



Tube Feeding

What is tube feeding?

Tube feeding supplies medically administered nutrition to your body if you can no longer take in food by mouth. It is also sometimes referred to as artificial nutrition. This sheet tells you more about tube feeding and what you need to know when deciding about this treatment.

How is Tube Feeding Given?

Tube feeding can be given in a number of ways. Each way involves the use of a tube to send liquid food to the body. Some types of tubes include:

- Nasogastric (NG) tube. This tube is placed through the nose and down into the stomach. It sends liquid food directly to the stomach.
- Gastrostomy tube (G-tube) or percutaneous endoscopic gastrostomy tube (PEG tube). This tube is placed through a small hole in the abdomen. It sends liquid food directly into the stomach.

What are the Risks of Tube Feeding?

Risks can include bleeding or infection at the tube site and problems with the tube. Aspiration pneumonia is also a risk. When our bodies lose the ability to swallow, sometimes the liquid from the tube can back up into the lungs. Aspiration pneumonia is an infection that happens when food or fluids back up into the lungs because the body cannot swallow anymore.

What Happens If I Choose to Have Tube Feeding?

You will receive nutrition to help your body be nourished. This may help you feel better and improve your quality of life for a time. If you are near the end of your life, you may find it hard to tolerate the problems that can occur with the treatment. In this case, your doctor may recommend against tube feeding if it is too much of a burden on your body.

Source of information – Krames on Demand



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What Happens If I Choose Not to Have Tube Feeding?

You will continue to receive comfort care. This includes measures to relieve pain and other symptoms. If you can still chew or swallow, you may be offered food for pleasure. This is done by spoon feeding or careful hand feeding. If you cannot take in any food by mouth and choose not to have tube feeding, your body will slowly shut down. Death likely will occur within a few days or weeks. You may find it reassuring to know that most patients near the end of life do not typically feel hunger or thirst. Dry mouth is a more common problem, which can be relieved by keeping the lips and mouth moist. Ice chips and small sips of water also can be given, if desired.

How Do I Decide If I Want Tube Feeding?

Your doctor and other members of your healthcare team can tell you more about medically administered feeding and what it means for you. If you want, you may include family and friends in these discussions. As you make your decision, here are some things to think about or ask:

- Will my illness improve? Or will it worsen? How likely is a cure?
- How will tube feeding affect my health? Will having the treatment change the outcome of my illness?
- What are the risks and benefits of tube feeding? What problems can it cause? Will I be able to live with these problems?
- How will tube feeding affect my comfort and quality of life?
- Consider your own values or faith. Also ask for advice from those who share your values.

How Do I State My Decision About Tube Feeding?

You can make your decision known by telling your doctor directly. It is best to also put your treatment choices in writing with advance directives. These are legal forms related to healthcare decisions. Laws about advance directives vary from state to state. Ask your doctor about what forms are needed to make sure your wishes will be followed. Some common forms include:

- A health care power of attorney. This form allows you to name a person to make treatment decisions for you when you can't. This person is your health care agent.
- A living will. This form tells others the kinds of life-prolonging treatment you want or don't want when you become too ill or injured to speak for yourself.