

FEEDING TUBES

A feeding tube, also known as a “g-tube”, is a device that can be used to support the nutritional needs of a person living with ALS. The feeding tube is placed through the skin directly into the stomach, bypassing the mouth. When chewing and swallowing become difficult, a feeding tube can help supplement nutrition, calories, and hydration.

Feeding tubes are recommended on an individual basis, usually when a person is experiencing significant difficulties with swallowing, decreased respiratory function with increased risk of aspiration, and/or if they have lost more than 10% of their initial body weight.¹

If you choose to have a feeding tube, it is your decision when and how it will be used. If you choose not to have a feeding tube, your ALS clinical care team will support your decision.

When is the best time to get a feeding tube?

The safest time to insert a feeding tube is before breathing function significantly deteriorates. Early insertion can also allow for a more gradual transition from oral to tube feeding, which may be less stressful.

When people with ALS begin to experience significant chewing and swallowing problems, the feeding tube can be a welcome solution.¹

If your breathing function is considered too poor, you may not be able to tolerate the procedure.

What are the benefits and drawbacks of a feeding tube?

The following are some benefits and drawbacks to consider when deciding if a feeding tube is a good option for you.

BENEFITS

- Reduces risk of choking due to chewing and swallowing problems
- Improves nutrition and weight maintenance
- Can be used to administer medication
- Reduces the stress and exhaustion associated with eating food by mouth
- Allows the person to enjoy food for pleasure, without pressure to eat a certain amount
- Can help to reduce weight loss
- Can prevent dehydration
- May prolong survival if placed early
- Can reduce the risk of aspiration pneumonia, an infection caused by breathing food, liquids or other content into the lungs

DRAWBACKS

- Risk of complications such as infection at the insertion site
- Must maintain the tube and ensure it is clean (flushing)
- You may require assistance to manage the equipment
- Feeding formula and equipment costs may not be fully covered (ask your healthcare provider for guidance)



WHAT IS THE FEEDING TUBE PROCEDURE LIKE?

Feeding tube insertion is typically performed by a gastroenterologist or an interventional radiologist as an outpatient or inpatient procedure requiring a local anesthetic and mild sedation. If your breathing capacity is reduced, the procedure may require a short hospital admission.

If you have a BiPAP machine and/or a Cough Assist Device, it is advisable to bring them with you to the hospital for this procedure.

CAN I KEEP EATING WHILE I HAVE A FEEDING TUBE INSERTED?

Many people with ALS can continue to eat normally for some time while they have a feeding tube. Some people use the feeding tube to supplement daily intake while others use it only for fluids and medication. Even if not being used immediately for nutrition, the feeding tube will need to be flushed daily with water to keep it clean.

A dietitian will work with you to determine the type and amount of formula you will need to maintain an appropriate weight and adequate level of nutrition.

KNOW THAT WE ARE HERE TO HELP

The ALS Society of Canada can assist in connecting people and families living with ALS in Ontario to support services, equipment, and ALS clinics. We also invest in the most promising Canadian ALS research, advocate federally and provincially for the needs of people affected by ALS, and provide information to empower Canadians affected by the disease. Learn more at www.als.ca where you can also find more resources in the “What is ALS?” section.

If you live outside of Ontario, please contact your provincial ALS Society for information on support available in your region.

REFERENCES

¹ Pols J, Limburg S. “A Matter of Taste? Quality of Life in Day-to-Day Living with ALS and a Feeding Tube.” *Cult Med Psychiatry*. 2016 Sep;40(3):361-82. doi: 10.1007/s11013-015-9479-y. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4945678/>

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