

Buried bumper syndrome (BBS) is a severe complication of PEG insertion, in which the internal fixation device migrates alongside the tract of the stoma outside the stomach. Excessive compression of tissue between the external fixator and internal bumper of the gastrostomy tube is considered the main factor leading to BBS. There does not appear from the literature to be one set method of management of BBS in the UK.

This audit aims to investigate the possible treatment options and outcomes for patients found to have BBS.

A patient database, nursing notes and hospital discharge notes were reviewed to assess the following:

- The prevalence of BBS in the BCHC adult patients over a year period.
- The medical or non medical management of BBS and reasoning behind it.
- Who cares for the tube at home.
- The one month outcomes of the patients.
- Ethical considerations.

## **Results**

15 patients had BBS over a 1 year period.

PEG was cared for by 3 patients, 4 by family members and 8 by care homes.

The outcomes for patients:

(BBs was provisionally diagnosed by the inability to advance and rotate the PEG tube).

1 patient died 2 days after diagnosis

1 was unclear what happened and had a PEG with JEJenul extension.

2 patients awaiting endoscopy.

2 had a jejunal extensions through Burried tubes long term, placed by the community nurses.

1 fistulated and had abdominal surgery.

2 patients had bumper removed endoscopically and replaced.

6 had old PEG cut at skin level and a new PEG placed.

## **Discussion**

A national audit could be used to understand the best method removing buried bumper and remove taboos around the topic