Benefits and Burdens of PEG Placement

	Dysphagic Stroke (Patients with previous good quality of life, high functional status[1] and minimal co-morbidities)	Dysphagic Stroke (Patients with decreased level of consciousness, multiple co-morbidities, poor functional status[1] prior to CVA)	Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig' s Disease)	Persistent Vegetative State (PVS)	General Frailty (Patients with multiple co-morbidities, poor functional status, failure to thrive)	Advanced Dementia (Patients needing help with daily care, having trouble communicating, and/or incontinent)	Advanced Cancer (Excludes patients with early stage esophageal & oral cancer)	Advanced Organ Failure (Patients with CHF, renal or liver failure, COPD, anorexia-cachexia syndrome)
Prolongs Life	*Likely*	*Likely in the short term* Not likely in the long term	*Likely*	*Likely*	Not Likely	Not Likely[2]	Not Likely	Not Likely
Improves Quality of Life and/or Functional Status	up to 25% regain swallowing capabilities	Not Likely	Uncertain	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely
Enables Potentially Curative Therapy/Reverses the Disease Process	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely	Not Likely

Benefits of PEG placement rather than feeding orally:

- For dysphagic stroke patients in previous good health, patients with ALS, and patients in a persistent vegetative state, may prolong life
- For dysphagic stroke patients in poor health previously, may prolong life in the short-term (days to weeks).
- Enables family members/caregivers to maintain hope for future improvement
- Enables family members/caregivers to avoid guilt/conflict associated with choosing other treatment options
- Allows family/caregivers additional time to adjust to possibility of impending death

Burdens of PEG placement rather than feeding orally:

- 75% of stroke patients previously in good health not likely to have improved quality of life and/or functional status
- PVS patients not likely to have improved quality of life and/or functional status
- Possible patient agitation resulting in use of restraints
- Risk of aspiration pneumonia is the same or greater than that of patient being handfed
- Stroke patients previously in poor health, frail patients and patients w/ advanced dementia, cancer or organ failure have been reported to experience side effects: PEG site irritation or leaking (21%), diarrhea (22%), nausea (13%) and vomiting (20%) [3]

Benefits of feeding orally rather than inserting a PEG:

- Patient able to enjoy the taste of food
- Patient has greater opportunity for social interaction
- Patient's wishes and circumstances can be taken into consideration as pertains to pace, timing and volume of feeding

Burdens of feeding orally rather than inserting a PEG:

- Requires longer period of time to feed a patient
- Patient/family worry about "not doing everything in their power" to address the feeding problem and/or "starving patient"
- Patient/family feel that in not choosing option that could possibly prolong life, they are hastening death

This information is based predominately on a consensus of current expert opinion. It is not exhaustive. There are always patients who prove exceptions to the rule.

1. Functional Status refers to Activities of Daily Living. A poor functional status means full or partial dependency in bathing, dressing, toileting, feeding, ambulation, or transfers.
2. There is a small group of patients who fall into this category whose life could be prolonged.
3. Callahan CM, Haag KM, Weinberger M, Tierney WM, Buchanan NN, Stump TE, Nisi R. Outcomes of Percutaneous Endoscopic Gastrostomy among Older Adults in a Community Setting." J Am Geriatr Soc. 2000 Sep; 48(9):1048-54.)