**Background**

Percutaneous Endoscopic Gastrostomy is a widely used method for insertion of a gastrostomy tube in patients who are unable to eat but have a normally functioning gut. Peristomal wound infection is the most common complication. Risk factors for local infection are largely unknown. Evidence suggests that antibiotic prophylaxis with glycopeptides and preventive strategies related to infection control may reduce infection rates.

**Results**

Peristomal infections was identified in 15/31 (48,38%). It was found that antibiotic prophylaxis with cefazolin (51,8%), 55,5% developed PEG-site infections. Patients with Diabetes mellitus and a IMC>30 kg/m² have a higher risk of peristomal wound infections after percutaneous endoscopic gastrostomy. High incidences of MRSA (30,4%) illustrates the need of a review of the antibiotic prophylaxis protocol but the efforts to reduce MRSA occurrence with infection control measures and an epidemiological surveillance program should remain a priority.

**Conclusions**

Patients with Diabetes mellitus and a IMC>30 kg/m² have a higher risk of peristomal wound infections after percutaneous endoscopic gastrostomy. High incidences of MRSA (30,4%) illustrates the need of a review of the antibiotic prophylaxis protocol but the efforts to reduce MRSA occurrence with infection control measures and an epidemiological surveillance program should remain a priority.

**Bibliography**

