

# Improved patient satisfaction and early discharge after Venting PEG placement for Malignant Bowel Obstruction



Rubina Boparai, MD  
Division of Hospital Medicine, Department of Medicine  
North Shore University Hospital, Manhasset, NY



Malignant bowel obstruction (MBO) is a common complication of advanced Gastrointestinal and Gynecological cancers.

Causes significant distress, leads to prolonged hospitalizations, increases morbidity and mortality.

Few therapeutic interventions are available. Laparotomy and intestinal resection usually lead to more complications and morbidity.

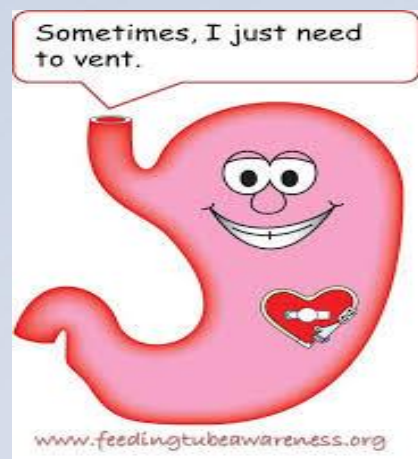
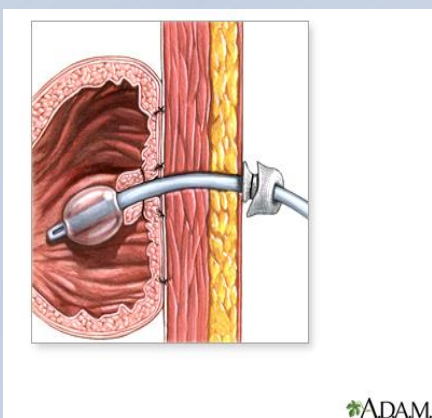
We attempted to look at the benefit of a Venting PEG to improve patient symptoms and quality of life in MBO.

**Case:** A 69 year old female with advanced metastatic endometrial cancer had recurrent admissions due to MBO secondary to peritoneal metastases.

Had poor response to octreotide, decadron. NG tube placed with improvement in symptoms. Unable to be weaned off tube. Decision made to place a Venting PEG to allow patient to go home.

PEG placed. Patient able to tolerate liquids without vomiting. Able to ambulate.

Discharged home with instructions to eat liquids and semisolids . Home hospice arranged for supportive care.



## Conclusions

Early placement of a Venting Gastrostomy should be considered in patients with intractable malignant bowel obstruction. This allows the patient to be mobile and eat liquids and semisolids without vomiting. It facilitates discharge to home and improves quality of life with the potential to improve survival.