Abstract

Background: Endoscopic gastrostomy (PEG) is the gold standard for long-term enteral feeding. An adequate PEG candidate must have life expectancy longer than a few weeks. Patients surviving less than three weeks should have a nasogastric tube, and gastrostomy should be avoided. There are few studies looking to prognostic factors and fewer attempts of creating a predictor model for PEG patient’s survival. Aim: The aim of this study was creating a predictive survival model for PEG candidates, using underlying disease, cholesterol, albumin and transferrin. Methods: Data was obtained from records of adult patients that underwent PEG between 1999 and 2011. Patients surviving < 3 weeks were considered short survivors; surviving 3 weeks were considered adequate survivors. A full logistic regression model was used to classify future cases into one of the two groups of survival. Results: An equation for the probability of future cases was generated, in order to obtain a P value. In the future, patients with a P < 0.88 will have a 64.7% probability of adequate surviving; patients with a P < 0.88 will have a 70.3% probability of short surviving. Conclusions: When clinical evaluation alone does not display a clear prognosis, this equation should be included in the evaluation of gastrostomy candidates, avoiding useless gastrostomy.

Keywords