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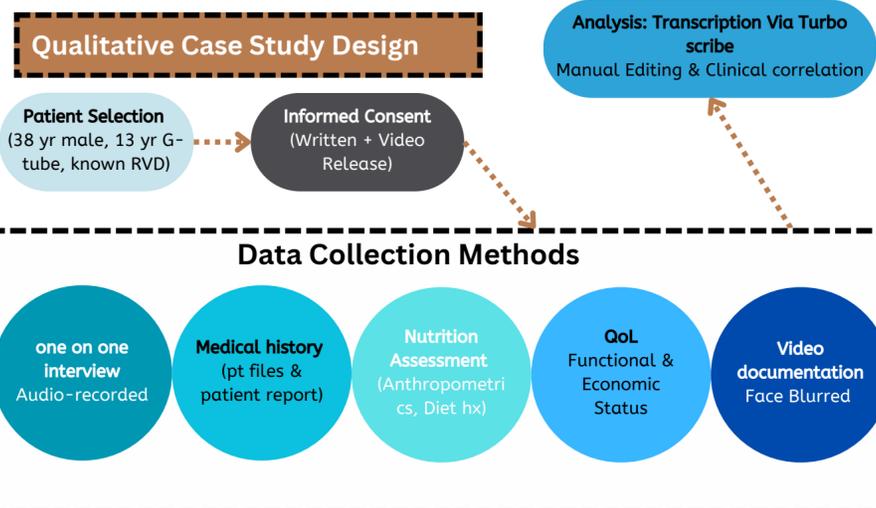
## Background

- Gastrostomy tube feeding is a critical, life-sustaining intervention for patients with dysphagia and has been shown to improve quality of life (QoL) (1).
- Enteral tube feeding remains costly in the rural SSA region, where unreliable electricity supply affects the storage and preparation of modified feeds. This complicates implementation of current nutritional intervention strategies.
- This case documents a 38-year-old male from rural Kenya who developed severe dysphagia following occupational chemical exposure in 2008, resulting in esophageal stricture.
- After six failed esophageal stent placements, he received a permanent gastrostomy tube in 2011 (13 years ago).
- The patient is known HIV for 23 years, managed with antiretroviral therapy, maintaining an undetectable viral load & WHO stage I clinical status.

## Aim

- To demonstrate long-term survival & QoL using modified oral-to-gastric feeding techniques in a patient with complete esophageal obstruction, & at high risk of malnutrition.
- Highlight adaptations made to achieve intake of regular family diet.

## Methods



## Results



## Discussion

- Studies show that patients with G-tubes experience reduced QoL, facing limitations in social functioning, employment, & psychological well-being (2,3).
- Jordan et al. demonstrated that gastrostomy feeding poses a substantial burden to the patient.
- HIV-positive individuals face increased nutrient demands, making it challenging to maintain functional independence and maintain a normal NS.
- This case showcases exceptional adaptation and QoL outcomes, with the patient achieving socioeconomic independence and maintaining normal NS through an innovative feeding technique

## Conclusion

- This case highlights how patient-centered adaptations to medical interventions can dramatically enhance outcomes in resource-limited settings.
- Conventional approaches to gastrostomy feeding could benefit from such modifications that preserve sensory experiences and the social aspects of eating.

## Next Steps

- Baseline Assessment of QoL of our patient population
- Implementation of a multicomponent Quality improvement program on G-Tube care & feeding.

## References

- Omorgieva Ojo et al. The Effect of Enteral Tube Feeding on Patients' Health-Related Quality of Life: A Systematic Review. 2019 May 10; Available from: <https://www.mdpi.com/2072-6643/11/5/1046>
- Jordan S, Philpin S, Warring J, Cheung WY, Williams J. Percutaneous endoscopic gastrostomies: the burden of treatment from a patient perspective. J Adv Nurs. 2006 Nov;56(3):270-81.
- Brotherton AM, Abbott J, Aggett PJ. The impact of percutaneous endoscopic gastrostomy feeding in children; the parental perspective. Child [Internet]. 2007 Sep [cited 2025 Mar 16];33(5):539-46. Available from: <https://onlinelibrary.wiley.com/doi/10.1111/j.1365-2214.2007.00748.x>