

# Tube Feeding

There are many things to think about when making a choice about tube feeding for yourself, or someone who is very ill. The questions you might ask are:

- Will my loved one live longer, or possibly die sooner, after having a feeding tube placed?
- Will the tube feeding help enough to outweigh any risks and discomfort?
- Will placing a feeding tube allow for treatment that is likely to cure their illness?

This sheet provides answers to some questions about what tube feeding involves and what else is important to think about when making a decision about tube feeding.

## What is Tube Feeding?

Tube feeding provides artificial nutrition to those who can't eat enough or are unable to eat. A feeding tube for short-term use is an N-G tube. An N-G tube is run through the nose and into the stomach. A feeding tube for long-term use is called a PEG or G tube. A small hole is surgically cut in the stomach to place the tube.

Those who can't eat in the usual way (through the mouth), or can't digest food, may get nutrition through Total Parental Nutrition, or TPN. TPN will drip through a needle or tube placed in a vein for 10 to 12 hours per day.

## When is Tube Feeding Helpful?

Tube feeding is most helpful if the person might be able to return to eating. For example, a feeding tube might help those who are having cancer treatments, have been injured or have had a stroke. Persons with ALS (Lou Gehrig's disease) may be helped before the dying phase.

## When is Tube Feeding Harmful?

When a person is dying, tube feeding can cause bloating and discomfort, because the body can no longer use the nutrition. Those with conditions such as progressing dementia may feel anxiety and try to pull the tube out, and then they need to be physically restrained.

Like any medical procedure, there are risks with tube feeding. These include bleeding, recurring infection from the breathing in of the liquid feeding into the lungs, nausea, vomiting, diarrhea, cramping and pneumonia.

## Defined Trial of Nutrition

Tube feeding can be done on a trial basis. When the decision is made to place the feeding tube, a decision can also be made to review the use of the tube for an agreed upon goal to see if it is still the right thing to do. If it is felt that the goals of tube feeding are not met, then a new decision can be made to stop the tube feeding.

## Options to Tube Feeding

People who choose not to have tube feedings can be kept comfortable with small sips of water, ice chips and wetting of their mouths and lips. A dying person will not starve without a feeding tube. Continuing to feed by mouth may be an option. For those who are still able to swallow, careful hand feeding may be tried. Patients have the right to choose to eat for pleasure even if it's a risk.