What I Wish I Had Known and What I'm Glad I Did

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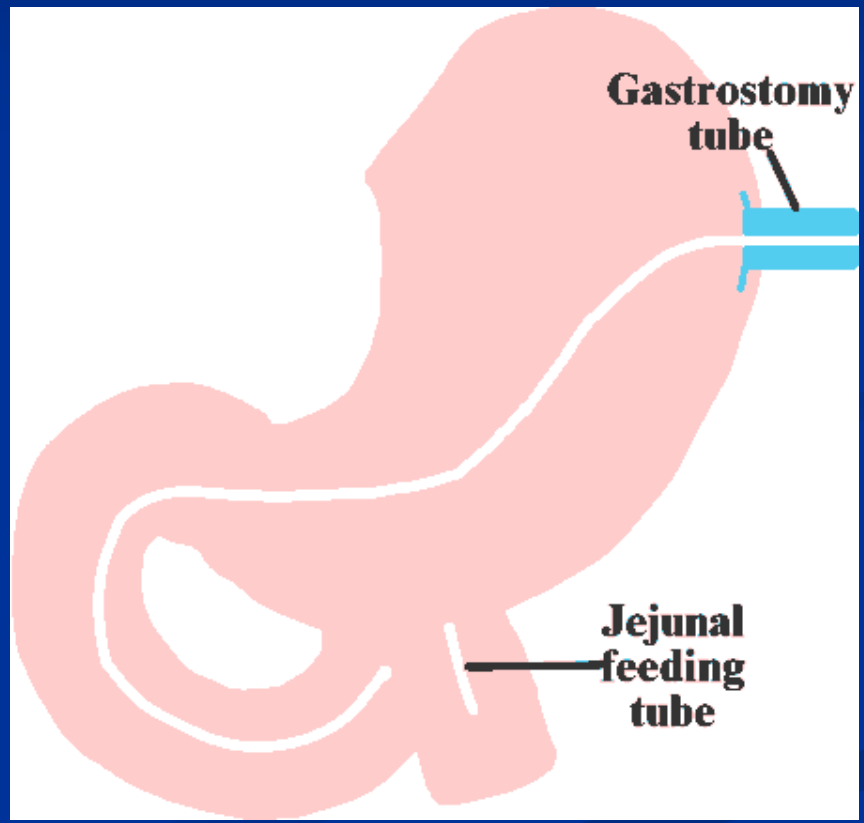
First Things First…

- I wish I never left
- I think my training was GREAT
- I took A LOT for granted
- I am adapting/learning how to deal with the challenges of rural medicine
- My kids LOVE being with their grandparents/cousins

Case

- 57 y/o schizophrenic WF with Lou Gehrig's Disease. Nursing home resident.
- You overhear local general surgeon discussing that she is going to do a gastrojejunostomy tube for her first time. She has asked equipment rep to join her.
- Being a new physician who has placed several of these, you offer to share your "experience".
- Surgeon says she will let you know when she will place tube… it's on one of your clinic days.



Case

- Thursday July 7th. Called by OR, surgeon would like YOU to place GJ tube, patient is ready.
- On arrival you inspect the abdomen…
  - One 22 Fr Peg at midepigastrium
  - One 16 Fr Foley Catheter approximately 5 cm inferior to the PEG. No external Bolster, skin around the site is erythematous with a black drainage. This is an old PEG site which won't heal and is the reason the second peg was placed. It is also the reason the surgeon wants to try post pyloric feeding
  - A Large anterior abdominal hernia is present
  - The patient has a colostomy bag. Recent h/o toxic megacolon

Case

- After taking a deep breath, you meet the equipment reps who have brought a "through the PEG" J tube.
- You cannot intubate esophagus with pediatric colonoscope.
- You cannot intubate esophagus with regular gastroscope.
- Neonatal gastroscope gets past upper esophageal stricture which appears benign.
- Pass a wire and backload the pediatric colonoscope to achieve successful intubation of the esophagus with a LARGE amount of pressure needed.

Case

- Both tubes are in the stomach.
- Abdominal hernia prevents deep small intestinal intubation and, consequently the technique Marsano taught you (snare through the PEG, drive through the snare, place a wire, etc)
- Equipment rep recommends endoclip technique which works but leaves a large loop in stomach.
- Foley catheter removed, small bowel feeding started.

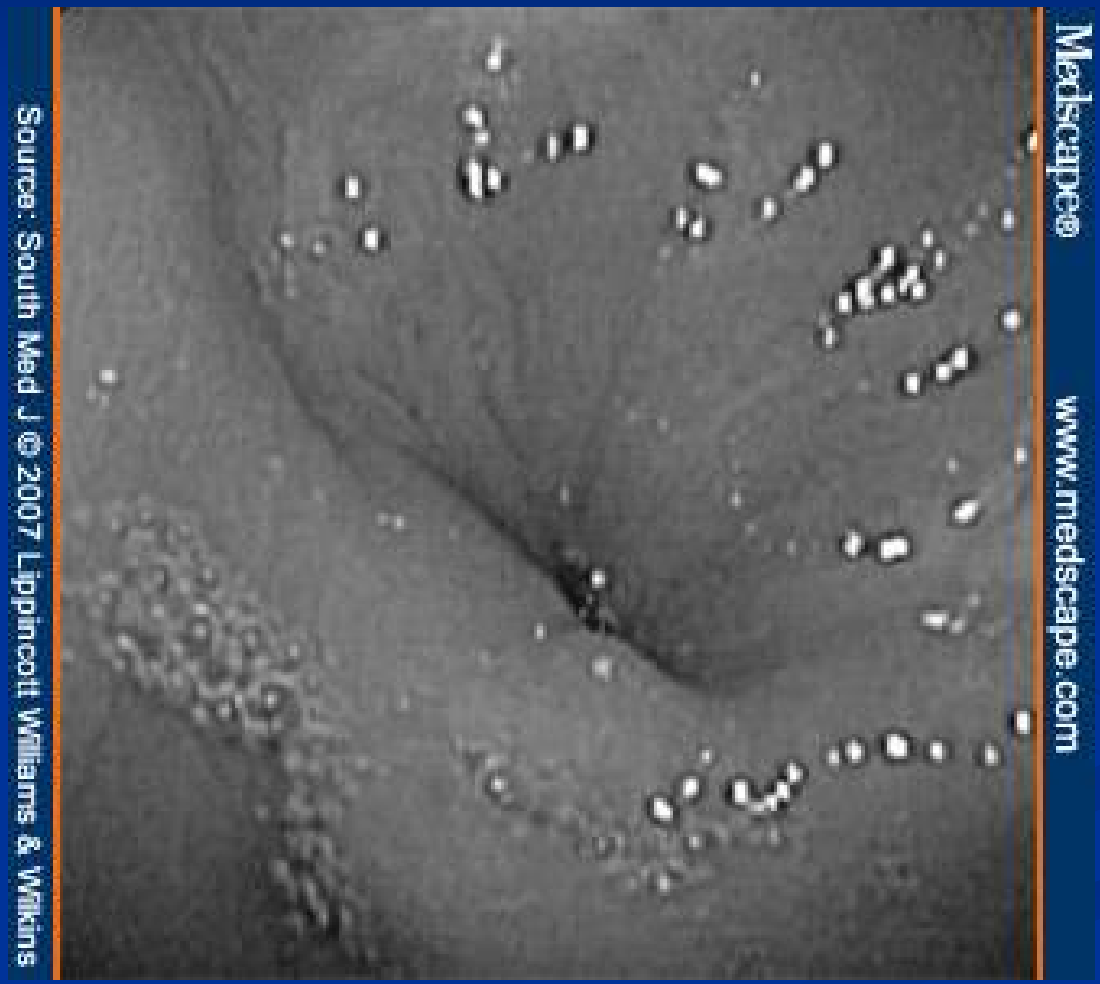
The NEXT DAY

- Call from the ER, GJ is “clogged”
- GJ ultimately removed. 20 Fr Replacement PEG put in its place.

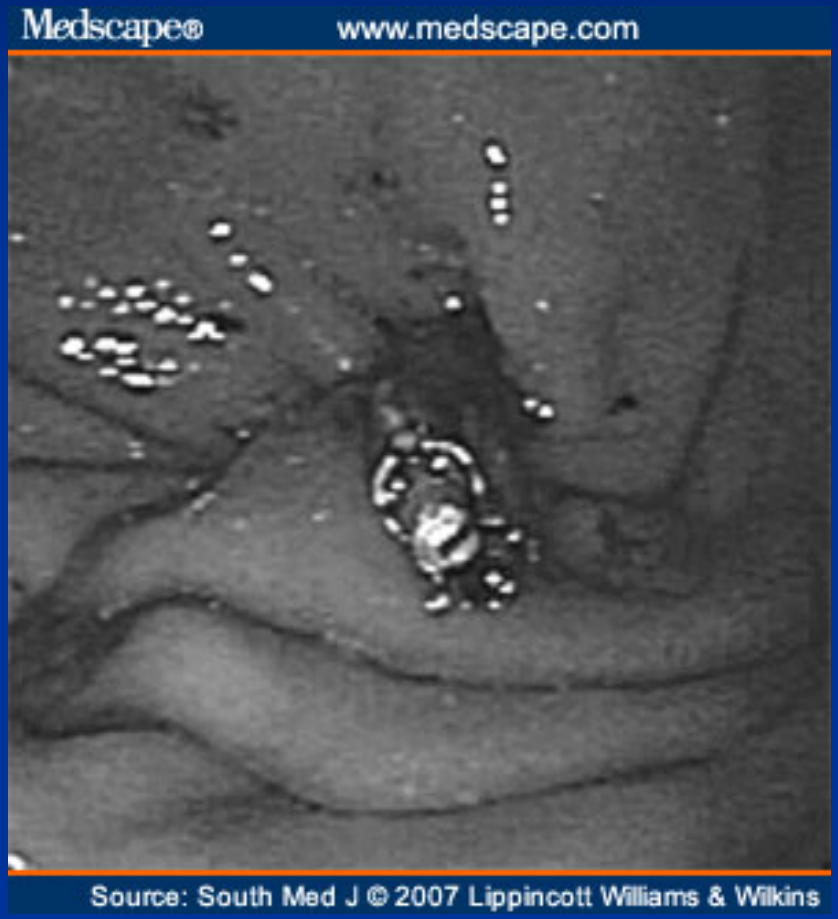
The NEXT DAY (after that)

- Called by ER, site is still draining
- Patient admitted… turns out surgeon went on vacation
- Back to OR. NJ placed, 16Fr foley catheter put in the gastrocutaneous fistula and I made an external bolster out of another foley catheter.
- Surgeons partner consulted, gave recommendations on how to treat the skin around the GC fistula with different ointments

Gastrocutaneous Fistula After Peg Placement



Gastrocutaneous Fistula After Peg Placement



- I attempted closure of site with several endoclips
- Kimberly Clark 14 Fr Gastrojejunostomy tube ordered and ultimately placed successfully.
- Recommended surgery from day 1.

Now What

- Once I begged… surgeon recommended placing varying amounts of saline weights to foley catheter.
- This ultimately resulted in necrosis of the skin around the site and severe bleeding.
- Patient has been in the hospital since that time.
- Replaced GJ August 9th due to tube malfunction on

Gastrocutaneous fistula after PEG placement

- Key points
  - Never seen it
  - Patients anatomy and previous surgeries made placement of a GJ very difficult (UES stricture/Hernia)
  - I overcame enteral access issues because of my training and persisitence
  - I got suckered into managing a surgical problem by a surgeon who wanted to go on vacation

Other Stuff

- My first inpatient consult for ALI…
  - No IV mucomyst,
  - radiology didn't know how to doppler hepatic vessels, and
  - lab didn't do my labs because "we already did hepatitis profile."
- After doing 10 duodenal aspirates I got a call from lab, "What do you mean quantitative bacterial culture?"
- After ordering paracentesis kit, I was told by the lab that I could not have blood culture bottles to inoculate for culture. "we don't do it that way and the manufacturer of our equipment doesn't recommend that."
- Liver mass consult: radiology says "We can't do abdominal MRI"

Of all the things I wish I had done/known..

- TECH MORE CASES
  - We get spoiled
  - Once you leave, you are the expert
  - Learn how to set up, break down an endoscopy room and all the equipment you may use (e.g. duodenal aspiration catheter)
  - Make a list of what we use for bleeders, foreign bodies, food impactions, etc.

What I Wish I Had Known (after 2 months of practice)

- Taking care of patients is the easy part… we are well trained
- I wish I had tech'd more cases
- To be continued

What I'm Glad I Knew

- Marsano's coding stuff
- Enteral Access Issues/Techniques
- Functional Bowel Disease
- Documentation of complications and our patient safety conferences
- Conflict Resolution…