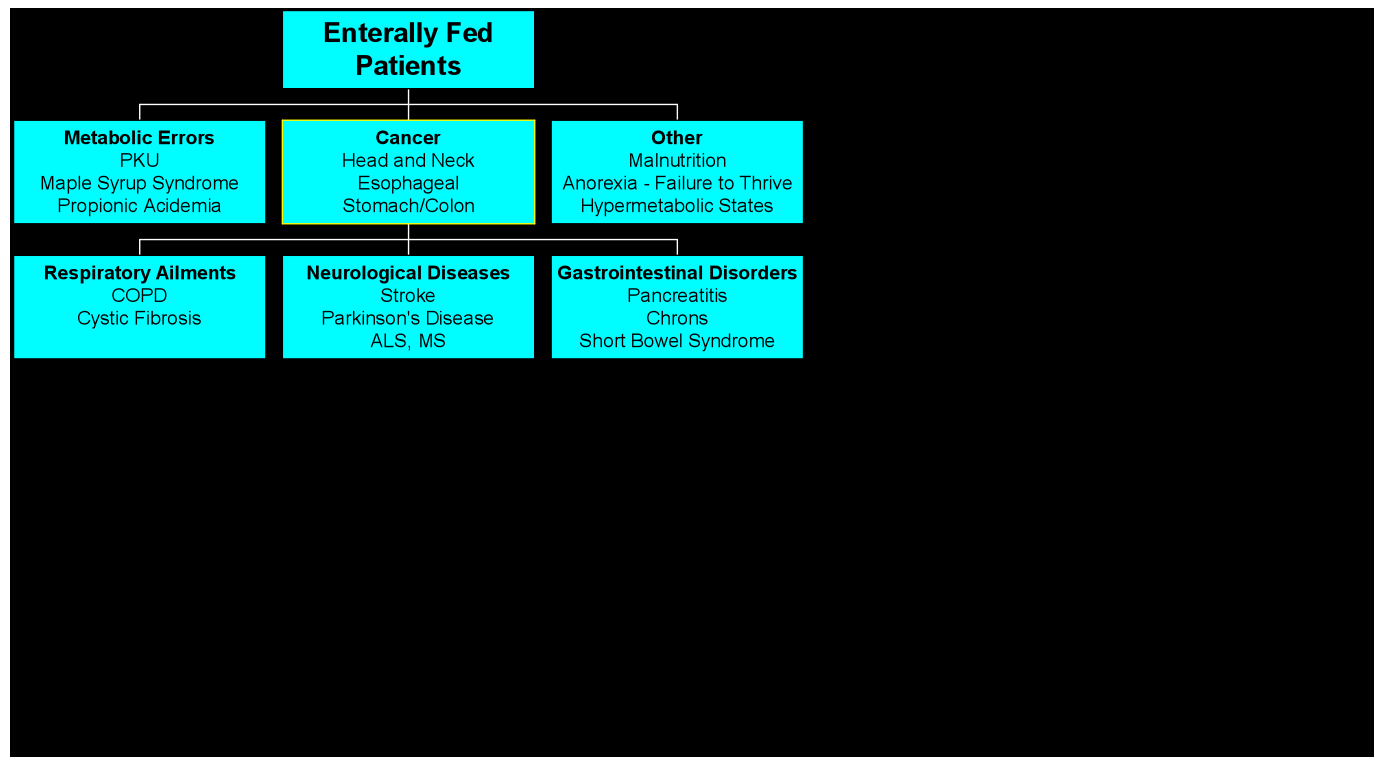
- **Enteral Nutrition**

- AKA Tube Feeding
- Thru the GI tract
- More physiological
- Uses the gut
- More convenient
- Less risky
- Less costly

- **Parenteral Nutrition**

- AKA TPN, Hyperal
- Thru a central vein, IV
- Less physiological
- Gives the gut a rest
- Less convenient
- More risk ie: infection
- More costly

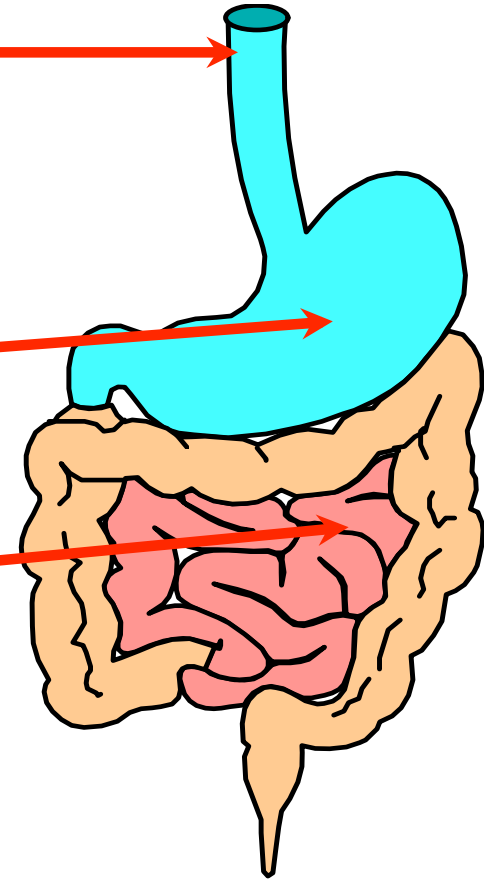
Common Diagnoses for Home Tube Feeding



***Cancer and Neurological Diseases make up ~70% of the enterally fed population**

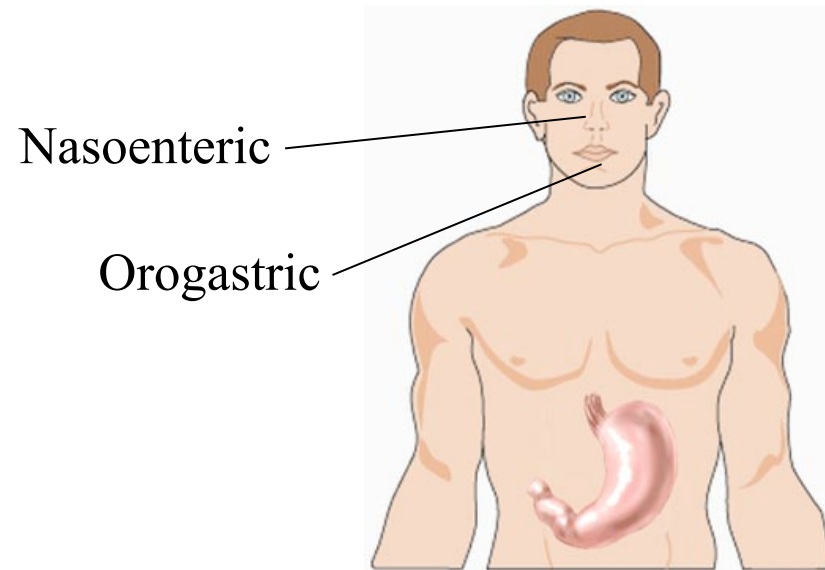
Enteral Tube Location

- Nasogastric
 - Through the nose to the stomach
- Nasointestinal
 - Through the nose to the small intestine
- Gastrostomy
 - Surgically: through the stomach wall
 - Placed with an Endoscope (PEG)
- Jejunostomy
 - Surgically: through the abdominal wall to the small intestine
 - Placed with an Endoscope (PEJ)



Feeding Route Selection: *Short Term*

- Orogastric
- Nasoenteric
 - nasogastric
 - nasoduodenal
 - nasojejunal



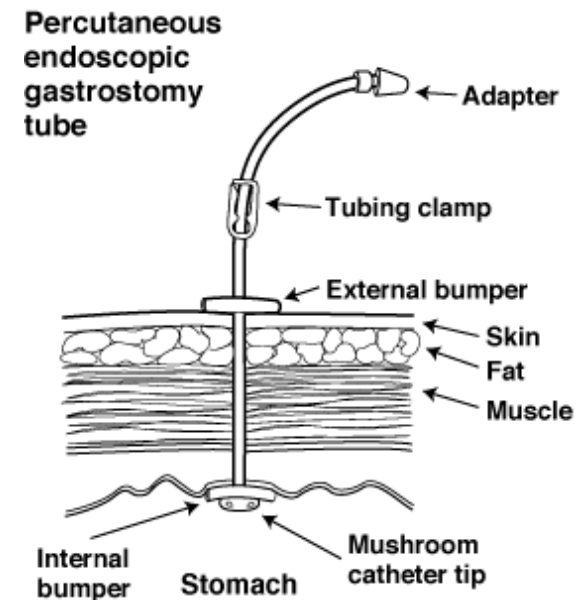
Nasogastric / Nasoenteric: *Characteristics*

- Short-term feeding: < 6 - 8 weeks
- Usually small diameter
- Contraindications to nasogastric tubes
 - significant GER
 - aspiration risk
 - delayed gastric emptying
- Potential complications include:
 - sinusitis
 - tube displacement
 - nasal erosion
 - aspiration (with GER)



Feeding Route Selection: *Long-term*

- Endoscopic or Radiologic
 - PEG
 - PEG-J
 - PEJ
- Surgical
 - Gastrostomy
 - Jejunostomy

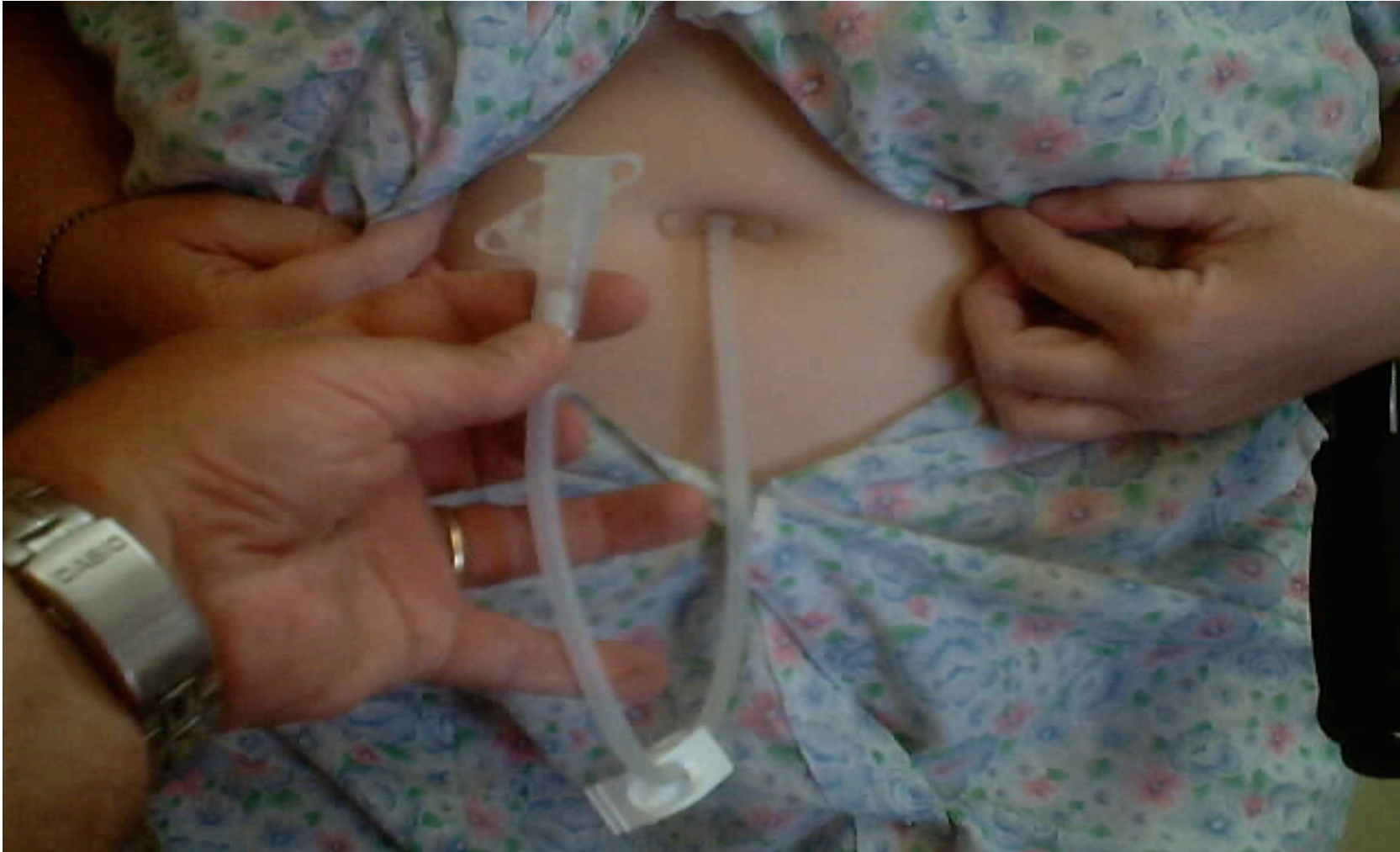


Gastrostomy: *Characteristics*

- Appropriate for long-term feeding
- Requires normal gastric emptying
- Contraindications:
 - significant reflux or aspiration
- May be placed by surgical, endoscopic or radiologic techniques
- Potential complications include:
 - infection
 - leakage
 - fistula
 - buried bumper
 - perforation

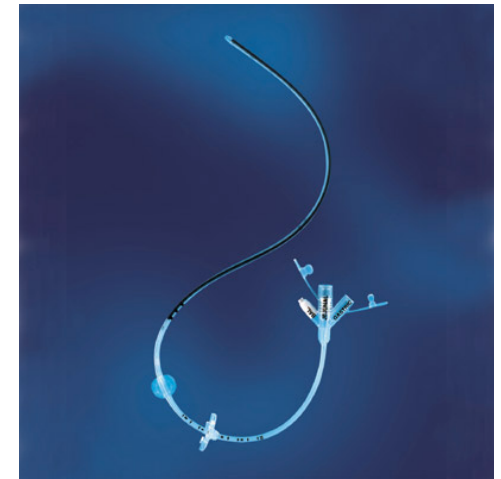


Gastrostomy Tube in Place



Jejunostomy: *Characteristics*

- Appropriate for long-term feeding
- Indicated for patients with aspiration or poor gastric emptying
- May be placed by surgical, endoscopic or radiologic technique
- **Typically requires feeding pump**
- Potential complications include:
 - infection
 - intestinal ischemia
 - tube occlusion
 - bowel obstruction



Low Profile Device: *Characteristics*

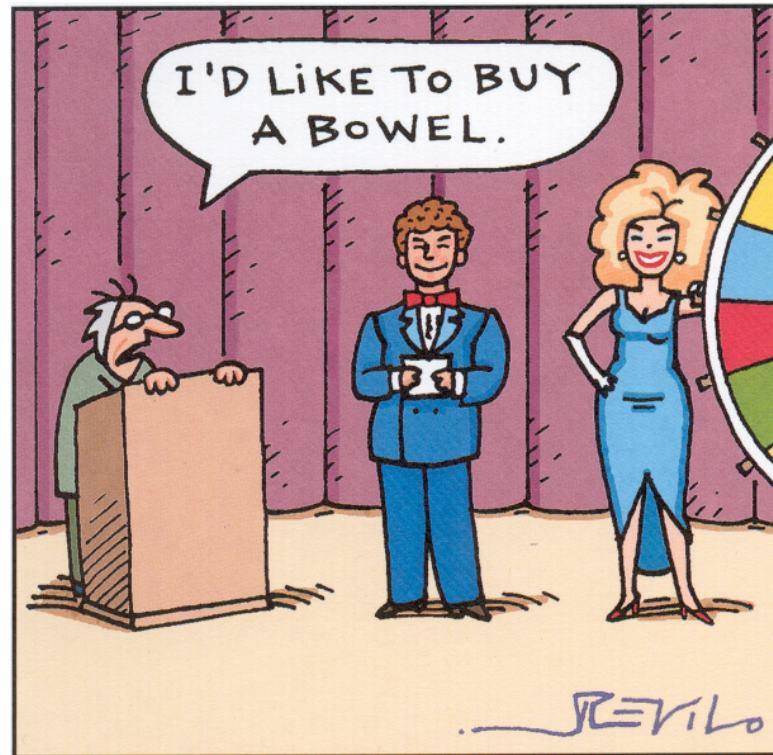
- Appropriate for long-term feeding
- Beneficial for:
 - active lifestyle
 - cosmetic purposes
 - agitated patient with risk for pulling out tube
 - possible replacement in the home
- Potential complications include:
 - balloon malfunction
 - improper insertion
 - leakage



DEHP ???

- Di(2-ethylhexyl) phthalate
- Plasticizer which softens PVC
- Found in feeding bags and tubes
- Associated with liver toxicity in animals
- Lipids leach DEHP from PVC
- Kids > risk than adults
- Some products are DEHP-free

Parenteral Nutrition



GAME SHOWS FOR
PEOPLE YOUR AGE

Diagnoses Associated with Home TPN

- Malabsorptive Disorders
ie: Short Bowel, Crohn's, scleroderma
- Motility Disorders
ie: ischemic bowel, mitochondrial disease
- Bowel Obstruction
ie: GI and gynecologic oncology
- Pancreatitis
- Intractable vomiting or diarrhea

Parenteral Nutrition Access

Peripheral (PPN) vs Central (TPN)

- **PPN**

- < 10% carbohydrate
- peripheral line
ie: peripheral, mid-line
- high volume required
- low in calories
- low infection risk

- **TPN**

- > 10% carbohydrate
- central line
ie: hickman, PICC, broviac
- can concentrate volume
- higher in calories
- higher infection risk

Venous Access Options for HPN

- **Short Term Access**
 - Peripheral lines
 - Midlines
- **Long Term Access**
 - PICCs
 - Tunneled catheters
 - Implanted ports

Long Term Access: Central Catheters

- **Non-Surgical**

PICC:

Peripherally Inserted Central Catheter

- **Surgical**

Tunneled Catheters:

Hickman, Groshong, Broviac

Port-A-Caths

Long Term: PICC Lines

- Long line (14-20") placed above elbow, extending into central circulation
- For mid range therapy (6-12 weeks) or longer??
- X Ray confirmation necessary
- Can be inserted at bedside
- Easy to remove
- Higher risk of occlusion, dislodgement and malposition than Tunneled CVCs
- Can be used for Parenteral Nutrition

PICCs



Long Term: Tunneled Catheters

- Long line surgically tunneled under skin, extends into central circulation
- For long term therapy
- X Ray confirmation necessary
- Catheter tubing extends out from the skin level (approximately 1 foot extension)
- Brand names: Groshong, Hickman (adult), Broviac (pediatric)
- Requires experienced MD to insert
- Can be used for PN

Tunneled

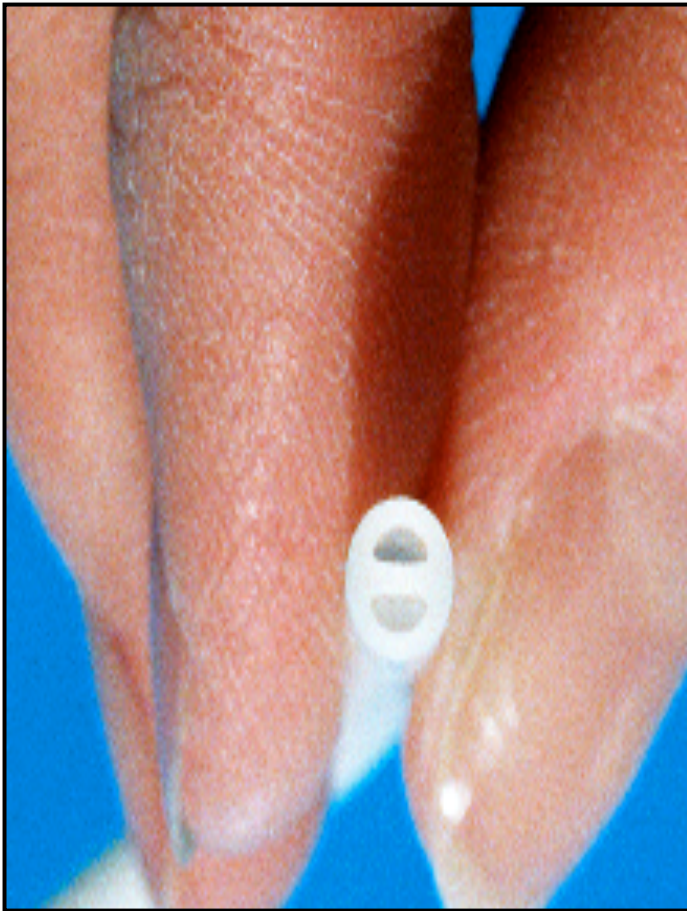
- Hickman™ (BARD)
- Broviac™ (BARD)
- Groshong™ (BARD)



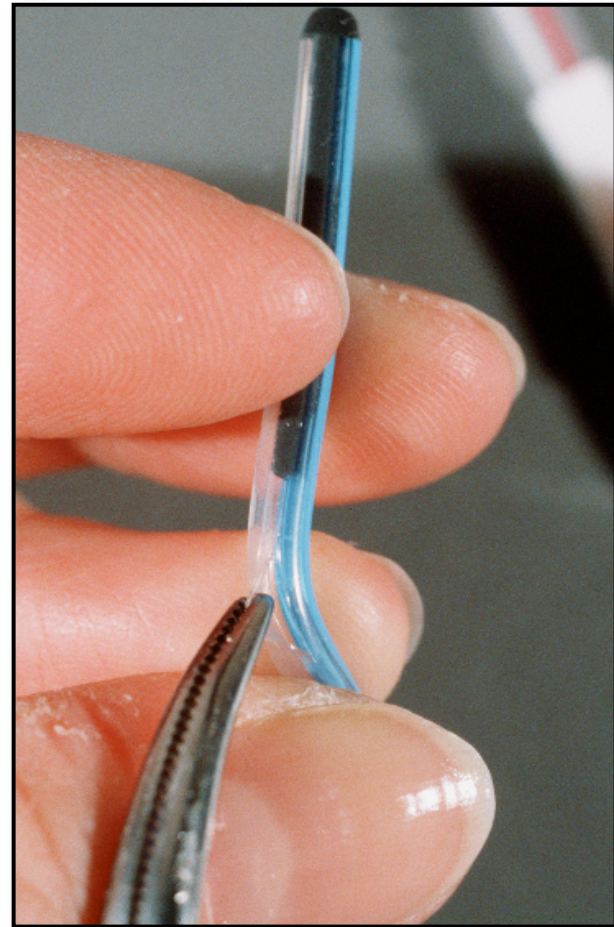
Hickman® Cuffs



Device Tips



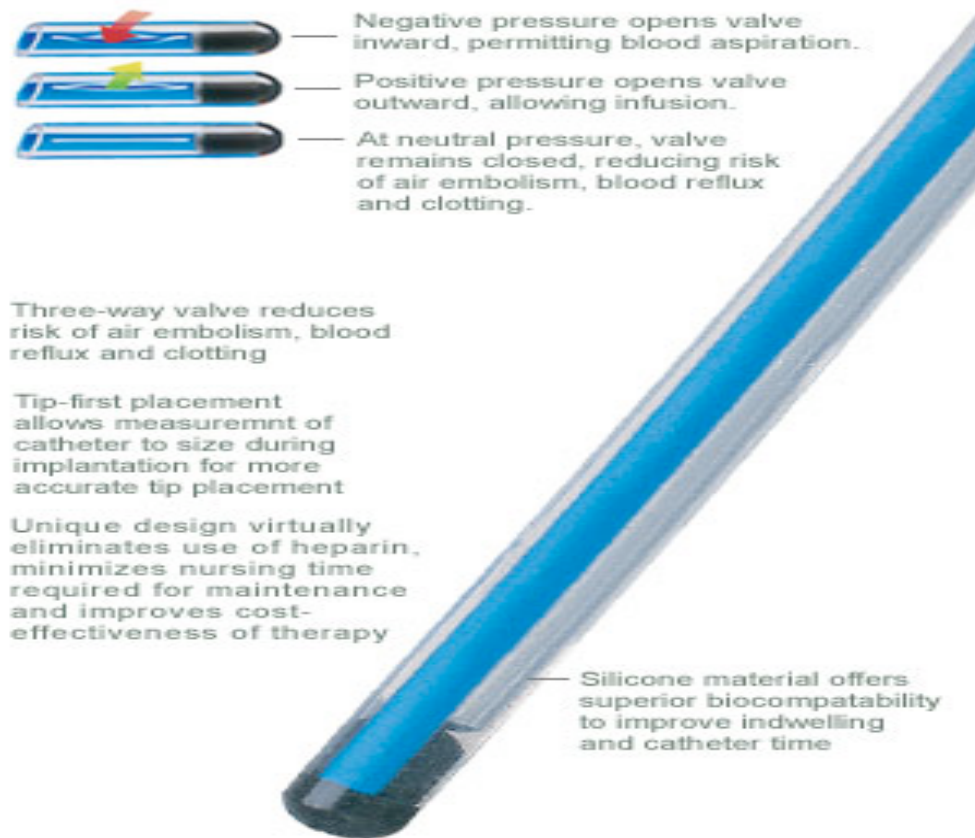
Hickman



Groshong

Groshong® Valve

BARD® Groshong®

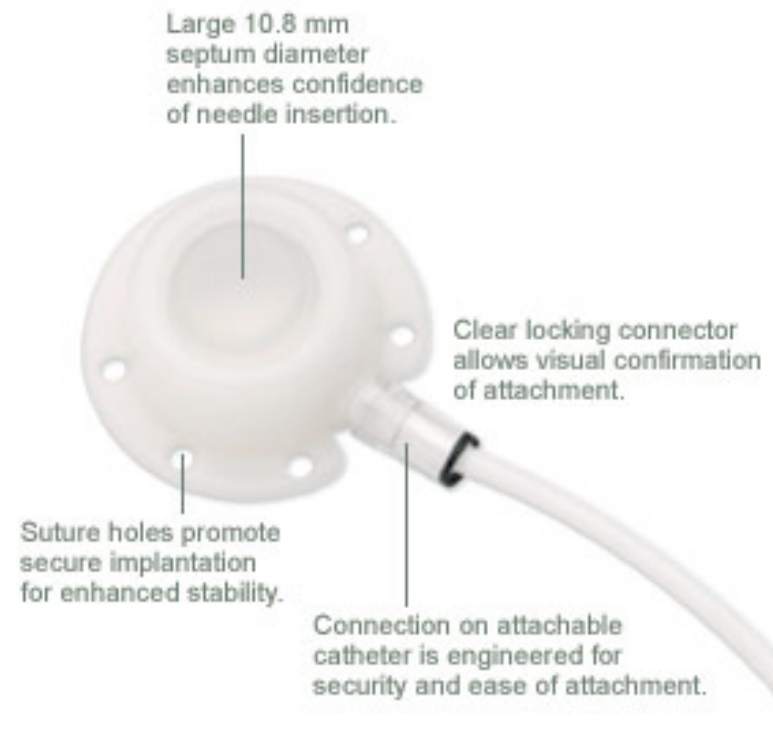


Long Term: Implanted Ports

- Short catheter (6”) surgically placed under the skin of the chest or abdomen extending into central circulation
- Indicated for long term, intermittent therapy
- Port access using a special needle: Huber
- Weekly Huber needle change required
- Best used for intermittent therapies
(chemotherapy, antibiotics)
- Seldom inserted for PN alone

Ports

- M.R.I.™ Low-Profile Implanted Port (BARD Access Systems)



In Summary:

- The number of people at home on enteral nutrition is growing.
- Enteral Nutrition is preferred route of feeding when possible.
- Parenteral Nutrition can be safely given through a variety of catheters.
- Catheters, caps and other IV devices are designed to minimize infection.

