

# Advanced Dementia which receive Feeding Assistance rather than Feeding Tubes

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## Description

A medical device called a feeding tube is used to give food to people who can't eat on their own, can't swallow safely, or need extra nutrients. Gavage, enteral feeding, or tube feeding refer to the condition in which a feeding tube is in use. In the case of chronic disabilities, placement may be permanent or only temporary for the treatment of acute conditions. In medical practice, a variety of feeding tubes are utilized. Most of the time, they are made of silicone or polyurethane. A feeding tube's diameter is measured in French units, and each French unit is equivalent to 13 mm. They are categorized according to their intended use and insertion site. To prevent or treat malnutrition, dozens of conditions may necessitate tube feeding (enteral nutrition). Prematurity, malnutrition, neurologic and neuromuscular disorders, inability to swallow, anatomical and post-surgical malformations of the mouth and esophagus, cancer, Sanfilippo syndrome, and digestive disorders are all conditions that require feeding tubes. For a wide range of conditions, feeding tubes are frequently utilized with excellent success in children. Some children use them for a short time until they can eat on their own, while others need them for a longer period of time. While some children rely solely on feeding tubes, others use them to supplement their oral diet.

## Individuals from Aspiration Pneumonia in Feeding Tubes

Better outcomes are seen in individuals with advanced dementia who receive feeding assistance rather than feeding tubes. Feeding tubes do not protect these individuals from aspiration pneumonia or extend their life expectancy. Feeding tubes can also cause distress, necessitate pharmacological or physical restraints, and raise the risk of pressure ulcers. Even when nutritional goals are not being met, assisted feeding may still be preferred over a feeding tube in the final stages of dementia to provide benefits of palliative care and human interaction. In the Intensive Care Unit (ICU), feeding tubes are frequently used to feed critically ill patients while their conditions are being treated; as of 2016, no one could agree on whether nasogastric or gastric tube surgery was better. Dysmotility and mechanical obstruction there is some evidence that people with head and neck cancers that obstruct the esophagus and would limit oral intake, advanced gastroparesis,

and ALS benefit more from feeding tubes for chronic malnutrition. Gastric tubes appear to have better outcomes for long-term use than nasogastric tubes. During their recovery from surgery, people who have surgery on their stomach or throat frequently require a feeding tube; either a tube that goes through the nose and reaches the middle of the small intestine or a tube that goes directly through the abdomen reaches the small intestine are used. People who had a tube inserted through their nose may have been able to resume eating normally sooner, according to some evidence. Products flavored for drinking and unflavored for tube feeding are produced by medical nutrition companies. A food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition. Through the nares (also known as the nostril), a Nasogastric feeding tube (NG-tube) is inserted into the stomach *via* the esophagus. Although some infants and children may use an NG-tube for a longer period of time, this type of feeding tube is typically used for short-term feeding, usually less than one month. A gastric feeding tube, which is more long-lasting, is typically used for people who require tube feeding for a longer period of time. The NG-tube's primary benefit is that it can be removed or replaced without surgery at any time because it is temporary and relatively easy to place. Complications associated with NG-tubes include nasal irritation and accidental tube removal. More specifically, patients' vocal cords, lungs, and trachea can be damaged when nasogastric or nasoenteric tubes are placed incorrectly, causing serious injuries or even death.

## External End of the PEG Tube

Nasojejunal feeding tube a nasojejunal or NJ-tube is similar to an NG-tube in that it enters the jejunum, the middle part of the small intestine, through the stomach. A Nasoduodenal (ND) tube may be inserted into the duodenum, the first part of the small intestine, in some instances. People who are unable to tolerate eating through the stomach because of stomach dysfunction, impaired gastric motility, severe reflux, or vomiting use these kinds of tubes. A hospital is the only place that can use these kinds of tubes. Gastrostomy or gastric feeding tube a gastric feeding tube, also known as a button or G-tube, is a tube that is inserted into the stomach through a small cut in the abdomen. It is used for long-term enteral nutrition. The endoscopically

inserted Percutaneous Endoscopic Gastrostomy (PEG) tube is one type. Because it has a powerful light source, the position of the endoscope can be seen on the outside of the patient's abdomen. The endoscope is used to view the stomach through a needle that is inserted through the abdomen. A suture that is passed through the needle is then grasped by the endoscope and pulled up through the esophagus. The suture is then attached to the external end of the PEG tube, which is then pulled back down through the stomach and abdominal wall. It takes about 20 minutes to insert. The tube is held in place within the stomach either by a retention dome that is wider than the tube's tract or by a balloon on its tip, both of which can be deflated. G-tubes can also be surgically implanted, either through an open or laparoscopic procedure. Gastric feeding

tubes can be used for a long time, but they may need to be changed out from time to time. The G-tube can be useful for reducing the risk of aspiration pneumonia and for swallowing difficulties caused by neurologic or anatomical conditions (stroke, esophageal atresia, tracheoesophageal fistula, radiotherapy for head and neck cancer). However, it does not lower the risk of pneumonia in people with advanced dementia or adult failure to thrive. When compared to inserting the feeding tube into the stomach, there is moderate-quality evidence to suggest that the risk of aspiration pneumonia may be reduced by inserting the feeding tube into the duodenum or the jejunum (post-pyloric feeding). Dementia sufferers may attempt to remove the PEG, resulting in complications.