Percutaneous endoscopic gastrostomy (PEG), which was first performed in 12 children and 19 adults by Gauderer, is nowadays widely used for providing enteral nutrition to patients who cannot take meals orally. The procedure is believed to be particularly useful in high risk patients because general anesthesia is not usually required. PEG is mainly performed on high-aged patients rather than on children. Complications are rare (6.6% major, 6.6% minor); PEG-related mortality and morbidity are 1–2% and 3–12%, respectively, and are not influenced by patients’ age. However, little has been known about the incidence of complications and the outcomes of long-term PEG in Japan.

In this issue, Suzuki et al. report surveillance data on PEG in Japan they collected by asking 760 hospitals nationwide to complete questionnaires. Their results indicate that major complications such as death and peritonitis occurred in 24.7% of hospitals. Minor complications including wound infections (25.5%) and diarrhea (20.6%) occurred more frequently than pneumonia (12.3%), vomiting (9.9%), dermatitis (9.0%), granulation (8.8%), accidental self-exertion (7.0%), or constipation (4.5%). Approximately 25% of hospitals where more than one erroneous insertion occurred had higher 30-day mortality rates. The rate of negative outcomes seems to be higher than anticipated, with an unexpectedly low 14.3% of PEG patients unable to be discharged from hospital. In Japan, people aged 65 years or older comprised 20% of the population in 2005 and their number is rapidly increasing. This age group is predicted to comprise 25% of Japan’s population in 2015, which indicates that a super-senile era is coming soon and with it a rapid increase in the number of high-aged patients requiring PEG.

Finally, as the number of lawsuits associated with medical trouble is increasing in Japan, doctors should take care when performing PEG to receive informed consent, ensuring that patients are aware of the possible negative outcomes.

References


* The Third Department of Internal Medicine, Division of Gastroenterology and Hepatology, Kansai Medical University, Osaka Correspondence to: Kazuichi Okazaki MD, PhD; Division of Gastroenterology and Hepatology, Kansai Medical University Hirakata Hospital, 2-3-1 Shinmachi, Hirakata, 573-1191 Osaka, Japan. Tel: 81-72-804-0101, Fax: 81-72-804-2061, E-mail: okazaki@hirakata.kmu.ac.jp