

## BACKGROUND

- ❖ Gastrostomy tube (G-tube) placement to ensure adequate caloric intake for growth is common following the Norwood procedure.
- ❖ Limited data exists on utilization and management of a G-tube in this population.
- ❖ The goal of this study was to evaluate G-tube utilization and management strategies in patients undergoing the Norwood procedure.



## METHODS

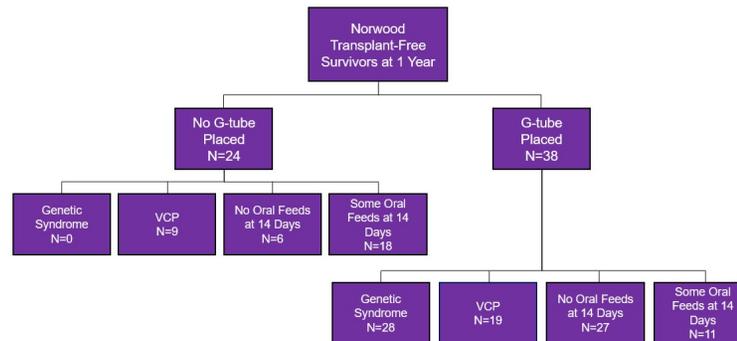
- ❖ Retrospective review of Norwood patients between January 2013 and December 2019.
- ❖ Baseline demographics, surgical interventions and enteral feeding methods were recorded.
- ❖ Primary outcome is the use of a G-tube at 1 year of age.

## HYPOTHESIS

- ❖ There will be more patients with a G-tube remaining in place compared to those with G-tube removed at one year of age.
- ❖ Patients with a genetic syndrome, vocal cord paralysis and/or delayed initiation of oral feeds will be more likely to require G-tube placement than those without these findings.

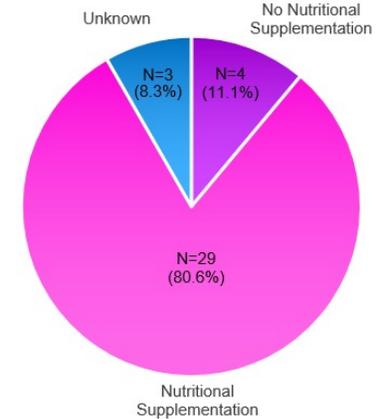
## RESULTS

- ❖ Seventy-eight Norwood patients: 62 alive/ transplant-free at 1 year (11 died, 5 transplanted). Of those, 38 patients (61.2%) required a G-tube.
- ❖ Median age at placement was 75.5 days: 1 (2.6%) pre-Norwood, 22 (57.9%) post-Norwood and 15 (39.5%) post-Glenn. Four patients (10.5%) required advancement to a gastrostomy/ jejunostomy tube (GJ-tube).
- ❖ Patients requiring a G-tube (versus those orally fed) were more likely to have a genetic syndrome (73.6% vs 0%), vocal cord paralysis (VCP) (50% vs 37.5%) and to have been NPO at 14 days post-Norwood (71% vs 25%).



## RESULTS

### G-Tube Supplementation at 1 Year (N=36)



## CONCLUSION

- ❖ Following the Norwood, the majority of patients with a G-tube were still utilizing it at 1 year of age.
- ❖ A standardized, comprehensive approach to G-tube management including timing and indications for removal is warranted to ensure adequate growth and nutrition.

There are no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.