

Tube Feeding

A Guide for Residents and Families

What is tube feeding?

Tube feeding is a medical intervention that provides liquid nutrition through a tube that is put into the stomach or intestine. The medical term for tube feeding is “artificial nutrition.”

How is tube feeding given?

Tube feeding uses a special, flexible plastic tube that carries nutritious fluids directly to the stomach or intestine. When the tube is inserted through the nose into the stomach, it is called a nasogastric or NG tube. If the person needs tube feeding for a longer period of time, a surgeon will insert the tube into the stomach or intestine through a small hole in the abdomen. When the tube is inserted into the stomach through the wall of the stomach, it is called a gastrostomy tube, G-tube, or PEG tube. When the tube is put into the intestine, it is called a jejunostomy or J-tube.

Why is tube feeding used?

Tube feeding is given when a resident cannot eat or drink enough to stay healthy or alive. This could be a result of difficulty swallowing, acute illness or injury, surgery, or advanced chronic disease. If the resident can safely swallow, food and fluid should always be offered.

Who does it help?

Tube feeding works best when a resident is healthy and needs it for just a short time. For example, tube feeding may benefit a person who is recovering from an acute stroke. Some residents who have lost the ability to eat and drink safely may want a feeding tube to provide artificial nutrition long term.

Who is it unlikely to help?

Most medical experts agree that tube feeding does not help people who are very frail and need long-term tube feeding, such as people with advanced dementia. It also is unlikely to help someone at the end of life.

What are the risks or side effects?

Just like any medical treatment, tube feeding has risks and side effects. Complications such as a serious blood infection, irritation around where the tube goes in the stomach, pneumonia, and swelling of the body can occur. Some people with feeding tubes feel bloated, are short of breath, or have diarrhea and cramps. The use of tube feeding also decreases human contact and the enjoyment of eating. If the tube falls out, the resident will need to go to the hospital to get it put back in. Most doctors agree that tube feeding increases suffering for people at the end of life who no longer have an interest in eating or drinking.

Can tube feeding be stopped once it has started?

Yes. Just like with other medical treatments, a resident or their decision-maker can have the tube feeding stopped if it isn't helping or is no longer wanted. Sometimes, a feeding tube is used for a short time to see if the problem gets better. Removing a feeding tube allows the natural process of death to happen.

Should feeding tubes be given at the end of life?

It is natural for a resident to lose the desire to eat or drink at the end of life. Studies have shown that at the end of life, going without food or drink is not uncomfortable. Patients at the end of life rarely report that they are thirsty or hungry. If a resident is on a feeding tube, it may be necessary to stop the feeding or remove the tube near the end of life if the body can no longer tolerate artificial nutrition.

What factors should I think about when deciding about a feeding tube?

Think about the answers to these questions in making a decision:

- 1) Does the resident have a condition that will improve if a feeding tube is put in?
- 2) What are the resident's treatment goals – will the feeding tube help the resident reach these goals?
- 3) Does the resident have religious or spiritual beliefs or values that affect the decision?

Are there other options besides a feeding tube?

If the resident can swallow, the staff or family can feed the resident by hand. A resident may enjoy eating “comfort foods,” or their favorite treats. To help with dry mouth or thirst, good mouth care and ice chips can be provided. Talk with the nurses about these comfort measures.