



# Initiation of Enteral Nutrition in Patients with Severe Acute Heart Failure Receiving Mechanical Circulatory Support

Takeshi Saijo\*

Department of Nutrition, University of Osaka, Japan

## INTRODUCTION

Enteral nutrition refers to ingesting food through the gastrointestinal (GI) tract. The digestive tract consists of the mouth, esophagus, stomach, and intestines [1]. Enteral nutrition can be taken by mouth or through a tube that goes directly into the stomach or small intestine. In medicine, the term enteral nutrition is most commonly used for tube feeding [2]. People who are enterally fed usually have a medical condition or injury that prevents regular oral feedings, but their gastrointestinal tract is still functioning. Feeding through a tube allows you to receive nutrients and keeps your digestive tract functioning. Enteral nutrition can supplement total caloric intake or be used as a supplement [3]. Tube feedings may be necessary if you are unable to burn enough calories to meet your nutritional needs. This can occur if you are physically unable to eat, if you cannot eat safely, or if you're caloric needs increase beyond your capacity. It can lead to malnutrition, weight loss, and very serious health problems. This can occur for various reasons [4]. Mainly it has 6 types of feeding tubes, according to the American Gastroenterology Association. Depending on the exact location of the stomach or intestine, these tubes can have other subtypes [5]. Tube placement is based on the size of the tube required, the duration of enteral feeding required and digestive capacity.

## DESCRIPTION

Your doctor also chooses which enteral formula to use based on tube placement, digestive capacity, and nutritional needs [3]. Although uncomfortable, placement of a nasogastric or oral gastric tube is fairly easy and painless, no anesthesia required. Typically, a nurse measures the length of the tube, lubricates the tip, inserts the tube into the nose or mouth, and advances the tube until it enters the stomach. The tube is usually at-

tached to the skin with soft tape [5]. A nurse or doctor then uses a syringe to withdraw gastric juice from the tube. They will check the pH (acidity) of the fluid to make sure the tube is in the stomach. In some cases, a chest x-ray may be needed to confirm placement [2]. Once placement is confirmed, the tube can be used immediately. Probes that terminate in the intestine often need to be placed endoscopically. This means using a thin tube called an endoscope with a small camera attached to the tip to place the feeding tube [4]. The person inserting the tube can see where the tube is inserted through the endoscope's camera. The endoscope can then be removed and the placement of the feeding tube can be confirmed by aspiration of the stomach contents and her x-ray [1].

## CONCLUSION

It is common for him to wait 4 hours to 12 hours before using a new feeding tube. Some people stay awake during this procedure, while others need conscious sedation. There is no recovery from tube placement per se, but it may take an hour or two hours for the sedative to wear off. Placement of a gastrostomy or jejunostomy tube is also a procedure that may require conscious sedation or possibly general anesthesia. An endoscope is used to visualize where the tube is, and then a small incision is made in the abdomen to insert the tube into the stomach or intestine. Then attach the tube to the skin. Many endoscopists choose to let him wait 12 hours before using a new feeding tube. Recovery may take 5 days to 7 days. Some people experience discomfort where the tube is inserted, but the incision is small enough that it usually heals very well. Antibiotics may be given to prevent infection. Place an intravenous access device, such as a port or a peripherally inserted central catheter (PICC or PIC line), to allow liquid nutrition.

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**Corresponding author** Takeshi Saijo, Department of Nutrition, University of Osaka, Japan, E-mail: [ei yokanrishit\\_sucho@osakah.johas.go.jp](mailto:ei yokanrishit_sucho@osakah.johas.go.jp)

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## CONFLICT OF INTEREST

The authors declare no conflict of interest.

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