

QA 36 - NG Tube vs G Tube

QUESTION:

A SLP I work with is seeing a child who is 3 years old, diagnosed with FTT and on NG feedings for about a year. The SLP (who is working on increasing oral feedings) recommended G-tube placement to the MD. His reply was that the NG feedings are “part of the plan”. What are the benefits of NG tube vs. a G-tube for an extended period?

ANSWER:

It is common practice to place a gastrostomy tube if enteral feeding is to be done for a prolonged period of time (> 4-6 weeks in one reference, and 8-12 weeks in another reference). There are practical reasons for replacing an NG tube with a G tube:

- 1) It can be irritating to have an NG tube taped to the face for a long period of time.
- 2) An NG tube makes one “look like” something is wrong, while a G-tube is out of site when it is not being used.
- 3) An NG tube may be irritating to the nose, and be very difficult to deal with when one has a cold with runny nose.
- 4) Formula is easier to deliver through a G-tube because the tube is larger than an NG tube. Bolus feeds is difficult with the NG tube and will often require a pump for thick feedings such as 1 kcal/ml formulas. G-tubes on the other hand often use gravity feedings.

Medical reasons for a G-tube vs NG tube include:

- 1) There is a risk of putting an NG tube into the trachea instead of the esophagus (this is an important consideration when tubes are replaced at home by caregivers in patients who do not have a gag reflex).
- 2) Risk of reflux and aspiration may be increased by having a tube pass through the gastro-esophageal sphincter all the time.

Even with all the above reasons for using a G-tube instead of a NG tube, a child can do well with a NG tube for several years. Some families simply prefer and NG over a G-tube. The downside of a G-tube is that it requires surgical placement, usually done with general anesthesia in children and there is always some risk associated with surgery and anesthesia. Problems with poor healing of G-tube site, build up of granulation tissue and leaking G-tube are seen frequently in the hospital and out-patient clinics. These are very irritating problems for families/caregivers.

Although G-tubes seem like the most reasonable choice when a child needs enteral feeding for more than 1-3 months; one could argue that an NG tube is a better choice for some children and their families/caregivers.

References:

- 1) Samour, King-Helm, Lang, Handbook of Pediatric Nutrition 2nd Ed., Aspen Publishers, Inc. Gaithersburg, Maryland, 1999, pp.524-525.

- 2) Williams, CP, Ed., Pediatric Manual of Clinical Dietetics, Pediatric Nutrition Practice Group, American Dietetic Association, 1998, p.491.