Percutaneous gastrostomy/gastrojejunostomy/jejunostomy placement in interventional radiology: A retrospective review and quality improvement project

In 2016 Interventional Radiology at MHealth, University of Minnesota placed 39 outpatient ostomy tubes. Twenty patients were male and 19 were female. They ranged in age from 29-85 years, with the majority being in the 50-70-year range. On average, the length of stay was 1-2 nights, but there were outliers who stayed several more nights. The most common diagnoses were head and neck cancer and ALS (Amyotrophic lateral sclerosis). The only complication that occurred after weeks of the tube being in, was leaking at the exit site, so much so, that a new tube was placed. The old hold took several weeks to heal so the patient was NPO (Nothing by mouth) and on TPN (Total parenteral Nutrition) during this time. The hospitalist group and utilization review raised the question of could these patients be performed on an outpatient basis, wanting the patients to go home the same day. This would be a different way of thinking for not only the clinics, but the nursing care for these patients after the procedure. Discussions were held with the Neurology group and ENT group. In the clinic setting the patient would need a nutrition consult, social work to confirm insurance would pay for the home feedings and setting up home care ahead of time, the patient and/or family would attend a patient learning center session to learn how to do the home feedings. The miscellaneous other clinics would need the same education. The patient could not be scheduled unless all the above criteria were met. Education needed to occur with the pre/post area, as this is a new population for them. If a patient failed recovery, they would be admitted for overnight observation.

Biography
Sharon Lehmann completed her Master of Science in Nursing at the University of Minnesota. She has practiced as a Clinical Nurse Specialist for 22+ years at MHealth, University of Minnesota in the Interventional Radiology Department. Her areas of interest include clinical practice and patient education. She has worked extensively with patients who have gastrostomy tubes, vascular access, uterine fibroids and patients undergoing biopsy procedures. She has been active with the Association for Radiologic and Imaging Nursing, serving on the Board of Directors - now a past president, Convention Planning Committees, Editor of the Association Newsletter (Vision) and recently elected to the Editorial Board for the Journal of Radiology Nursing.

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