

WHAT IS TUBE FEEDING?

Tube feeding is a form of life support that provides nutrition (food) and hydration (liquid) to a resident via artificial means.

IN WHAT SITUATIONS IS TUBE FEEDING STARTED?

Tube feeding may be used when a resident cannot or will not eat enough by mouth to sustain life. Severe dysphagia, or swallowing problems, may be one of the reasons for initiating tube feeding.

HOW DOES TUBE FEEDING WORK?

Firstly, there are two main types of tube feeding:

- 1) The most common type in long term care is a gastrostomy (often referred to as a PEG) or jejunostomy tube (PEJ). This is a plastic tube that is inserted directly into the stomach or the bowel with a short operation.
- 2) The nasogastric tube is a thinner plastic tube that is inserted through the nose, into the throat, and then into the stomach. Nasogastric tubes are not commonly used since this type of tube feeding is not indicated for long term feeding.

In both instances, food, in the form of a specialized liquid, passes through the plastic tube and enters the stomach or intestine. A pump is usually used to control the rate of flow. The resident does not taste any food in the mouth, yet will receive calories and nutrients.



WHAT DOES CURRENT SCIENTIFIC EVIDENCE TELL US ABOUT TUBE FEEDING IN PATIENTS WITH ADVANCED DEMENTIA?

Aspiration of oral secretions is not prevented by tube feeding. 50% of elderly patients with feeding tubes develop pneumonia.

A terminal disease is not reversed by tube feeding. It will not improve chances for survival in these cases.

ARE THERE ANY PHYSICAL PROBLEMS OR DISCOMFORT THAT CAN DEVELOP AS A RESULT OF TUBE FEEDING?

The resident will be monitored for the development of physical problems which will be treated as they arise.

- Although rare, complications can develop after the short operation to insert the tube into the stomach or bowel. This procedure is usually done at the Jewish General Hospital and the patient returns to our centre the same day.
- Fluids from the stomach can come up. If a resident is unable to swallow, these fluids may travel to the lungs and cause pneumonia.
- Skin around the tube site can become irritated and/or infected.
- Digestive disturbances can occur (diarrhea, cramps, nausea, bloating).
- Feeding equipment may restrict mobility. This may increase the risk of bedsores and decrease resident's participation in leisure activities.
- Residents sometimes pull out the feeding tube.

HOW ARE DECISIONS TO INITIATE TUBE FEEDING MADE?

Open discussion at a meeting between all those involved is the best approach when making difficult decisions. If a resident is able to make decisions, the Doctor, Nurse, Dietitian, Occupational Therapist, Social Worker, and other involved team members will meet with the resident. The resident may consult with family, close friends, or their own spiritual leader. We also offer consultation with our Rabbi.

Discussion and decision-making may be gradual or more rapid depending on the medical condition. Every resident's situation is unique. A living will, or mandate, may outline a resident's desires for care in the event that they are unable to make a decision. If artificial nutrition is not discussed, there may be a designated person(s) to make a decision on the individual's behalf should they be unable to make decisions for themselves (legal representative). The substitute decision maker should make a decision based on the resident's past wishes, or based on the resident's best interest.

Artificial nutrition and hydration may not be in the resident's best interest when it is of little or no benefit, or if it is causing discomfort and negatively impacting on quality of life. Although tube feeding is associated with numerous risks, it has been observed to prolong life in certain situations.

WHAT IS OUR GOAL REGARDING DECISION-MAKING FOR TUBE FEEDING?

Our goal is to provide you with current scientific information regarding tube feeding in the context of your loved one's medical condition and prognosis. The risks and complications will be presented to you. We will support you in your decision-making by ensuring that you have all the information you need to make this difficult decision. Whatever decision you make, we will respect your beliefs and wishes.

WHAT HAPPENS IF YOU DECIDE NOT TO CHOOSE THE OPTION OF TUBE FEEDING?

- Your loved one will continue to receive individualized care from the members of the interdisciplinary team.
- We will focus on maintaining comfort and relieving pain.
- We will encourage eating or feeding as per tolerance and acceptance. The amount consumed will not be pertinent. Comfort during feeding will be prioritized.
- We can hydrate with IV if you so request, as part of the advanced directives. However, this type of re-hydration of body fluids may prolong discomfort unnecessarily, increase congestion, and make breathing more difficult.
- We will continue to provide mouth care with a moist swab to soothe dry lips and oral tissues.
- Over time, you will observe your loved one becoming less and less responsive to their environment. Breathing patterns may become irregular and the body will gradually weaken and begin to shut down. The death of your loved one will be caused by the medical condition and not from starvation.
- Social Service, Nursing, the Rabbi, and other team members are available to provide support to you during this most difficult time.
- Another useful and comprehensive information guide entitled Comfort Care at the End of Life for Persons with Alzheimer's disease or Other Degenerative Diseases of the Brain, A Guide for Caregivers is also available to you at our centre. Please request this pamphlet on your unit if it has not already been provided to you.
- We respect the fact that you may change your mind concerning advanced care directives.

We hope this guide is helpful and we encourage you to contact your team of health care professionals with any further questions.

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Maimonides Geriatric Centre is affiliated with McGill University
Le Centre gériatrique Maimonides est affilié à l'Université McGill

MAKING AN INFORMED DECISION REGARDING TUBE FEEDING

Considering tube feeding can be a very difficult and emotional decision. We offer you this guide to help support you in your decision-making.



MAIMONIDES

Going further in geriatric care
À l'avant-garde des soins gériatriques



Jewish Eldercare Centre

CHSLD juif de Montréal