

Long-term Survival and Quality of Life Using Self-administered Modified Oral-to-**Gastric Tube Feeding: A Case Study from Rural Kenya**

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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 1 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.



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.
- experiences and the social aspects of HIV-positive individuals face increased nutrient eating. demands, making it challenging to maintain Next Steps 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



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Patient Experience

"At first I thought this tube would limit my life, but I've adapted. condition and do not get disgusted when they see me feed"

"I run my barbershop, manage my farm, & provide for my family. The tube doesn't define what I can achieve. I have leased some land & I plant different foods which I sell to get income. I fully pay for my children's education & my daughter's monthly medication"

"Being able to chew my food & taste it gives me the pleasure of eating that I thought I had lost forever. I know the importance of the enzyme in the mouth that helps in digestion and currently I am psychologically satisfied that I have eaten unlike before"

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

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

References

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