

Tube feeding options for head and neck cancer patients undergoing radiotherapy

Your doctor or healthcare team predict you are likely to find eating and drinking difficult during your treatment and will benefit from a feeding tube. This information sheet outlines the different ways feeding tubes are placed and information to help you make an informed decision.

Why do I need tube feeding?

Side effects can make it difficult for you to eat well enough during and after treatment. Research has shown that some tumours and treatment plans are more likely to need tube feeding at some point.

What are the options for me?

There are 2 main options to consider when tube feeding is required. The first is a nasogastric tube (NGT) – a feeding tube placed through your nose into your stomach. The second is a gastrostomy tube (Percutaneous Endoscopic Gastronomy [PEG] or Radiologically Inserted Gastronomy [RIG]) – a tube placed directly into your stomach through your abdomen.

Why am I being recommended a Gastrostomy tube?

- It is predicted that you will need extra nutrition for a longer duration
- Generally, patients need to start using a tube around week 3-4 of treatment
- Immediately post treatment, the side effects tend to continue for another 2 weeks
- Post treatment, there is still some recovery time to get you back to eating well again

What happens if I choose a nasogastric tube?

This is only placed when it becomes necessary during treatment. This may be because of weight loss, poor oral intake or difficulty swallowing.

It can be inserted in the outpatient area by hospital staff, but sometimes may need a hospital admission.

What happens if I choose a gastrostomy tube?

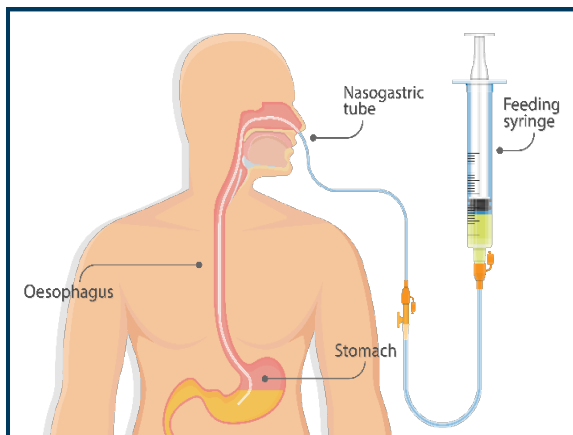
It is recommended this is placed before you start treatment before you have any difficulties with eating and drinking. It is a procedure requiring anaesthetic and an overnight hospital stay.

Can I eat and drink with a feeding tube?

Yes. If it is safe, it is important that you continue to eat and drink throughout treatment even when using a feeding tube. This makes it easier for you to recover after the treatment has finished. The speech pathologist will provide further advice about how to eat safely during treatment.

Nasogastric tube

- Temporary tube inserted from the nose into the stomach. Designed for short term feeding for approximately 4-6 weeks.



Benefits	Things to consider
<ul style="list-style-type: none"> • Simple to insert and remove • More likely to maintain nutrition intake in comparison to oral intake alone • Less medical complications with placement in comparison to gastrostomy tube 	<ul style="list-style-type: none"> • Highly visible to self and others • Procedure can still carry medical risks. These include: <ul style="list-style-type: none"> ○ Trauma to the nose or throat ○ Pressure injury to nasal area from tube or tape ○ Collapsed lung if tube enters airway ○ Location and size of tumour may carry addition risks with placement • May irritate nose where inserted • May irritate throat and make it more difficult to eat • Can easily get dislodged or blocked • Needs daily checks that it is in the correct place and regular re-taping to keep it secure • May need replacement every 4-6 weeks

What do patients who had a Nasogastric Tube say?

“Least distressful and least invasive way of receiving nutrition.”

“I’ve had one fall out, one has been blocked but I don’t find it overly uncomfortable.”

“It’s not annoying or intrusive, just part of treatment.”

“It was easy to use and it didn’t really worry me having it in. It got dislodged once but the hospital fixed it up and then it was fine.”

“It got in the way a bit, but I relieved to have a way to get food in when it got too difficult.”

“I found it a lot easier to be fitted than I thought, it was only about 5 minutes of feeling a bit uncomfortable.”

“The tube helped with feeding which was good, it only caused discomfort if I bumped my nose, which I did when I was trying to drink.”

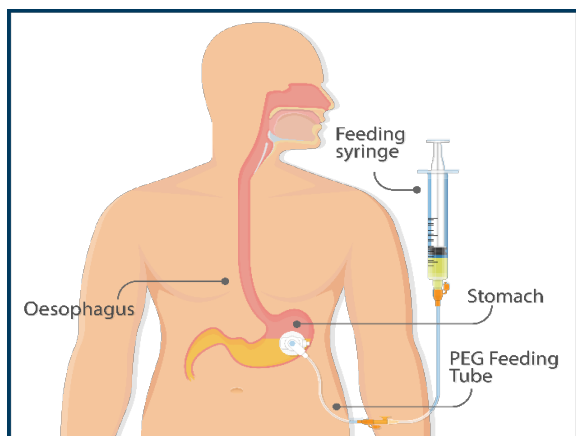
“I would reconsider the decision not to have a PEG knowing how bad symptoms are.”

“I knew I had to have it in so it wasn’t unexpected. I felt a lump in my throat every time I swallowed. My throat felt much better after it was removed, but I did need it.”

“It was easy to come out.”

Gastrostomy tube

- Longer term tube designed for tube feeding for more than 4-6 weeks.
- A PEG is inserted via endoscopy (a camera placed through your mouth into your stomach) whilst a RIG is inserted with the help of X-rays.
- Usually will be in place for 3 months before removal. Check with your local hospital.
- If tube feeding is required long term, the tube generally lasts around 6-12 months before replacement is needed.



Benefits	Things to consider
<ul style="list-style-type: none"> • More likely to maintain nutrition intake in comparison to oral intake alone • More likely to maintain weight in comparison to nasogastric tube • Less likely to need admission to hospital during or after treatment • Tube less likely to become dislodged in comparison to a nasogastric tube • Tube concealed under clothes • Easier to feed through in comparison to nasogastric tube 	<ul style="list-style-type: none"> • Usually requires overnight admission for placement • Procedure can carry medical risks. These include: <ul style="list-style-type: none"> ○ Bleeding around the tube ○ Chest infection, caused by vomit going into the lungs ○ A tear through the wall of the oesophagus (food pipe), stomach or small bowel which may result in infection ○ Reaction to the sedation and complications from heart and lung diseases

<p>as tube is wider and easier to see/access</p>	<ul style="list-style-type: none"> • Pain/discomfort may be experienced at insertion site for up to 7-10 days following the procedure • Daily cares of tube and skin required • Risk of local skin infections where tube is placed which may need antibiotics • Removal may cause some pain • After removal there will be a small scar
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What do patients who had a Gastrostomy tube say?

“If I know what I know now – I would say it was compulsory. Would have been in trouble without it. Once in the routine of looking after it, it was easy, and I forgot I had it until I needed to use it.”

“Beneficial when couldn’t swallow at all.”

“Ultimately it was a lifesaver. It is a traumatic experience, but the whole thing is though. Using it was fine. There was support if things go wrong.”

“Pain in the neck having it but thank god I had it – would have got sicker without it and lost more weight. The nutrition from the PEG gave me energy and helped me recover quicker.”

“Glad I had it when I was crook and couldn’t swallow. Only thing that stabilised my weight. Not tethered to a machine, so have more freedom. Sooner you can start eating again the better it is.”

“Recommend to anybody. It was a lifesaver. Gave me sense of strength...was like a security blanket. First few days was sore and painful and difficult to get used to, but you saved my life with that PEG.”

“I didn’t have any problems swallowing – I was lucky. I thought it would be a lot more hindrance than it was.”

What do I do now?

- Discuss these options further with your doctor and dietitian. Ask questions. Make sure you understand what your decision may mean for you.
- You will receive full support from the healthcare team before, during and after treatment as required.
- For further information, contact your Dietitian _____

Further Information

- A patient video “Introduction to Gastrostomy Tubes: Making the decision” is available to view on the following Queensland Health website:
<https://metronorth.health.qld.gov.au/hospitals-services/cancer-care-services/types-of-cancer/head-neck-cancer>
- This video will assist you and your family to make an informed decision about gastrostomy tubes and participate in your treatment plan. It includes information on gastrostomy tubes and how they are inserted. It also includes a demonstration on how the gastrostomy is used to provide nutrition, as well as the experience of some of our patients.
- A patient video ‘Caring for Your Feeding Tube at Home’ is available to view on the following Queensland Health website:
<https://metronorth.health.qld.gov.au/hospitals-services/cancer-care-services/hospital-to-home>
- This video will provide you and your family information on how to flush and provide a bolus feed via a feeding tube. A gastrostomy tube is used in the video but the steps are very similar for a nasogastric tube.