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

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**Introduction**

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.

**Methods**

Study period: August 2008 - December 2011

Total Number of Heartmate II LAVD: 39 for either bridge to transplant or destination therapy.

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.

**Results**

PEG placement after LVAD: 5 patients
- 3 males and 2 females
- Age of 58 +/- 5.0
- Interval of LVAD to PEG: 21 +/- 8.8 d.

PEG was successfully performed in the operating room in all patients.

There were no LVAD device or driveline injuries related to the PEG procedure.

There were no postoperative short-term or long-term PEG related complications such as acute gastric bleeding or dislodgement of the PEG tube.

**Key points of Peg Procedure**

- Appropriate monitoring
- Knowledge of the VAD and drive line
- Avoid L upper quadrant
- Avoid drive line
- Chest and ABD x-ray prior to procedure

**HeartMate II**

**PEG procedure on HM II**

**CT scan of the patient**

**Conclusions**

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.

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