

LETTERS TO THE EDITOR EDİTÖRE MEKTUP

A simple modification of jejunal tube placement through the PEG catheter to facilitate the procedure

PEG kateteri içerisinde jejunal tüp yerleştirilmesinde işlemi kolaylaştırmak için basit bir yöntem

To the Editor

Postpyloric nutrition by endoscopic means is currently a highly attractive procedure in critically ill patients unable to eat orally. Jejunal-placed feeding tubes are often considered optimal for this purpose. Nevertheless, direct percutaneous endoscopic gastrostomy (PEG) placement is a somewhat risky procedure due to its association with local organ damage, and it can be difficult to maintain the position of the small bowel for insertion of the stylet, easily resulting in failure.

Customarily, we choose jejunal tube placement through the percutaneous endoscopic gastrostomy (JETPEG). Even in such an undemanding condition, JETPEG placement can be very problematic. Generally, a jejunal tube with a short thread sutured to its tip is passed through the PEG catheter. By grasping the suture material with the help of endoscopic biopsy forceps, we generally endeavor to carry it to the distal duodenum or jejunum, with a low probability of success. During this procedure, the biopsy forceps may not separate from the suture material and when retracted, the PEG catheter may come back unintentionally. Using a snare to pull the PEG catheter towards the distal duodenum fails to improve the success rate. Thus, repeated attempts or endoscopic maneuvers may be needed for success. In an effort to remedy this complication, we decided to use a radiopaque guide-wire (0.035 mm, 185 cm, Backup Meier steerable guide-wire) placed through the PEG catheter into the distal enteric lumen (Figure 1). The distal tip of the guide-wire within the stomach can

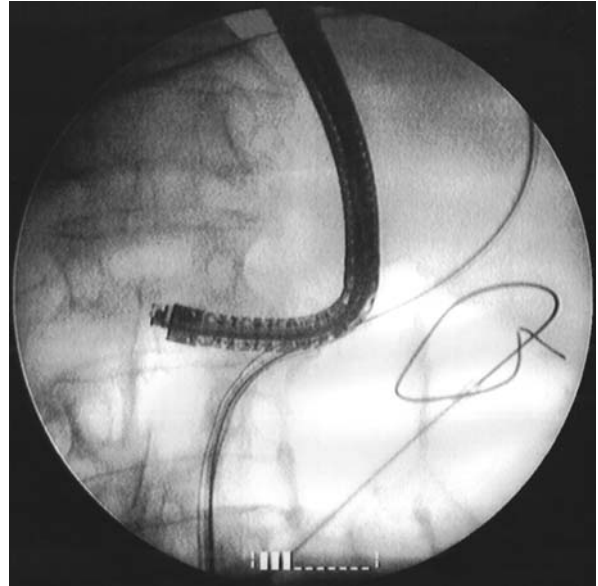


Figure 1. A radiopaque guide-wire through the PEG catheter is placed in the jejunum (thin arrow). The PEG catheter is pushed down over this guide-wire to the distal duodenum (thick arrow)

be easily grasped with a snare and drawn down to the distal duodenum. Then, by opening the snare, the guide-wire is easily released and pushed down further. After guide-wire placement into the jejunum, which can be visualized under endoscope, we place the jejunal tube in over the guide-wire (Figure 2). We confirm its place in the jejunum by administering contrast material through the catheter. This application significantly decreases JETPEG insertion time, and it is a safe and practical met-



Figure 2. The PEG catheter is placed into the jejunum

hod. The requirement of endoscopic administration may be a shortcoming; however, after a few applications it can be done without endoscopic examination.

Yücel ÜSTÜNDAĞ, Selim AYDEMİR,
Erdem KOÇAK

*Department of Internal Medicine, Gastroenterology Unit,
Zonguldak Karaelmas University, School of Medicine,
Zonguldak*