

SURVIVAL RATES OF G-TUBE FED CHILDREN: RELATION TO FUNDOPPLICATION. A.V. Plioplys MD, CMD, I. Kasnicka RN, S. Lewis RN, D. Moller RN. Chicago, Illinois.

Objective: To determine survival rates of G-tube fed, severely neurologically disabled children, residing in pediatric skilled nursing facilities and to determine the effect of having a Nissen fundoplication performed.

Methods: Data was collected at 3 pediatric skilled nursing facilities over the 1985-1996 decade. The total studied population numbered 447 of whom 227 were fed by G-tube. Clinical data was collected in an identical fashion to previously published results and as to whether a fundoplication had been performed. The results were correlated with clinical parameters and the presence of other significant medical diseases.

Results: Of the children fed by G-tube 193 had a fundoplication performed and 34 did not. There was no significant difference in the survival rate between these two groups. When the data was reanalyzed separating individuals who had a fundoplication performed at the time of G-tube placement ($n = 178$) from those who had it placed later ($n = 15$) there was a significant difference in survival rates. There were no deaths in the group that had the fundoplication later, whereas in those who had a fundoplication performed at the time of G-tube placement, 35% died ($p < 0.05$). There was no significant difference between any of these groups and age, sex, race, degree of immobility, degree of mental retardation, type of cerebral palsy or the presence of a tracheostomy tube. The group with the delayed fundoplication had fewer other significant medical diseases ($p < 0.05$).

Conclusion: Children who have a fundoplication performed at the time of placement of a G-tube have reduced survival rates when compared to those who had the procedure delayed. The best explanation is that when the procedure is delayed, there is an opportunity to gain weight and improve medically prior to undergoing major intra-abdominal surgery, thus improving survival rates.