

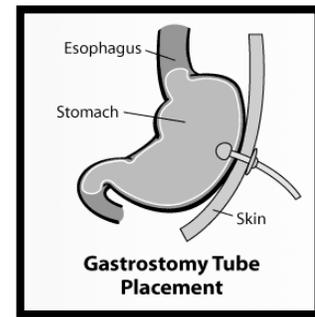
## Considering a Feeding Tube with ALS

### What is a feeding tube?

A feeding tube aids in the ability to provide nutrition, fluids (hydration), and medication without having to swallow. When getting enough nutrition and fluids becomes difficult, a feeding tube may be recommended for you.

### What is a PEG tube?

A percutaneous endoscopic gastrostomy (PEG) is a procedure for placing a feeding tube through the skin and directly into the stomach. PEG tube insertion is often an outpatient procedure requiring a local anesthetic and mild sedation. PEG tube placement is generally a well-tolerated and safe procedure.



### Why should I consider a feeding tube?

- If nutrition and hydration are insufficient
- If eating or drinking results in frequent coughing or choking
- If there is evidence of progressive weight loss
- If eating or drinking feels like a chore or causes fatigue
- If it takes more time than desired to complete a meal (e.g. more than 1 hour)
- If medications are difficult to swallow or get “stuck”

### Possible benefits of a feeding tube

- Conservation of energy for other activities
- Improved nutrition, hydration, and weight management
- Decreased discomfort with swallowing pills (medication can be administered through PEG)
- Decreased stress and time spent on maintaining proper nutrition and hydration
- Improved quality of life

### Possible side effects of a feeding tube

- Risk of infection
- Pain or discomfort at the site of incision
- Not everyone is a candidate for a feeding tube
  - Reduced respiratory status may impact candidacy for the procedure

### Am I a good candidate for a feeding tube?

It is important to talk with your ALS team regarding your candidacy for a feeding tube. Often candidacy depends on:

- Respiratory status
  - Generally, the safest time to insert a feeding tube is at or before the forced vital capacity (FVC) falls below 50 percent of normal
- Family support
  - It is important for you, your family, and your caregivers to receive training regarding use and maintenance of a feeding tube

**Can I continue to eat and drink with a feeding tube?**

Having a feeding tube does not impact your ability to eat and drink. The decision to eat and drink with a feeding tube depends on a number of factors:

- The ability to swallow safely without aspiration (material going into your lungs)
- The desire to eat or drink
- The amount of time and effort it takes to eat or drink

**Using the feeding tube**

Initially after having a PEG tube placed, tube feeds may supplement eating by providing extra calories and nutrients throughout the day. You may choose not to use your feeding tube at first if you are able to eat and drink safely and comfortably. As swallowing becomes more difficult however, you may choose to receive most of your nutrition through the tube, allowing you to eat foods that are enjoyable and safe to swallow, in amounts that are comfortable. Your dietician can assist you in developing a feeding plan that will meet your nutrition needs.

**When should I consider having a feeding tube placed?**

The best time to place a feeding tube will be different for everyone. It is important to talk with your medical team to determine when is the best time for you. Generally, for individuals with ALS it is best to have a feeding tube placed when breathing is not severely impaired and before any significant weight loss occurs. A physician will only recommend inserting a feeding tube when the procedure is unlikely to cause any major complications. Early insertion of a feeding tube may allow for a more gradual transition from oral to tube feeding, which may be less stressful. If you are already experiencing difficulties with swallowing and weight loss, you may need to rely more heavily on the feeding tube right after it is placed.

**Is a feeding tube the right decision for me?**

The decision to have or not have a feeding tube is yours. If you chose to have a feeding tube placed, you decide when and how it will be used. You may also choose to stop using the feeding tube, or even have it removed. Regardless of the choice you make, the ALS team will support your decision. If you chose not to have a feeding tube, the ALS team will continue to assist you in finding foods and liquids that you can manage with safe swallowing strategies.

It is important to remember that tube feeding is not for everyone. Long term tube feeding does not always improve life span or quality of life in people with ALS. Even with a feeding tube, people can continue to aspirate their secretions (saliva) or the tube feeds. It is important to talk with your family and your ALS team when considering a feeding tube.

**Questions to consider and ask your medical team**

- Is a feeding tube something I am willing to consider?
- Am I a candidate for a feeding tube?
- Will a feeding tube prolong my life?
- Are there other ways to improve nutrition and hydration without a feeding tube?

**Handout Adapted From:**

- ALS Association: Information About Feeding Tubes
  - [http://www.alsa.org/assets/pdfs/fyi/fyi\\_feeding\\_tubes.pdf](http://www.alsa.org/assets/pdfs/fyi/fyi_feeding_tubes.pdf)
- ALS Society of Canada: PEG with ALS
  - <https://als.ca/sites/default/files/files/PEG%2520FactSheet.pdf>