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Small bowel obstruction from a dislodged feeding tube

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Abstract

Elderly nursing home patients may suffer from inadequate oral nutritional intake for a variety of reasons. In some of them, nutritional status cannot be maintained without the use of enteral feeding. Nasogastric tube feeding is associated with significant patient discomfort, and may lead to significant complications. Thus, in those who require long-term enteral tube feeding, a gastrostomy tube may be necessary. Although surgical insertion may occasionally be required, percutaneous insertion with upper endoscopy assistance is usually safe and feasible. This case represents an unusual complication of such a gastrostomy tube, which draws attention to the need for appropriate care of these tubes.

Keywords: *enteral feeding, nasogastric tube feeding, gastrostomy tube*

Case report

A 92-year-old woman was admitted with severe sepsis and bilious vomiting. The patient, a resident of a nursing home, had a significant medical history of dementia and several cerebral vascular attacks. She was fed through a gastrostomy tube which had been inserted endoscopically 1 year earlier. Two weeks prior to this admission the Foley catheter used for the gastrostomy disappeared and, assuming it had fallen out, it was replaced by another. On admission the patient presented with small bowel obstruction. A CT scan with contrast material showed the new gastrostomy tube placed in the stomach, distended small bowel loops and a collapsed colon. In the mid jejunum a transitional zone was seen with a Foley catheter proximal to it. The cause of this patient's small bowel obstruction was a dislodged Foley catheter with an inflated bulb which had managed to pass the pylorus and then obstructed the mid jejunum. The patient was taken to the operating room, and the catheter was extracted surgically, via an enterotomy above the inflated balloon. Her post-operative course was uneventful, and she was discharged 4 days later.

Comment

Small bowel obstruction by foreign bodies is a well-known entity. Obstruction due to Foley catheters used for gastrostomy has rarely been reported in adults and children [1, 2], and a Medline search revealed only a few reports of obstruction of the duodenum [3–5].

It is important for physicians and nursing staff to be aware of the potential of feeding tubes to migrate and cause gastric or small bowel obstruction. Since these patients are often elderly and debilitated, this can cause severe morbidity and potentially may be fatal. Feeding tubes must be well fixed to the patient's skin at all times.

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