Search Results

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1. MEDLINE; exp WEANING/; 7339 results.
2. MEDLINE; weaning.af; 22301 results.
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4. MEDLINE; exp *ENTERAL NUTRITION/; 9032 results.
5. MEDLINE; (enteral AND feeding).ti,ab; 4804 results.
6. MEDLINE; (tube AND feeding).ti,ab; 5139 results.
7. MEDLINE; 4 OR 5 OR 6; 13497 results.
8. MEDLINE; 3 AND 7; 78 results.
9. MEDLINE; weaning.ti,ab [Limit to: (Age Groups All Infant birth to 23 months or All Child 0 to 18 years)]; 2698 results.
10. MEDLINE; 1 OR 9 [Limit to: (Age Groups All Infant birth to 23 months or All Child 0 to 18 years)]; 3487 results.
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12. MEDLINE; DEVICE REMOVAL/; 4680 results.
13. MEDLINE; FEEDING BEHAVIOR/; 30143 results.
14. MEDLINE; 7 AND 12; 44 results.
15. MEDLINE; 4 AND 12; 30 results.

1. [Complications of enteral nutrition in a patient with gastrostomy]. [Spanish] Complicaciones de la nutricion enteral a traves de gastrostomia: a proposito de un caso.

Original Title: Complicaciones de la nutricion enteral a traves de gastrostomia: a proposito de un caso.

Citation: Nutricion Hospitalaria, November 2009, vol./is. 24/6(756-7), 0212-1611;0212-1611 (2009 Nov-Dec)

Author(s): Carrasco M; Arrieta F; Alpanes M; Paniagua A; Botella-Carretero JI; Balsa JA; Zamarron I; Vazqueza C

Language: Spanish

Country of Publication: Spain

Publication Type: Case Reports; Letter

Subject Headings:
Aged, 80 and over
*Catheterization/ae [Adverse Effects]
Dementia/co [Complications]
Device Removal
Diabetes Mellitus, Type 2/co [Complications]
*Enteral Nutrition/is [Instrumentation]
Equipment Failure
Foreign-Body Migration/ra [Radiography]
*Foreign-Body Migration/su [Surgery]
Gastrostomy/px [Psychology]
*Gastrostomy
Humans
Intestine, Small/su [Surgery]
*Intestine, Small
Male
Malnutrition/co [Complications]
*Malnutrition/th [Therapy]
Radiology, Interventional
Vomiting/et [Etiology]

Source: MEDLINE

2. Percutaneous endoscopic gastrostomy tube removal and replacement after "buried bumper syndrome": the simple way.

Citation: Surgical Endoscopy, August 2009, vol./is. 23/8(1914-7), 0930-2794;1432-2218 (2009 Aug)

Author(s): Turner P; Deakin M

Institution: Department of General Surgery, University Hospital, North Staffordshire NHS Trust, Stoke-on-Trent, UK. p.d.turner@doctors.org.uk

Language: English

Abstract: BACKGROUND: Percutaneous endoscopic gastrostomy (PEG) feeding tubes are required for an increasing number of patients with long-term nutritional requirements. "Buried bumper syndrome" (BBS) occurs in 2-6% of PEG placements. In the past, this has been a difficult problem to resolve. The authors aimed to design a safe and simple method of dealing with BBS that can be performed by any endoscopist on a routine endoscopic list with the patient under sedation. METHODS: For 6 years, the authors have used a minimally invasive way to deal with BBS. They have successfully treated 20 BBS patients on a routine endoscopy list with the patient under sedation. The existing PEG is divided 5 cm from the skin. A pair of stent-grasping forceps is inserted via the tube. A snare then is passed via the gastroscope, caught in the stent-grasping forceps, and brought out via the PEG tube. Next, the tube is split as deeply as possible into the PEG exit site, and the snare is closed around the tube. Gentle traction is applied along the endoscope, allowing the internal bumper to concertina and pop through the mucosa. Another PEG can now be placed at a separate site, although the authors have successfully used the same

tract. RESULTS: All the patients were followed up, with no further problems related to BBS. CONCLUSIONS: The authors' method is a simple way of addressing the difficult BBS problem. It can be used to remove and replace a PEG with a buried bumper on a routine endoscopy list with the patient under sedation.

Country of Publication: Germany

Publication Type: Journal Article

Subject Headings:
Device Removal/is [Instrumentation]
*Device Removal/mt [Methods]
*Endoscopy/mt [Methods]
*Enteral Nutrition/is [Instrumentation]
Foreign-Body Migration/et [Etiology]
*Foreign-Body Migration/su [Surgery]
*Gastrostomy
Humans
*Intubation, Gastrointestinal/is [Instrumentation]
*Postoperative Complications/su [Surgery]
Syndrome

Source: MEDLINE

3. Exchange of an occluded nasojejunal tube facilitated by angioplasty balloon-induced rupture.

Citation: Pediatric Radiology, August 2009, vol./is. 39/8(832-5), 0301-0449;1432-1998 (2009 Aug)

Author(s): Hu B; Johnson ND; Racadio J; Bear BA

Institution: Department of Radiology ML-5031, Cincinnati Children's Hospital Medical Center, 3333 Burnet Ave., Cincinnati, OH 45229-3039, USA.

Language: English

Abstract: We describe a method of exchanging a blocked nasojejunal (NJ) tube involving the use of a percutaneous transluminal angioplasty balloon to rupture the tube, followed by insertion of a guidewire through this rupture to create a guide for subsequent placement of a modified NJ tube. We used this technique in a child with a critical need for an NJ tube, in whom routine guidewire exchange was not feasible because of tube obstruction as well as the patient's anatomic abnormalities. This technique might also be useful for other patients in whom standard techniques are ineffective.

Country of Publication: Germany

Publication Type: Case Reports; Journal Article

Subject Headings:
Adolescent
*Angioplasty, Balloon/is [Instrumentation]
*Angioplasty, Balloon/mt [Methods]
*Device Removal/is [Instrumentation]
*Device Removal/mt [Methods]
*Enteral Nutrition/is [Instrumentation]
Equipment Design
Female
Humans
*Intubation, Gastrointestinal/is [Instrumentation]
Prosthesis Failure
*Prosthesis Implantation/mt [Methods]

Source: MEDLINE

4. Clinical manifestations and management of buried bumper syndrome in patients with percutaneous endoscopic gastrostomy.

Citation: Gastrointestinal Endoscopy, May 2009, vol./is. 69/6(1193; author reply 1193-4), 0016-5107;1097-6779 (2009 May)

Author(s): Tsai JJ; Lin HJ

Language: English

Country of Publication: United States

Publication Type: Comment; Letter

Subject Headings:
Device Removal
Enteral Nutrition/ae [Adverse Effects]
*Enteral Nutrition/is [Instrumentation]
*Foreign-Body Migration/di [Diagnosis]
Foreign-Body Migration/th [Therapy]
*Gastroscopy
*Gastrostomy/is [Instrumentation]
Humans
*Stomach
Syndrome

Source: MEDLINE

5. [Colonic-cutaneous fistula after placement of a percutaneous gastrostomy tube]. [Spanish] Fistula colocutanea tras la colocacion de una sonda de gastrostomia endoscopica percutanea.

Original Title: Fistula colocutanea tras la colocacion de una sonda de gastrostomia endoscopica percutanea.

Citation: Gastroenterologia y Hepatologia, November 2008, vol./is. 31/9(624-5), 0210-5705;0210-5705 (2008 Nov)

Author(s): Garcia-Moran S; Gento Pena E; Saez-Royuela Gonzalo F; Perez Alvarez JC

Language: Spanish

Country of Publication: Spain

Publication Type: Case Reports; Letter

Subject Headings:
Aged, 80 and over
Alzheimer Disease/co [Complications]
Colonic Diseases/et [Etiology]
*Cutaneous Fistula/et [Etiology]
Device Removal
Diarrhea/co [Complications]
Endoscopy
*Enteral Nutrition/ae [Adverse Effects]
*Gastrostomy/ae [Adverse Effects]
Humans
*Intestinal Fistula/et [Etiology]
*Intubation, Gastrointestinal/ae [Adverse Effects]
Male

Source: MEDLINE

6. The push-pull T technique: an easy and safe procedure in children with the buried bumper syndrome.

Citation: Nutrition in Clinical Practice, December 2008, vol./is. 23/6(655-7), 0884-5336;0884-5336 (2008 Dec-2009 Jan)

Author(s): Furlano RI; Sidler M; Haack H

Institution: Pediatric Gastroenterology, University Children's Hospital, Roemergasse 8, 4005 Basel, Switzerland.

Language: English

Abstract: Percutaneous endoscopic gastrostomy (PEG) tube placement is a well-established procedure in adults as well as in pediatric patients who cannot be orally fed. However, potential serious complications may occur. The buried bumper syndrome is a well-recognized long-term complication of PEG. Overgrowth of gastric mucosa over the inner bumper of the tube will cause mechanical failure of formula delivery, rendering the

tube useless. However, published experience in children with buried bumper syndrome is very scarce. In the authors' clinic, 76 PEG tubes were placed from 2001 to 2008, and buried bumper syndrome occurred in 1 patient. The authors report on their experience with buried bumper syndrome, an adapted safe endoscopic removal technique, as well as recommendations for prevention of buried bumper syndrome.

Country of Publication: United States

Publication Type: Case Reports; Journal Article

Subject Headings:
Child
*Device Removal/mt [Methods]
Enteral Nutrition/is [Instrumentation]
Enteral Nutrition/mt [Methods]
*Enteral Nutrition
*Gastrostomy/ae [Adverse Effects]
Humans
*Intubation, Gastrointestinal/ae [Adverse Effects]
Male
Treatment Outcome

Source: MEDLINE

7. Intestinal perforation: a rare complication of percutaneous endoscopic jejunostomy removal.

Citation: Endoscopy, September 2008, vol./is. 40 Suppl 2/(E178), 0013-726X;1438-8812 (2008 Sep)

Author(s): Zschau N; Nguyen N; Tam W; Schoeman M

Institution: Department of Gastroenterology, Hepatology and General Medicine, Royal Adelaide Hospital, South Australia.

Language: English

Country of Publication: Germany

Publication Type: Case Reports; Journal Article

Subject Headings:
Aged
Device Removal/ae [Adverse Effects]
*Enteral Nutrition/is [Instrumentation]
Female
Humans
*Intestinal Perforation/et [Etiology]
Intestinal Perforation/su [Surgery]
*Jejunostomy/ae [Adverse Effects]
Male
Middle Aged

Source: MEDLINE

8. The buried bumper syndrome: the usefulness of retrieval PEG tubes in its management.

Citation: Turkish Journal of Gastroenterology, March 2008, vol./is. 19/1(45-8), 1300-4948;1300-4948 (2008 Mar)

Author(s): Erdil A; Genc H; Uygun A; Ilica AT; Dagalp K

Institution: Department of Gastroenterology, Diyarbakir Military Hospital, Diyarbakir. ahmeterdil@yahoo.com

Language: English

Abstract: Percutaneous endoscopic gastrostomy is a safe and easy method and carries a low mortality and complication rate. The buried bumper syndrome is a rare and late complication of percutaneous endoscopic gastrostomy tube placement. An 80-year-old man with bilateral basal ganglia bleeding was unable to swallow safely and required tube feeding. A Flexiflo Inverta percutaneous endoscopic gastrostomy tube was successfully

inserted by pull technique. One year later, he was readmitted to our clinic because of nonfunctioning tube and peristomal cellulites. Endoscopy demonstrated dimpling of the gastric mucosa on the anterior wall of the stomach. Abdominal computed tomography revealed the bumper to be buried in the abdominal wall. The tube was removed by external traction, without any abdominal incision, and a different site was used for the insertion of a new percutaneous endoscopic gastrostomy tube. No further problems were encountered over the follow-up period of nine months. As a result, the Flexiflo Inverta percutaneous endoscopic gastrostomy tubes with externally removable internal bumpers were found useful in the treatment of buried bumper syndrome, and the buried bumper was easily removed by external traction without any endoscopic or surgical methods.

Country of Publication: Turkey

CAS Registry Number: 0 (Anti-Bacterial Agents); 25953-19-9 (Cefazolin)

Publication Type: Case Reports; Journal Article

Subject Headings:
Aged, 80 and over
Anti-Bacterial Agents/tu [Therapeutic Use]
Cefazolin/tu [Therapeutic Use]
Device Removal/mt [Methods]
Endoscopy
*Enteral Nutrition/ae [Adverse Effects]
*Enteral Nutrition/is [Instrumentation]
Equipment Design
Equipment Failure
Foreign-Body Migration/di [Diagnosis]
*Foreign-Body Migration/et [Etiology]
*Foreign-Body Migration/su [Surgery]
*Gastrostomy/ae [Adverse Effects]
*Gastrostomy/is [Instrumentation]
Gastrostomy/mt [Methods]
Humans
Intubation, Gastrointestinal/ae [Adverse Effects]
Intubation, Gastrointestinal/is [Instrumentation]
Male
Surgical Stomas/mi [Microbiology]
Surgical Stomas/pa [Pathology]
Syndrome
Tomography, X-Ray Computed
Traction
Wound Infection/dt [Drug Therapy]
Wound Infection/et [Etiology]

Source: MEDLINE

9. Protein-losing enteropathy associated with buried gastrostomy balloon syndrome.

Citation: Gastrointestinal Endoscopy, April 2008, vol./is. 67/4(725-6; discussion 726), 0016-5107;0016-5107 (2008 Apr)

Author(s): Smith CR; Goday PS

Institution: Division of Pediatric Gastroenterology and Nutrition, Medical College of Wisconsin, Milwaukee, Wisconsin, USA.

Language: English

Country of Publication: United States

Publication Type: Case Reports; Journal Article

Subject Headings:
Child
Developmental Disabilities/th [Therapy]
Device Removal
Diagnosis, Differential
Endoscopy, Gastrointestinal

Enteral Nutrition/ae [Adverse Effects]
*Enteral Nutrition/is [Instrumentation]
Follow-Up Studies
*Gastric Balloon/ae [Adverse Effects]
Gastric Mucosa/pa [Pathology]
*Gastrostomy/ae [Adverse Effects]
Humans
Male
Protein-Losing Enteropathies/di [Diagnosis]
*Protein-Losing Enteropathies/et [Etiology]
Protein-Losing Enteropathies/su [Surgery]
Syndrome

Source: MEDLINE

10. Ventral abdominal herniation through PEG site in a child with cystic fibrosis.

Citation: Endoscopy, February 2007, vol./is. 39 Suppl 1/(E281), 0013-726X;1438-8812 (2007 Feb)

Author(s): Ozutemiz O; Oruc N; Tekin F; Ozgenc F; Yagci R

Institution: Gastroenterology Department, Ege University Faculty of Medicine, Izmir, Turkey.

Language: English

Country of Publication: Germany

Publication Type: Case Reports; Journal Article

Subject Headings:
Child
*Cystic Fibrosis/th [Therapy]
Device Removal
Enteral Nutrition/is [Instrumentation]
*Enteral Nutrition
Equipment Design
Gastrostomy/is [Instrumentation]
*Gastrostomy
*Hernia, Abdominal/et [Etiology]
Humans
Male
Risk Factors
*Thinness/th [Therapy]

Source: MEDLINE

11. Retrograde jejunogastric intussusception caused by a migrated gastrostomy tube.

Citation: Endoscopy, February 2007, vol./is. 39 Suppl 1/(E262-3), 0013-726X;1438-8812 (2007 Feb)

Author(s): Pelosof L; Ringold DA; Kuo E; Bhalla S; Whinney R; Zuckerman GR

Institution: Department of Surgery, Washington University School of Medicine, St. Louis, Missouri, USA.

Language: English

Country of Publication: Germany

Publication Type: Case Reports; Journal Article

Subject Headings:
Adult
Device Removal
*Enteral Nutrition/is [Instrumentation]
Female
*Foreign-Body Migration/co [Complications]
Foreign-Body Migration/di [Diagnosis]
Foreign-Body Migration/su [Surgery]

*Gastroscopy
*Gastrostomy/is [Instrumentation]
Humans
Intussusception/di [Diagnosis]
*Intussusception/et [Etiology]
Intussusception/su [Surgery]
Jejunal Diseases/di [Diagnosis]
*Jejunal Diseases/et [Etiology]
Jejunal Diseases/su [Surgery]
Jejunum/pa [Pathology]
Pyloric Antrum/pa [Pathology]
*Stomach
Tomography, X-Ray Computed

Source: MEDLINE

12. Replacing and relocating percutaneous endoscopic gastrostomy tube without esophagogastroscopy.

Citation: Endoscopy, February 2007, vol./is. 39 Suppl 1/(E174), 0013-726X;1438-8812 (2007 Feb)

Author(s): Lujber L

Institution: Department of Oto-Rhino-Laryngology, Head and Neck Surgery, Pecs University, Medical School, Pecs, Hungary. Lujber@yahoo.com

Language: English

Country of Publication: Germany

Publication Type: Journal Article

Subject Headings:
Catheters, Indwelling
Device Removal
*Enteral Nutrition/is [Instrumentation]
Equipment Design
*Gastroscopy
*Gastrostomy/is [Instrumentation]
Humans
Retreatment
Wound Infection/su [Surgery]

Source: MEDLINE

13. Spectrum of morbidity related to bolster placement at time of percutaneous endoscopic gastrostomy: buried bumper syndrome to leakage and peritonitis.

Citation: Gastrointestinal Endoscopy Clinics of North America, October 2007, vol./is. 17/4(731-46), 1052-5157;1052-5157 (2007 Oct)

Author(s): McClave SA; Jafri NS

Institution: Division of Gastroenterology/Hepatology, Department of Medicine, University of Louisville School of Medicine, Louisville, KY 40202, USA. samcclave@louisville.edu

Language: English

Abstract: Setting the external bolster at the time of placement of percutaneous endoscopic gastrostomy (PEG) is a key factor in the spectrum of morbidity and complications related to the procedure. Setting the bolster too tight results in various gradations of buried bumper syndrome, whereas setting the bolster too loose can lead to leakage and acute peritonitis. Aspects of the initial technique, awareness of contributing factors, and strategies for monitoring and surveillance of the PEG once placed are all important in preventing more serious sequelae.

Country of Publication: United States

Publication Type: Case Reports; Journal Article; Review

Subject Headings: Aged

Aged, 80 and over
*Device Removal/mt [Methods]
*Endoscopy, Gastrointestinal
*Enteral Nutrition/ae [Adverse Effects]
Female
*Gastrostomy/ae [Adverse Effects]
Humans
*Intubation, Gastrointestinal
Male
Middle Aged
*Peritonitis/et [Etiology]
Risk Factors
Time

Source: MEDLINE

14. [Two children with severe complications following incomplete removal of a percutaneous endoscopic gastrostomy (PEG) catheter]. [Dutch] Twee kinderen met ernstige complicaties na onvolledige verwijdering van een percutane-endoscopischegastrostomie(PEG)-katheter.

Original Title: Twee kinderen met ernstige complicaties na onvolledige verwijdering van een percutane-endoscopischegastrostomie(PEG)-katheter.

Citation: Nederlands Tijdschrift voor Geneeskunde, March 2007, vol./is. 151/10(607-10), 0028-2162;0028-2162 (2007 Mar 10)

Author(s): Haanstra HB; Vastert SJ; Vos GD; Pelleboer RA

Institution: Catharina-ziekenhuis, afd. Kindergeneeskunde, Postbus 1350, 5602 ZA Eindhoven.

Language: Dutch

Abstract: A 6-year-old boy with multiple severe disabilities was admitted with acute and progressive dyspnoea. A new percutaneous endoscopic gastrostomy (PEG) catheter had been placed 2 weeks earlier, during which the old catheter was cut and left in the stomach. Radiological assessment revealed pneumonia and a traumatic fistula between the oesophagus and the left main bronchus. Respiratory support was required. The patient recovered after oesophagoscopic removal of the remaining portion of the PEG catheter. A 7-year-old boy with multiple severe disabilities presented with an acutely reduced level of consciousness, vomiting and progressive dyspnoea. Chest x-ray revealed signs of aspiration pneumonia and, after respiratory problems worsened, a foreign object in the oesophagus. The foreign object was likely the remaining portion of a PEG catheter that was removed 12 months earlier. The patient was discharged in good condition a few days after oesophagoscopic removal of the remaining catheter. PEG is a commonly used method for enteral feeding in children. The Dutch guideline on enteral feeding in children indicates that endoscopic removal of the PEG catheter is often necessary. In daily practice, however, endoscopic removal is not always performed. To avoid serious complications, authors recommend endoscopic removal ofthe silicon disk when replacing or removing a PEG catheter in children aged less than 6 years and all children with mental retardation, prior laparotomy or constipation. Endoscopic removal of the disk should be considered in all other children if the disk is not passed in stool within 2 weeks and an x-ray shows that the disk is in the oesophagus, stomach or proximal intestine.

Country of Publication: Netherlands

Publication Type: Case Reports; English Abstract; Journal Article

Subject Headings:
Child
Device Removal
*Enteral Nutrition
Foreign Bodies
*Foreign-Body Migration/co [Complications]
*Gastrostomy/ae [Adverse Effects]
Humans
Male
*Postoperative Complications/ep [Epidemiology]

Source: MEDLINE

15. Tube weaning according to the Graz model in two children with Alagille syndrome.

Citation: Pediatric Transplantation, December 2006, vol./is. 10/8(934-7), 1397-3142;1397-3142 (2006 Dec)

Author(s): Burmucic K; Trabi T; Deutschmann A; Scheer PJ; Dunitz-Scheer M

Institution: Medical University of Graz, University Hospital for Children, Department of General Pediatrics, Psychosomatic and Psychotherapeutic Unit, Graz, Austria. katharina.burmucic@klinikum-graz.at

Language: English

Abstract: Two children were weaned from long-term tube feeding after liver transplant because of Alagille syndrome. The children were successfully weaned, one in seven days and the other in 13 days, using our standard and highly specialized intensive treatment protocol. Normal feeding behavior and stabilization of body weight were established. Children fed by long-term enteral tubes can be weaned from enteral feeding even after a long period of treatment. The return to age-appropriate self-feeding should be introduced as early as possible. Our weaning program time is brief and effective and can be recommended generally to improve quality of life and withhold unintended side-effects of enteral nutrition.

Country of Publication: Denmark

Publication Type: Case Reports; Journal Article

Subject Headings:
Alagille Syndrome/dh [Diet Therapy]
Alagille Syndrome/ec [Economics]
*Alagille Syndrome/su [Surgery]
Child, Preschool
Cost-Benefit Analysis
Device Removal
Enteral Nutrition/ec [Economics]
*Enteral Nutrition/mt [Methods]
Feeding Behavior
Female
Humans
Infant
Liver Transplantation/ec [Economics]
*Liver Transplantation
Male
Retrospective Studies

Source: MEDLINE

16. The push-pull T technique: an easy and safe procedure in children with the buried bumper syndrome.

Citation: Nutrition in Clinical Practice, December 2008, vol./is. 23/6(655-7), 0884-5336;0884-5336 (2008 Dec-2009 Jan)

Author(s): Furlano RI; Sidler M; Haack H

Institution: Pediatric Gastroenterology, University Children's Hospital, Roemergasse 8, 4005 Basel, Switzerland.

Language: English

Abstract: Percutaneous endoscopic gastrostomy (PEG) tube placement is a well-established procedure in adults as well as in pediatric patients who cannot be orally fed. However, potential serious complications may occur. The buried bumper syndrome is a well-recognized long-term complication of PEG. Overgrowth of gastric mucosa over the inner bumper of the tube will cause mechanical failure of formula delivery, rendering the tube useless. However, published experience in children with buried bumper syndrome is very scarce. In the authors' clinic, 76 PEG tubes were placed from 2001 to 2008, and

buried bumper syndrome occurred in 1 patient. The authors report on their experience with buried bumper syndrome, an adapted safe endoscopic removal technique, as well as recommendations for prevention of buried bumper syndrome.

Country of Publication: United States

Publication Type: Case Reports; Journal Article

Subject Headings:
Child
*Device Removal/mt [Methods]
Enteral Nutrition/is [Instrumentation]
Enteral Nutrition/mt [Methods]
*Enteral Nutrition
*Gastrostomy/ae [Adverse Effects]
Humans
*Intubation, Gastrointestinal/ae [Adverse Effects]
Male
Treatment Outcome

Source: MEDLINE

17. Complications after traction removal of direct percutaneous endoscopic jejunostomy: three case reports.

Citation: Gastrointestinal Endoscopy, November 2005, vol./is. 62/5(802-5), 0016-5107;0016-5107 (2005 Nov)

Author(s): Hoyer RJ; Arora AS; Baron TH

Institution: Department of Internal Medicine and Division of Gastroenterology and Hepatology, Mayo Clinic, Mayo Clinic Foundation, Saint Mary's Hospital, Rochester, Minnesota 55905, USA.

Language: English

Country of Publication: United States

Publication Type: Case Reports; Journal Article

Subject Headings:
Adult
Aged
*Device Removal/ae [Adverse Effects]
Device Removal/mt [Methods]
*Endoscopy, Gastrointestinal
*Enteral Nutrition/is [Instrumentation]
Female
Humans
*Intubation, Gastrointestinal/is [Instrumentation]
*Jejunostomy
Male
Middle Aged

Source: MEDLINE

18. A percutaneous endoscopic gastrostomy tube pushed through the posterior wall of the stomach as far as the pancreas during nonendoscopic tube exchange.

Citation: Endoscopy, June 2005, vol./is. 37/6(602), 0013-726X;0013-726X (2005 Jun)

Author(s): Kasamaki S; Kamano T; Hayashida Y; Motoyama H; Yokota H

Institution: Department of Surgery, Hokota Hospital, Ibaraki Prefecture, Japan. kasamaki@hh.iij4u.or.jp

Language: English

Country of Publication: Germany

Publication Type: Case Reports; Journal Article

Subject Headings: *Abdominal Pain/et [Etiology]

Abdominal Pain/th [Therapy]
Aged
*Device Removal/mt [Methods]
*Endoscopy, Digestive System
*Enteral Nutrition/ae [Adverse Effects]
Enteral Nutrition/is [Instrumentation]
Female
Follow-Up Studies
*Gastrostomy/is [Instrumentation]
Humans
*Pancreas/in [Injuries]
*Stomach/in [Injuries]

Source: MEDLINE

19. [How to fix the nasogastric tube?]. [German] Wie lasst sich eine Magensonde sicher fixieren?

Original Title: Wie lasst sich eine Magensonde sicher fixieren?

Citation: Laryngo- Rhino- Otologie, April 2004, vol./is. 83/4(268-9), 0935-8943;0935-8943 (2004 Apr)

Author(s): Brusis T

Institution: Stadt. Krankenhaus Koln-Holweide, Cologne. brusist@kliniken-koeln.de

Language: German

Country of Publication: Germany

Publication Type: Journal Article

Subject Headings:
Device Removal
*Enteral Nutrition/is [Instrumentation]
Equipment Safety
Humans
*Intubation, Gastrointestinal/is [Instrumentation]
*Otorhinolaryngologic Neoplasms/su [Surgery]

Source: MEDLINE

20. [Buried bumper - a new method of non-surgical removal]. [German] Buried Bumper - ein neues Verfahren zur nichtoperativen Entfernung.

Original Title: Buried Bumper - ein neues Verfahren zur nichtoperativen Entfernung.

Citation: Zeitschrift fur Gastroenterologie, March 2004, vol./is. 42/3(227-32), 0044-2771;0044-2771 (2004 Mar)

Author(s): Sauer B; Staritz M

Institution: Klinik fur Innere Medizin 1, Klinikum der Stadt Villingen-Schwenningen. img.bernd.sauer@klinikumvs.de

Language: German

Abstract: Buried bumper syndrome is a rare complication among patients with PEG for long-term feeding. Tight fixation of the external bumper causes pressure necrosis beneath the internal bumper. This leads to the internal bumper's penetration of the deeper gastric wall, where it is completely overgrown by gastric mucosa. A method is shown how the buried bumper can be removed without an operation. This method was used successfully in seven patients. The buried bumper syndrome can be avoided with careful precautions.

Country of Publication: Germany

Publication Type: English Abstract; Journal Article

Subject Headings:
Aged
Aged, 80 and over
*Catheters, Indwelling

Device Removal
*Enteral Nutrition/is [Instrumentation]
Female
*Foreign-Body Migration/th [Therapy]
*Gastroscopy/mt [Methods]
Humans
Long-Term Care
Male
Middle Aged
Stomach/pa [Pathology]
*Stomach
Treatment Outcome

Source: MEDLINE

21. Small bowel perforation after incomplete removal of percutaneous endoscopic gastrostomy catheter.

Citation: Surgical Endoscopy, December 2003, vol./is. 17/12(2028-31), 0930-2794;1432-2218 (2003 Dec)

Author(s): Lattuneddu A; Morgagni P; Benati G; Delvecchio S; Garcea D

Institution: Department of General Surgery 1, Morgagni Hospital, Piazzi Solieri 1, 47100 Forli, Italy. a.lattuneddu@ausl.fo.it

Language: English

Abstract: Percutaneous endoscopic gastrostomy (PEG) is a well-established technique for providing long-term nutritional support. The advantages and most frequent complications have been widely documented, but less is known about the danger of removing or replacing a PEG by cutting the device at skin level without endoscopic assistance to ensure the removal of the inner part. Laparotomy is often required in elderly and high-risk patients to relieve an intestinal obstruction or perforation. We describe a fatal case of small bowel perforation, resulting from the inability to remove an inner bumper.

Country of Publication: Germany

Publication Type: Case Reports; Journal Article

Subject Headings:
Carcinoma/co [Complications]
Carcinoma/th [Therapy]
Combined Modality Therapy
Deglutition Disorders/et [Etiology]
Deglutition Disorders/th [Therapy]
*Device Removal/ae [Adverse Effects]
Disease Progression
*Enteral Nutrition/is [Instrumentation]
Epiglottis
Equipment Design
Fatal Outcome
*Foreign-Body Migration/co [Complications]
Foreign-Body Migration/su [Surgery]
Gastroscopy/mt [Methods]
*Gastrostomy/is [Instrumentation]
Humans
*Iatrogenic Disease
*Ileal Diseases/et [Etiology]
Ileal Diseases/su [Surgery]
Ileus/et [Etiology]
*Intestinal Perforation/et [Etiology]
Intestinal Perforation/su [Surgery]
*Intubation, Gastrointestinal/is [Instrumentation]
Intubation, Gastrointestinal/mt [Methods]
Laparotomy
Laryngeal Neoplasms/co [Complications]

Laryngeal Neoplasms/th [Therapy]
Male
Middle Aged
Peritonitis/et [Etiology]
Peritonitis/su [Surgery]
Pneumothorax/et [Etiology]
Ulcer/et [Etiology]

Source: MEDLINE

Full Text: Available in *fulltext* at *ProQuest*

22. Buried bumper syndrome with a fatal outcome, presenting early as gastrointestinal bleeding after percutaneous endoscopic gastrostomy placement.

Citation: Journal of Postgraduate Medicine, October 2003, vol./is. 49/4(325-7), 0022-3859;0022-3859 (2003 Oct-Dec)

Author(s): Anagnostopoulos GK; Kostopoulos P; Arvanitidis DM

Institution: Gastroenterology Department, 251 Hellenic Air Force and Veterans General Hospital, Greece. gkanagnostopoulos@yahoo.gr

Language: English

Abstract: Percutaneous Endoscopic Gastrostomy (PEG) has gained wide acceptance among patients who require prolonged tube-feeding support. A rather unusual complication of PEG placement is migration of the internal bumper through or into the abdominal wall. This was first described in 1988 and is called the buried bumper syndrome (BBS). The syndrome is a late complication of PEG tube placement. The manifestations of the syndrome must be recognised and the patient referred for emergency endoscopy and removal of the bumper. Failure to recognise this syndrome may result in serious complications including gastrointestinal bleeding, perforation of the stomach, peritonitis and death. We describe a case where a patient developed the buried bumper syndrome quite early after PEG placement. The syndrome manifested with gastrointestinal bleeding. Although we removed the buried bumper endoscopically, and placed another PEG tube, the patient developed peritonitis and died 16 hours after the removal of the migrated bumper.

Country of Publication: India

Publication Type: Case Reports; Journal Article

Subject Headings:
Adult
Device Removal
*Endoscopy, Gastrointestinal/ae [Adverse Effects]
*Enteral Nutrition
Equipment Failure
Fatal Outcome
Female
*Gastrointestinal Hemorrhage/et [Etiology]
*Gastrostomy/ae [Adverse Effects]
Gastrostomy/is [Instrumentation]
Humans

Source: MEDLINE

23. Percutaneous endoscopic gastrostomy: results of 115 cases.

Citation: Hepato-Gastroenterology, May 2003, vol./is. 50/51(886-8), 0172-6390;0172-6390 (2003 May-Jun)

Author(s): Gencosmanoglu R; Koc D; Tozun N

Institution: Surgical Unit, School of Medicine, Marmara University, Istanbul, Turkey. rgencosmanoglu@marmara.edu.tr

Language: English

Abstract: BACKGROUND/AIMS: Percutaneous endoscopic gastrostomy is one of the gastrostomy methods used for patients who are unable to take food orally. We aimed to present our results for percutaneous endoscopic gastrostomy. METHODOLOGY: One hundred and fifteen patients undergoing percutaneous endoscopic gastrostomy by pull technique were retrospectively evaluated in terms of indications, complications, durability of tube, and mortality. RESULTS: Of the 115 cases, 60 were males and 55 females with the median age of 67 (2-93) years. Indications for percutaneous endoscopic gastrostomy placement were cerebrovascular accident in 39, brain tumors in 24, subarachnoidal hemorrhage in 21, several neurologic disorders in 17, miscellaneous extracerebral tumors in 6, head injury in 5, hypoxic encephalopathy in 2, and iatrogenic in 1. The durability of the tube was a median of 242 (9-1988) days. The tube was removed in 16 patients and was changed in 11 patients with a median interval of 142.5 (35-427) and 133 (24-1251) days, respectively. Four wound infections, two buried bumper syndromes, and two aspiration pneumonias developed. Total follow-up was 114.1 patient-years with procedure-related mortality, 30-day mortality, and overall mortality of 0%, 3.5% (4/115), and 17.4% (20/115), respectively. The mortality rate was 45% for patients who had brain tumor and 11.6% for the remainder. CONCLUSIONS: Percutaneous endoscopic gastrostomy is a minimally invasive gastrostomy method with low morbidity and mortality rates, easy to follow-up, and easy to replace when clogged.

Country of Publication: Greece

Publication Type: Evaluation Studies; Journal Article

Subject Headings:
Adolescent
Adult
Aged
Aged, 80 and over
Brain Diseases/mo [Mortality]
*Brain Diseases/th [Therapy]
Child
Child, Preschool
Device Removal
*Enteral Nutrition
Equipment Failure
Female
Follow-Up Studies
*Gastroscopy
*Gastrostomy
Humans
Male
Middle Aged
Neuromuscular Diseases/mo [Mortality]
*Neuromuscular Diseases/th [Therapy]
Postoperative Complications/mo [Mortality]
Retrospective Studies
Surgical Wound Infection/et [Etiology]
Surgical Wound Infection/mo [Mortality]
Survival Rate

Source: MEDLINE

24. Direct percutaneous endoscopic jejunostomy through a mature gastrostomy tract.

Citation: Gastrointestinal Endoscopy, December 2002, vol./is. 56/6(946-7), 0016-5107;0016-5107 (2002 Dec)

Author(s): Baron TH

Institution: Department of Gastroenterology and Hepatology, The Mayo Clinic, Scottsdale, Arizona 85259, USA.

Language: English

Country of Publication: United States

Publication Type: Case Reports; Journal Article

Subject Headings:
Adult
Device Removal
*Enteral Nutrition/mt [Methods]
Gastrostomy
Humans
*Jejunostomy/mt [Methods]
Male

Source: MEDLINE

25. Laparoscopic percutaneous endoscopic gastrostomy removal in a patient with buried-bumper syndrome: a new approach.

Citation: Surgical Laparoscopy, Endoscopy & Percutaneous Techniques, October 2002, vol./is. 12/5(356-8), 1530-4515;1530-4515 (2002 Oct)

Author(s): Boreham B; Ammori BJ

Institution: Royal Gwent Hospital, Newport, United Kingdom. BAmmori@aol.com

Language: English

Abstract: Buried bumper syndrome is an uncommon long-term complication of gastrostomy tubes. The overgrowth of the gastric mucosa over the internal bumper of the tube often is symptomatic and leads to mechanical failure of feed delivery and peritubal discharge. Whilst removal of the buried internal bumper has been accomplished endoscopically in some cases, it is traditionally removed at laparotomy. This is the first description, however, of a successful laparoscopic removal of a percutaneous endoscopic gastrostomy tube in a patient with a buried bumper syndrome. The patient made an uneventful recovery and was discharged home on the third postoperative day. The operative technique is described, and its merits are discussed.

Country of Publication: United States

Publication Type: Case Reports; Journal Article

Subject Headings:
*Device Removal/mt [Methods]
*Enteral Nutrition/ae [Adverse Effects]
*Gastrostomy/ae [Adverse Effects]
Humans
*Laparoscopy/mt [Methods]
Male
Middle Aged
*Postoperative Complications
Syndrome

Source: MEDLINE

26. The buried bumper syndrome: an early complication of percutaneous endoscopic gastrostomy.

Citation: Hepato-Gastroenterology, July 2002, vol./is. 49/46(1183-4), 0172-6390;0172-6390 (2002 Jul-Aug)

Author(s): Rino Y; Tokunaga M; Morinaga S; Onodera S; Tomiyama I; Imada T; Takanashi Y

Institution: First Department of Surgery, Yokohama City University, School of Medicine, 3-9, Fukuura, Kanazawa-ku, Yokohama city, 236-0004 Japan.

Language: English

Abstract: This paper reports on buried bumper syndrome that is an early complication of percutaneous endoscopic gastrostomy. The patient, a 69-year-old woman with impaired conversation due to Alzheimer's disease, was unable to swallow safely. She had undergone percutaneous endoscopic gastrostomy in the standard manner, and it had allowed her to be cared for in her own home. The patient's family had followed the instructions accompanying the device without difficulty until 5 days before presentation,

when they noticed leakage around the tube. On examination, the stoma site was reddish, and at endoscopy, we were unable to confirm the internal bumper. Instead, there was a raised mound and a central small round concave area of gastric mucosa without ulceration and edema. Fluid under pressure could not be injected through the percutaneous endoscopic gastrostomy tube. The internal bumper had become embedded in the anterior abdominal wall. In this case, the first percutaneous endoscopic gastrostomy was removed with incision of abdominal wall under local anesthesia for a short period, and a second percutaneous endoscopic gastrostomy was created, without difficulty. Therefore, we should take greater care when we carry out percutaneous endoscopic gastrostomy in patients with dementia and without paralysis of the upper extremities.

Country of Publication: Greece

Publication Type: Case Reports; Journal Article

Subject Headings:
Abdominal Wall/su [Surgery]
*Abdominal Wall
Aged
*Alzheimer Disease/th [Therapy]
Device Removal
Enteral Nutrition/ae [Adverse Effects]
*Enteral Nutrition/is [Instrumentation]
Female
*Foreign-Body Migration/di [Diagnosis]
Foreign-Body Migration/su [Surgery]
*Gastroscopy/ae [Adverse Effects]
Gastrostomy/ae [Adverse Effects]
*Gastrostomy/is [Instrumentation]
Humans

Source: MEDLINE

27. Thoracoscopic extraction of a Dobbhoff feeding tube knotted in the pleural space.

Citation: Journal of the American College of Surgeons, December 2001, vol./is. 193/6(704-5), 1072-7515;1072-7515 (2001 Dec)

Author(s): Korkola SJ; Stansfield W; Belley G; Mulder DS

Institution: Montreal General Hospital, McGill University Health Center, Canada.

Language: English

Country of Publication: United States

Publication Type: Case Reports; Journal Article

Subject Headings:
Aged
Aged, 80 and over
*Device Removal
*Enteral Nutrition/ae [Adverse Effects]
Female
Humans
*Thoracoscopy

Source: MEDLINE

28. Subcutaneous emphysema in a pediatric patient after radiologic placement of a percutaneous gastrostomy tube.

Citation: AJR. American Journal of Roentgenology, September 2001, vol./is. 177/3(693-4), 0361-803X;0361-803X (2001 Sep)

Author(s): Bernstein S; Weinstein M; Connolly B; Temple M

Institution: Department of Paediatrics, University of Toronto, The Hospital for Sick Children, 555 University Ave., Toronto, Ontario M5G 1X8, Canada.

Language: English

Country of Publication: United States

Publication Type: Case Reports; Journal Article

Subject Headings:
Device Removal
*Enteral Nutrition/is [Instrumentation]
*Gastrostomy/is [Instrumentation]
Glucosephosphate Dehydrogenase Deficiency/ra [Radiography]
*Glucosephosphate Dehydrogenase Deficiency/th [Therapy]
Humans
Infant
Kernicterus/ra [Radiography]
*Kernicterus/th [Therapy]
Male
Pneumoperitoneum/ra [Radiography]
*Subcutaneous Emphysema/ra [Radiography]
Tomography, X-Ray Computed

Source: MEDLINE

29. [Finishing treatment with percutaneous endoscopic gastrostomy]. [German] Beendigung der Behandlung mit der perkutanen endoskopischen Gastrostomie.

Original Title: Beendigung der Behandlung mit der perkutanen endoskopischen Gastrostomie.

Citation: Deutsche Medizinische Wochenschrift, December 2000, vol./is. 125/48(1483), 0012-0472;0012-0472 (2000 Dec 1)

Author(s): Nguyen HN; Matern S

Institution: Medizinische Klinik III Universitatsklinikum der RWTH Pauwelstr. 30 52074 Aachen.

Language: German

Country of Publication: Germany

Publication Type: Journal Article

Subject Headings:
Device Removal
*Enteral Nutrition/is [Instrumentation]
Equipment Design
*Gastroscopy
*Gastrostomy/is [Instrumentation]
Humans

Source: MEDLINE

30. Complications of removing percutaneous endoscopic gastrostomy tubes in children.

Citation: Journal of Pediatric Gastroenterology & Nutrition, April 2000, vol./is. 30/4(404-7), 0277-2116;0277-2116 (2000 Apr)

Author(s): Kobak GE; McClenathan DT; Schurman SJ

Institution: Department of Pediatrics, University of South Florida College of Medicine and All Children's Hospital, St. Petersburg, USA.

Language: English

Abstract: BACKGROUND: Little information has been reported regarding the frequency and type of complications arising from removal of percutaneous endoscopic gastrostomy (PEG) tubes in children. METHODS: The records of 397 patients who had PEG tubes placed from 1993 through 1998 were reviewed for complications after removal. Data collected included length of time the tube was in place, age of the patient at insertion, type of tube removed, and patient diagnosis. RESULTS: Fifty-four children had the PEG tube removed by traction or endoscopy. The only complication was persistent leaking through a gastrocutaneous fistula in 13 patients (24%). Leaking ceased in 6 children coincident with H2-antagonist therapy and silver nitrate cautery, and surgical closure of the fistula was required in 7 patients. Comparison of these 7 children with those who did not require

surgery (n = 47) showed a longer duration of tube placement (mean +/- SE of 20.6+/-3.6 months, range 11-31 months vs. 11.1+/-1.3 months, range 1-35 months; P<0.05). Further analysis showed no child with a PEG tube removed before 11 months (n = 23) after insertion required surgery, whereas 7 (23%) of 31 children with a PEG tube removed after 11 or more months required surgery. Age at insertion, type of feeding device removed, and patient diagnoses were not different between the two groups. CONCLUSIONS: These data indicate that persistent leaking necessitating surgical closure of a gastrocutaneous fistula does not occur in children with a PEG tube removed within 11 months of insertion. In contrast, 23% of children with a PEG tube removed 11 or more months after insertion require surgery. In patients identified as candidates for tube removal, this time frame may be important in clinical decision making.

Country of Publication: UNITED STATES

Publication Type: Journal Article

Subject Headings:
Child, Preschool
Cutaneous Fistula/et [Etiology]
*Cutaneous Fistula/su [Surgery]
*Device Removal/ae [Adverse Effects]
*Enteral Nutrition
Female
Gastric Fistula/et [Etiology]
*Gastric Fistula/su [Surgery]
*Gastrostomy/is [Instrumentation]
Humans
Infant
Infant, Newborn
Male
Medical Records
*Postoperative Complications
Retrospective Studies
Wound Healing

Source: MEDLINE