Editorial

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Journal of Medical Physics and Applied Sciences
ISSN 2574-285X

2022
Vol.7 No.1:e001

# Factors Associated with First-Pass Success in Blind Placement of a Post-Pyloric Feeding Tube

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**Received date:** January 06, 2022, Manuscript No. IPIMP-22-13005; **Editor assigned date:** January 10, 2022, PreQC No. IPIMP-22-13005 (PQ); **Reviewed date:** January 20, 2022, QC No. IPIMP-22-13005; **Revised date:** January 28, 2022, Manuscript No. IPIMP-22-13005 (R); **Published date:** February 04, 2022, DOI: 10.36648/2574-285x.7.1.e001.

**Citation:** Mulatu T (2022) Factors Associated with First-Pass Success in Blind Placement of a Post-Pyloric Feeding Tube. J Med Phys Appl Sci Vol.7 No.1: e001.

## Editorial Note

Tran's jejuna nutrition via a post-pyloric enteral feeding tube includes a low risk of aspiration or reflux; but, placement of the tube exploitation the blind technique will be troublesome. Helpful devices, like radioscopy or scrutiny, square measure helpful however might not be appropriate for patients with hemodynamic instability or severe metabolic process failure. The aim of this study was to explore factors related to first-pass success within the blind placement of post-pyloric enteral feeding tubes in critically sick patients [1,2].

Data were obtained retrospectively from the medical records of adult patients UN agency had a post-pyloric enteral feeding tube placed within the medical aid unit between Gregorian. Logistical multivariate analysis was performed to assess the association between first-pass success and also the freelance variables. For logistical multivariate analysis, the subsequent thirteen variables were outlined as freelance variables: Age, sex, height, fluid balance from baseline, use of sedatives, body position throughout the procedure, use of internal organ assist devices, use of prokinetic agents, presence or absence of viscous bodily process, operative vas surgery, use of excretory organ replacement medical aid, albumin levels, and position of the bigger curvature of the abdomen in reference to spinal levels L1-L2 [3].

Data obtained from 442 patients were analyzed. The first-pass success rate was 42.8% (n=189). Logistical multivariate analysis incontestable that the position of the bigger curvature of the abdomen cephalic to L1-L2 was solely related to eminent placement [4].

## Role of Critically Sick Patients

In critically sick patients, the position of the bigger curvature of the abdomen caudal to L1-L2 could also be related to a lower first-pass success rate of the blind technique for post-pyloric enteral feeding tube placement. Any studies square measure required to verify our results as a result of the position of the abdomen was calculable by radiographs when enteral feeding tube placement [5]. Critically sick patients admitted to the medical aid unit square measure a speculative cluster for deficiency disease, with a reported prevalence starting from thirty eight to seventy eight. Deficiency disease is related to muscle atrophy, prolonged ventilation, longer intensive care unit stays, and augmented risk of infection and mortality. Enteral nutrition is superior to blood vessel nutrition in terms of the incidence of infection, length of hospital keep, and medical prices. Early initiation of enteral nutrition is additionally suggested to preserve epithelium cell structure and bodily fluid operate, and to keep up immunity. Post-pyloric enteral nutrition decreases the incidence of metabolic process complications compared to trans-gastric feeding, and it's appropriate for patients receiving sedatives or muscle relaxants, or those that cannot tolerate elevation of the top of the bed. Ways of post-pyloric placement of Enteral Feeding Tubes (EFTs) embrace scrutiny, radioscopy, ultrasound help, and magnetism steerage [6]. However, EFTs may also be placed blindly while not the help of helpful devices. Radioscopy and scrutiny have higher success rates; but, they will not be appropriate for patients with hemodynamic instability or severe metabolic process failure UN agency cannot be transported outside the intensive care unit. Blind placement at the side is usually utilized in critically sick patients as a result of its simple, minimally invasive, and cheap. However, there's a substantial risk of failure in inserting the tube within the correct position, which can result in delays in enteral nutrition. To our information, solely many studies have investigated the danger factors related to blind placement difficulties. Two medications, sibutramine and orlistat are currently approved by the Food and Drug Administration for the induction and maintenance of weight loss [7]. These agents are recommended as an adjunct to a comprehensive program of diet, exercise, and behavior therapy which is known as lifestyle modification and is delivered in weekly group or individual sessions. Industry-sponsored trials of weight-loss medications typically have included limited programs of lifestyle modification.

This randomized trial compared the efficacy of sibutramine alone (as typically prescribed in primary care practice), group sessions of lifestyle modification alone, and the combination of the two therapies. We expected that the combined treatment would result in significantly greater weight loss than either therapy alone because of the potentially complementary

mechanisms of action of the two approaches. Sibutramine, a serotonin norepinephrine reuptake inhibitor, appears to modify internal signals that control hunger (the drive to eat) and satiation (fullness). In contrast, lifestyle modification teaches patients to control the external environment involving food for example, by grocery shopping from a list or recording food intake [8]. Two studies of fenfluramine which was withdrawn from the market in 1997 because of its association with valvular heart disease suggested that the effects of lifestyle modification and medication would be additive.

Our study included a fourth treatment group that assessed the efficacy of sibutramine combined with brief lifestyle-modification counseling delivered by primary care providers. We anticipated that this intervention would result in significantly greater weight loss than medication alone and could potentially provide a model for delivering lifestyle-modification counseling in primary care practice. Levels of triglycerides, total cholesterol, Low-Density Lipoprotein (LDL) cholesterol, High-Density Lipoprotein (HDL) cholesterol, glucose, and insulin were measured at baseline and at weeks 18, 40, and 52 after an overnight fast (Quest Diagnostics). Insulin sensitivity was estimated with the use of the homeostasis model of insulin sensitivity. Blood pressure and pulse were measured by research assistants with an automated monitor on the same schedule as the visits to primary care providers. On each occasion, two readings were taken at one-minute intervals after subjects had been seated for at least five minutes.

We found that the combination of group lifestyle-modification counseling and pharmacotherapy resulted in an average loss of 12.1 kg at one year a loss approximately double that of the groups receiving either sibutramine alone (5.0 kg) or lifestyle-modification counseling alone (6.7 kg). Nearly twice as many subjects in the combined-therapy group as in the immunotherapy groups lost 10 percent or more of their initial weight, a prespecified benchmark for success. These findings, which are based on all enrollees (not just those who completed treatment), provide strong support for recommendations that weight-loss medications be used only as an adjunct to a comprehensive program of diet, exercise, and behavior therapy [9]. These results also confirm previous reports of the benefits of lifestyle modification used alone for inducing clinically and statistically significant weight loss. Subjects treated by lifestyle modification alone had significantly greater weight loss than those who received sibutramine alone during the first 18 weeks.

We cannot identify the components of group lifestyle modification that contributed most to the increased weight loss when combined with sibutramine therapy [10]. However, keeping daily food-intake records during the first 18 weeks correlated positively with weight loss at all assessments.

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