The importance of monitoring feeding tubes in mucous fistulae

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DESCRIPTION

Using feeding catheters to maintain gut function and optimise nutrition is commonplace. We highlight the pitfall of inadequate monitoring of catheters when used in stomas.

A 44-year-old woman initially presented with intestinal obstruction; at laparotomy she underwent a 25 cm proximal jejunal resection, with the creation of a jejunostomy and mucous fistula. Postoperatively nutrition optimisation became paramount.

Initially feeding was wholly parenteral. Progressively enteral nutrition was initiated, yet due to the difficulty with tolerance and fistula output; a 22F catheter was placed in the mucous fistula to deliver elemental feeds. With progressive improvement the patient began to tolerate oral nutrition and total parenteral nutrition (TPN) and catheter feeds were stopped. Four months after the laparotomy the catheter was not visible. Digital examination revealed no foreign body and it was presumed to have fallen out.

At laparotomy for stoma reversal the catheter with the balloon still fully inflated was palpated in the ascending colon. A colotomy was made (figure 1), the catheter mobilised (figure 2), the balloon decompressed with a blue needle allowing subsequent removal (figure 3). The patient then recovered without complication.

There are several precedents to the use of Foley catheters transcolonic; published examples include for tamponade in mucous fistulae,¹ or bowel decompression.

Inflation of the catheter balloon may have stimulated peristalsis, resulting in the catheter being transported distally rapidly. Securing the tube to the skin and not inflating the balloon may have prevented this.

Fortunately the patient recovered following direct surgical retrieval which is not described

Figure 2 Colotomy of ascending colon with careful extrication of catheter under direct vision.

Figure 3 Prior to complete removal catheter in place with balloon still inflated.

Figure 1 Colotomy of ascending colon with careful extrication of catheter under direct vision.

Learning points

- ▶ We highlight the importance of careful monitoring of *all* foreign objects; further investigation including contrast studies and potentially endoscopy may have been beneficial.
- ▶ Postoperative instructions should clearly direct the initiation and progression of feeding, whether it will be by tube, vein or mouth.
- ▶ We recommend the use of feeding catheters in the surgical patient to optimise nutrition as it provides the benefits of enteral nutrition. Although we advise against balloon inflation, with other means used to secure the device.

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previously. An alternative approach may be the percutaneous puncturing of the balloon under fluoroscopic guidance.²

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