Percutaneous gastrostomy (PEG) tube placement in patients with continuous flow left ventricular assist device. (LVAD).

Hitoshi Hirose  
*Thomas Jefferson University*, Hitoshi.Hirose@jefferson.edu

Chris Rizzi  
*Thomas Jefferson University*

Linda Bogar  
*Thomas Jefferson University*, Linda.Bogar@jefferson.edu

Jay S. Jenoff  
*Thomas Jefferson University*, Jay.Jenoff@jefferson.edu

Nicholas Cavarocchi  
*Thomas Jefferson University*, nicholas.cavarocchi@jefferson.edu

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Inadequate nutritional support after LVAD placement is known to increase postoperative infections and to decrease survival. The LVAD patients with complicated postoperative recovery requiring prolonged mechanical ventilation may require long-term tube feedings. Placement of a PEG requires knowledge of the location of the LVAD pocket and driveline to avoid device infection and injury.

PEG placement after LVAD: 5 patients

Procedure management:
- Cessation of anticoagulation at midnight
- Correction of abnormal coagulation profiles
- Monitoring of VAD during PEG with a cardiothoracic surgeon or intensivist a perfusionist or VAD coordinator in the operating room.

PEG placement for Heartmate II LVAD patients can be done without increasing the risk of device or intraabdominal organ injury. Careful coordination efforts from both the mechanical support team and surgical services is important.

Contact Information
Hitoshi Hirose, MD, Ph D.
genex@nifty.com
Associate Professor of Surgery
Division of Cardiothoracic Surgery
Thomas Jefferson University