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Enteral tube feeding for head and neck cancer (HNC) patients treated surgically in Oxford: a clinical audit and development of clinical guidelines

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Managing malnutrition and maintaining nutritional status is an integral component of a patient’s cancer journey and requires proactive decisions within the multidisciplinary team (MDT) regarding appropriate placement of enteral feeding tubes. National Institute of Clinical Excellence (NICE) guidelines state that gastrostomy feeding should be considered in people likely to need long term (4 weeks or more) enteral tube feeding⁽¹⁾; and that there should be specific guidelines on the use, placement and management of gastrostomy tubes in HNC patients⁽²⁾. There are no clinical guidelines on enteral feeding tube routes following HNC surgery and so in our centre there were inconsistencies in tube feeding routes used by the surgical teams. The aim of this audit was to establish length of tube feeding following surgery in order provide evidence-based guidelines on appropriate post-operative enteral tube feeding routes.

Baseline data on diagnosis, tumour staging, surgery and length of tube feeding were collected for 150 HNC patients tube fed post-operatively between 1 April 2006 and 31 March 2008. Patients that were tube fed prior to cancer diagnosis or as a result of a complication such as osteoradionecrosis were excluded. The data was entered onto an analytical database (Chiron™), stringently verified and extensively analysed in order to recommend appropriate feeding routes following HNC surgery. These guidelines were implemented and data collected for a further two year period until 31 March 2010 (181 patients) to determine changes in clinical practice.

After implementation of the guidelines shown below, the number of patients PEG fed for less than 28 days reduced from 22 to 13 and the number of patients NG fed for more than 28 days fell from 6 to 1.

Clinical guidelines on enteral feeding tube route according to surgical procedure

Nasogastric (NG)	Percutaneous Endoscopic Gastrostomy (PEG)
T1/2 oral and oropharyngeal resections with mucosal graft or flap reconstruction	T3/4 oral and oropharyngeal tumour resections with flap reconstruction
Partial mandibulectomy	Total mandibulectomy with bone and flap reconstruction
Total laryngectomy	Supraglottic or hemi-laryngectomy
	Planned post-operative wide field irradiation

	Patients NG fed following surgery			Patients PEG fed following surgery		
	Feeding Episodes	Average Length of feeding (days)	No. NG feeding >28 days	Feeding Episodes	Average Length of feeding (days)	No. PEG feeding <28 days
1/4/06–31/3/08	49	15	6	53	100	22
1/4/08–31/3/10	48	11	1	40	114	13

We have produced evidence based post-operative tube feeding guidelines for HNC patients in line with NICE guidance. These have been implemented in Oxford resulting in improved selection of tube feeding routes according to length of post-operative enteral feeding.

1. National Institute for Clinical Excellence (2004) Nutrition support in adults: oral nutrition support, enteral tube feeding and parenteral nutrition. <http://www.guidance.nice.org.uk/CG32>.
2. National Institute for Clinical Excellence (2006) Guidance on cancer services: improving outcomes in head and neck cancers-the manual. <http://www.guidance.nice.org.uk/CSGHN>.