

G Tube vs NG Tube in Prader-Willi Syndrome

A Registered Dietician (RD) should be addressing your baby's nutritional needs in the NICU. They will monitor your baby's weight gain and growth then assess what your baby is eating and make recommendations regarding feeding fortification to assure that your baby's body is getting what it needs. If your baby is not able to get enough nutrition orally, as is common in babies with PWS, your baby may require a feeding tube. The feeding tube is usually temporary and typically very short term (6-8 weeks). A nasogastric tube* or NG tube (a small tube that is inserted into the nose down into the stomach) is typically recommended. NG tubes are easy to maintain/manage at home and promote a more timely transition from tube feeding to oral feeding. Gastric tube* or G tube (a tube that is surgically placed through the abdomen into the stomach) is not typically recommended unless supplemental feeding will be needed more than 2 to 3 months.

The following recommendations are from Dr. Ann Scheimann, MD, M.B.A Associate Professor of Pediatrics Division of Pediatric Gastroenterology and Nutrition Johns Hopkins Hospital .

It is not necessary to place a G tube in PWS--- unless there is silent aspiration on a swallow study. I very rarely will place a PEG or G tube--- only with silent aspiration; I generally (as do many pediatric Gastroenterologists) feel very comfortable sending children home with competent parents on NG feeds.

It is extremely important to limit the duration of oral feeds to under 25-30 minutes beyond this period; infants are burning more calories in the work of eating and placed at greater risk for aspiration/pooling from fatigue.

As hypotonia contributes to feeding issues--- please be certain to check free T4--- do not rely on TSH re: hypothyroidism screen and check Igf---1 as growth hormone deficiency is quite common in this population and will effect skeletal muscle function.

Reviewed and revised March 25, 2020 by Dr Anne Scheimann MD