



## Laparoscopic Gastrostomy Button Placement Using Transfascial Sutures

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### Introduction

- Minimally invasive placement of gastrostomy button (g-button) has traditionally involved U-stich technique.
- G-button dislodgement remains a concern. Permanent subcutaneous fixation was introduced in the last decade to circumvent this.
- Transfascial fixation is one modification of subcutaneous technique We aim to evaluate outcomes of our laparoscopic g-button placement with transfascial sutures.

### Method

- Retrospective review of 100 consecutive pediatric patients (Age <3 years) between 2016-2020 who underwent laparoscopic g-button placement via transfascial suture technique.
- Following data was recorded: Age; Indication for G-button placement; surgical site infection at post-operative-day (POD) 1, and POD7; g-button dislodgement at POD1, POD1- POD7, and POD7-POD30.

### Transfascial Suture Technique

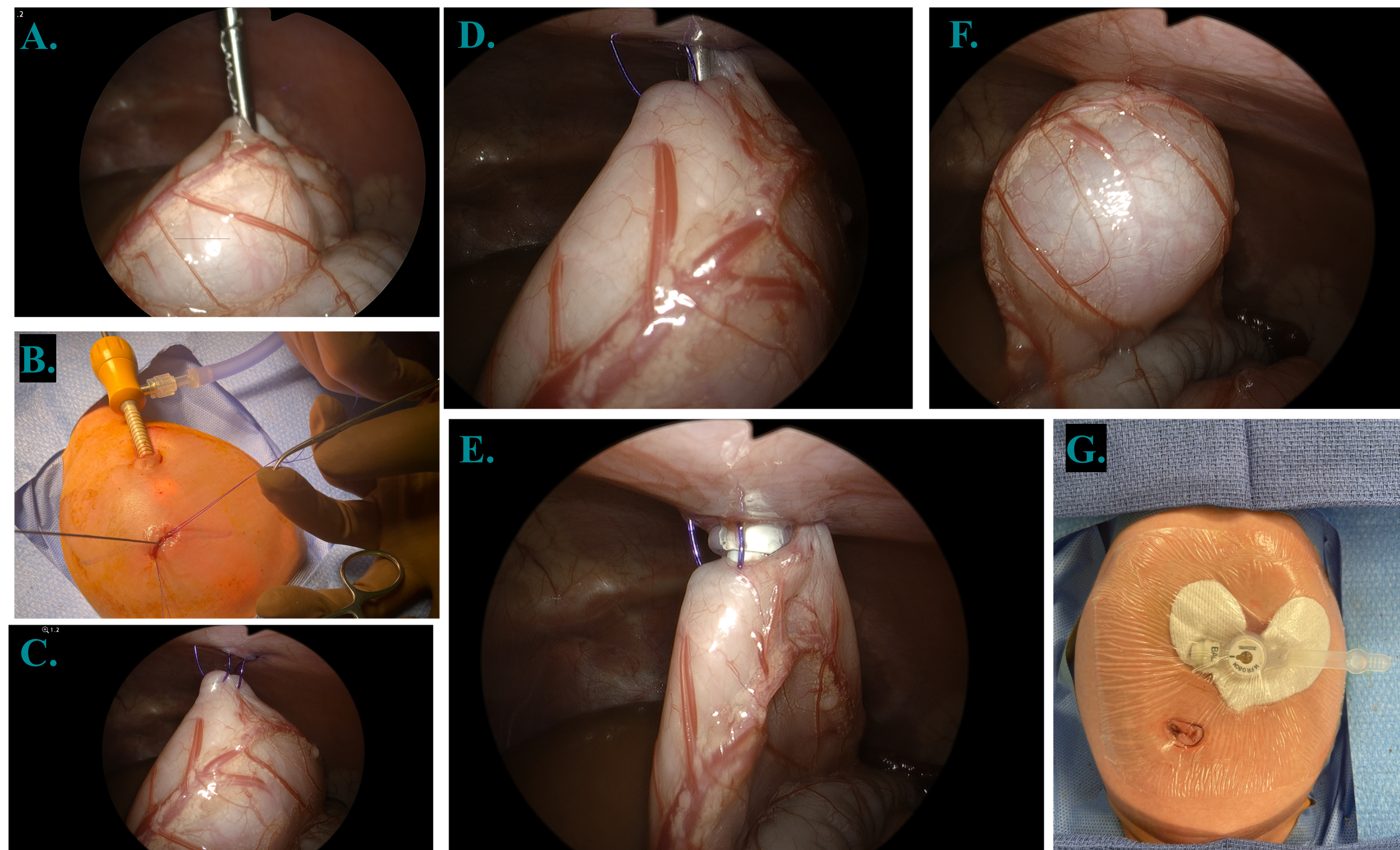


Figure 1: Transfascial suture technique. A. Identification of stomach site for G-button insertion; B. Stomach is fixed to the abdominal wall transfascially using PDS; C. Laparoscopic View following transfascial fixation; D-F: Seldinger technique to insert the G-button; G. G-button at the conclusion of the procedure.

### Results

- The most common indication for g-button placement in our patients was inability to tolerate PO feeds.
- None of the patients developed an SSI at POD1 and POD7.
- G-button dislodgement incident rate was zero at POD1. Further, none of our patients experienced a dislodgement between POD1-POD30.

### Discussion

- Transfascial fixation of stomach for g-button placement reduces the risk of wound infection following minimally invasive techniques and decreases the incidence of G-button dislodgment.
- Further research is indicated to characterize superiority of one technique over other