

Supplementary Table 8. Summary of evidence for removal of gastrostomy tube using “cut-and-push” technique

Study	Year	Country	Study period	Study design	No. of participants	Type of tube	No. of “cut and push” method	No. of endoscopic removal	Follow-up protocol	Follow-up duration	Main results	Comparison between “cut and push” technique vs. endoscopic removal
Korula and Harma ⁹¹	1991	USA	1988–1990	Prospective cohort	64	Internal bloster (size not pre-sented)	63	1	Radiographs of abdomen on 7 to 14 days after tube placement	4–200 days	Radiograph was taken in 57; complete elimination of tube: 84% (48/57), tube in colon: 14% (8/57)→one in stool. Radiograph was not taken in 14; one in stool. Tube retention and additional endoscopic removal in one patient (1.6%, 1/63)	N/A
Pearce et al. ⁹³	2000	UK	1995–1999	Retrospective	80	9–15 Fr	73	7	No routine radiographs	Not presented	Two (2.7%) complications in “cut and push” group: stuck in abdominal wall, abdominal pain	N/A (complication of endoscopic removal was not presented)
Merrick et al. ⁹²	2008	UK	Not presented	Prospective cohort	42	Internal bloster, 15 Fr	42	0	Radiographs of abdomen on day 7 and 14 after tube placement	7–14 days	41 (97.6%) passed the remnant by day 8 and all by day 14. No adverse events occurred.	N/A
Kejarawal et al. ⁹⁴	2009	UK	2002–2007	Retrospective	89	Internal bloster, 15 Fr	89	0	No routine radiographs	26.8 mo (1–66)	No minor and major complications	N/A
Agha et al. ⁹⁵	2013	Italy	2009–2011	Prospective cohort	79	Internal bloster, 20 Fr (57), 24 Fr (22)	79	0	No routine radiographs	Up to 12 mo	74 (93.6%) tubes passed through the intestine within 7 days. No serious complications were reported.	N/A

N/A, not applicable.