GASTROSTOMY TUBE INSERTION IN NEUROLOGICAL PATIENTS

When is anesthesiologist involvement needed?

Evidence review and comparison of current practice across three MUHC sites: RVH, MGH and MNH

WHAT THE EVIDENCE TELLS US

No guideline or comparative study identified in the review establishes a requirement for routine anesthesiologist presence for every gastrostomy procedure or every neurological patient.

OVERALL SIGNAL

NO DIRECT EVIDENCE

WHAT WE REVIEWED

EVIDENCE	PRACTICE	FOCUS
Systematic review of guidance, outcomes and safety	Current approaches at RVH, MGH and MNH	Sedation needs and anesthesiologist involvement

What explains variation across MUHC sites?

1. PROCEDURE

Procedure type and sedation needs differ

PEG, RIG/PRG and PIG are distinct procedures. RIG and PIG can generally be performed with limited sedation.

MNH is the only site with routine anesthesiologist involvement for all gastrostomy procedures.

2. PATIENT

Clinical characteristics affect support needs

Some medically fragile patients, including those with advanced neuromuscular disease or significant respiratory dependence, need additional support.

No formal patient-selection criteria were identified.

3. ORGANIZATION

Local capacity and expertise differ

Variation reflects trained nursing availability, interventional radiology expertise and infrastructure, and sufficient volume to maintain competency.

Local practice patterns also shape current care.

TAU CONSIDERATIONS

Move from routine presence to a consistent, risk-based approach

- Standardize risk-based criteria for anesthesiologist involvement.
- Explore cross-site maintenance of nursing competencies.
- Consider transferring selected patients to MGH or RVH to optimize expertise and resources.