

Malnutrition Matters, Joint BAPEN and Nutrition Society Meeting, 13–14 October 2009, Cardiff

The ‘cut and cover’ method of treating buried PEG bumpers

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We have noted a steady increase in the number of ‘buried bumpers’ in PEG patients since the implementation of advice provided in NICE guidelines on Nutrition Support in Adults (2006), after which we altered our post-PEG insertion practice to advance and rotate PEG tubes on a weekly basis.

Attempts were made in 2007, unsuccessfully, to release the partially buried bumpers in three cases. New PEGs were inserted at a new site in all patients affected.

Previously we referred a frail patient with a buried bumper to our UGI surgical colleagues for removal of the original PEG. Our senior surgeon elected to snip the PEG stump flush with the skin and dress the wound and the patient discharged home. No subsequent ill effects were noted. From 2007 we have cut any buried bumpers flush to the abdomen thus evading the need for surgical intervention.

Data was collected on:

- Referrals.
- Time to wound healing.
- Any adverse effect, including patient discomfort.

Age range: 31–89

All buried bumpers were from Freka PEG tubes (9–15fr)

Year	Number ‘buried bumpers’	Method management	<i>Time to healing</i>	Adverse events?
April 2006–March 2007	0	–	–	–
April 2007–March 2008	3	Cut and cover	≤ 1 week	None
April 2008–March 2009	3	Cut and cover	≤ 1 week	None
April–June 2009	6	Cut and cover	≤ 1 week	None

These data suggest that the ‘cut and cover’ method is a reasonable method for managing a PEG with a buried bumper, when a new PEG has been sited. It has become our method of choice.