What is Tube Feeding?

When a person has problems swallowing or is too sick to eat on their own, a feeding tube can deliver liquid food directly into the stomach.

- If needed for a few days or weeks, a tube is placed through the nose into the stomach.  
  » This is called an NG tube.
- If it is needed for more than a few weeks, a tube is placed by surgery through the skin and into the stomach or intestines.  
  » This is called a PEG tube.

Does a feeding tube work?

This depends on the medical condition and whether someone is near the end of their life.

For people with a mouth or throat problem who will get better soon, a feeding tube may take away the pain of eating.

People who have some brain and nerve diseases may have problems swallowing many years before the end of their lives. Others may have difficulty swallowing due to an injury or disability. A feeding tube may help these people.

Does a feeding tube help people near the end of life or in the late stages of dementia?

For people who are near the end of their lives, a feeding tube may not prolong life and can actually cause harm.

Near the end of life and in late stages of dementia (memory loss), it is normal for your body to slow down and to stop digesting food.

- At the end of life, it is normal for people to stop eating.
- The body becomes unable to use food.
- Because the body cannot use the food, tube feeding can cause:
  » stomach pain and diarrhea.
  » water build up on the legs.
  » water build up in the lungs, making it hard to breathe.
What medical problems could happen from a feeding tube?

There may be no problems, but:

• 12% will have diarrhea or cramping
• 10% will have nausea or vomiting
• 4% will have leaking of the tube
• 1% to 4% will have infections of the skin
• 1% will have bleeding

Who is most likely to be helped by a feeding tube?

It depends on the type of medical problem a person has. Talk about this with your doctors.

People most likely to be helped are those who are NOT near the end of life.

• People who have difficulty swallowing due to injury or disability may have many years before the end of their life.
• Some cancer treatments can make it hard to eat. Using a feeding tube for a short while may help these people. Not all cancers are the same, so talk about this with your doctor.
• Some people who are not at the end of life live active and fulfilling lives while using a feeding tube.

For people with late stages of dementia, a feeding tube:

• can cause agitation.
• can be uncomfortable.

People with dementia often try to pull out the tube.

People with dementia often swallow food and saliva into their lungs. This can cause lung infections.

• Studies show that feeding tubes do not stop lung infections.
• The tube may actually increase infections.

There are no studies that show that feeding tubes prevent or heal skin ulcers.

• Feeding tubes cause more urine and stool.

This may actually make skin ulcers worse.
What happens if I decide NOT to try a feeding tube?

Talk to your doctor because it depends upon the reason you need a feeding tube.

People worry that a person would “starve” if they did not get a feeding tube.

- It is natural to not want to eat when you are near the end of life. Studies show that people who are dying do not feel hunger or thirst.
- People who stop eating because they are sick are often dying from a disease. These people die from their disease, not because they are not eating.

If you decide not to have a feeding tube, there are many other treatments that can be given to provide comfort.

- If you can still swallow, you can eat or be fed by hand.
- Loved ones can provide:
  - ice chips, or
  - swabs with moist sponges to help dry mouth.

How do I decide whether or not to try a feeding tube?

Think about the risks and benefits to see if it is right for you.

Your doctors can talk with you about:

- how long you might need a feeding tube.
- how long you might live with a feeding tube.
- what your life might be like using a feeding tube.

Some people may be willing to try a feeding tube even if it causes other medical problems.

Others may not want to try a feeding tube.

How do you feel?
When a family member or friend is not able to make their own decisions, how do I decide whether they should try a feeding tube?

Feeding is often the way we show love for our family and friends.

It can be hard to separate our love for someone from whether or not a feeding tube would help them.

It is important to ask the doctors whether a feeding tube will cause more harm than good for your loved one. It is important to think about:

- what the person has said they would want.
- how sick the person is.
- if the person is near the end of their life.
- the person’s religious beliefs.

It will help to have ongoing discussions with:

- the person you are making decisions for (if possible),
- other friends and family, and
- the healthcare team.

How do I make my decisions about a feeding tube known?

- Tell your family, friends, and your doctor about your decision.
- Write your decision on forms you can get from your doctor.
- Give copies of these forms to your family and doctors.