Gastrostomy tubes are often placed due to a patient’s inability to take in adequate nutrition, fluids, or medication orally. Lower socioeconomic patients can have many barriers to healthcare. In pediatric patients, this can include:

- Transportation
- Distance to hospital
- Guardian’s ability to take off work
- Ability to pay for visits
- Access to health insurance

This retrospective chart review looked at pediatric patients with gastrostomy tubes.

Inclusion criteria:

- Tube placement between 2011-2020
- Under 18 years old at time of placement
- Procedure performed at one of two hospitals

A total of 796 procedures were found that match this criteria.

Results are currently pending for this project. Below are the preliminary numbers for length of time between stopping use and removal of tube.

Researchers hypothesize there will be an apparent disparity in the length of time a gastrostomy tube is left in the patient after it was no longer necessary. This would be due to the many potential barriers to care that patients in lower socioeconomic areas experience, and because of potential physician bias toward patients.

This study will be used to guide management of gastrostomy tubes in Upstate South Carolina.

The 796 procedures were divided into five groups for researchers to retrospectively review.

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- Researchers created a REDCap database to collect patient and procedure information. Demographic information such as race, zip code, and insurance type were key to this study.
- Researchers found the recorded date that the tube was no longer medically necessary, then contrasted this to the date of tube removal.
- Other information such as different clinic visits, follow up visits, and more were also recorded into the REDCap.

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These graphs are based on a fraction of entries, and are preliminary demographic results:

- University of South Carolina School of Medicine – Greenville
- Prisma Health – Surgery Department
- REDCap secure survey and database software
- EPIC patient charting software

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