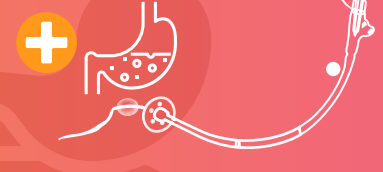


UNDERSTANDING ENTEROSTOMY TUBES CLASSIFICATION: BY PLACEMENT TECHNIQUES



Enterostomy access refers to the use of gastrostomy, jejunostomy and gastrojejunostomy for enteral feeding.¹

- Although gastrostomy is most commonly practiced, jejunostomies are indicated when the GI tract is functional, but there is an obstruction in the proximal part of the gut that precludes the placement of a gastrostomy tube.²

Enterostomy tubes can be placed using 4 methods:³



Endoscopic techniques



Radiological techniques



Surgical techniques



Introducer technique

The choice of the procedure depends on patient characteristics, anatomic considerations and surgeon preferences.⁴

Here we shall focus on placement techniques for gastrostomy*.

Endoscopic technique

Percutaneous endoscopic gastrostomy^{5,6}

- Involves an endoscopic procedure using an endoscope
- Requires sedation and stomach insufflation with air
- 'Push' and 'pull' techniques to establish gastrostomy

Radiological technique

Percutaneous radiologic gastrostomy (PRG) or radiologically inserted gastrostomy (RIG)⁵

- Radiologically/fluoroscopically/ultrasound/CT guided placement
- Gastropexy may be performed
- Requires sedation and stomach insufflation with air using a nasogastric tube
- Gastrostomy device inserted after sequential dilation, or passage of a guide wire up the esophagus and the feeding tube device drawn back down

DID YOU KNOW ?

Radiologically inserted gastrostomy and endoscopic technique is rarely performed in children. Usually, a pediatrician, surgeon and gastroenterologist are consulted regarding the feasibility of the procedure in children.⁵

Surgical technique

- Surgical laparotomy⁵
 - Insertion of the tube/device through laparotomy
 - Gastropexy may be performed
 - Device may be sutured in
- Laparoscopic gastrostomy⁵
 - Laparoscopic guidance
 - Gastropexy performed
 - Insertion and confirmation of the position of gastrostomy tube or device through a laparoscope
- Laparoscopic-assisted percutaneous endoscopic gastrostomy (LA PEG)⁵
 - Laparoscopic guidance
 - Endoscopic procedure using a gastroscope
 - 'Push' and 'pull' techniques to establish gastrostomy

Introducer technique

- Gastropexy is performed⁷
- An incision is made with a scalpel in the central part that is fixed and the guidewire is inserted into the stomach through the fistula created through the gastropexy⁷
- Fistula is expanded adequately using a dilator and the fistula catheter is placed directly from the abdominal wall⁷
- Allows endoscopic, laparoscopic or radiologic guidance of gastric jejunal or gastric-jejunal feeding tube⁸
- The pull technique of PEG tube insertion involves use of transoral tube passage, resulting in PEG site issues such as cellulitis, abscess, fasciitis and tumor implantation.⁹
- PEG tubes placed in head and neck cancer patients can have complication rates as high as 50%.⁹

Hence, a safer procedure like the introducer technique can reduce the burden on patients and result in fewer complications.⁷

DID YOU KNOW ?

Gastropexy helps prevent the leakage of gastric juice and contents into the intraabdominal cavity, thus significantly reducing the risk of peritonitis caused by infection and inflammation⁷

In addition to gastrostomy tubes, jejunostomy and gastrojejunostomy tubes can also be inserted using endoscopic, radiological and surgical methods, using the introducer technique.

OUR SOLUTION

AVANOS* enteral feeding tubes can be placed using Endoscopic, Radiologic or Laparoscopic techniques.

Also, AVANOS* offers the solution of an initial placement kit (IPK) for the introducer technique, allowing Endoscopic, Radiologic or Laparoscopic placement of gastrostomy, jejunal and gastric-jejunal feeding tubes, for minimized trauma and enhanced patient comfort.⁸



Reduced surgical steps and fewer incisions⁸

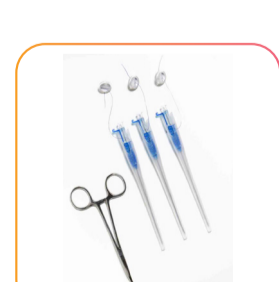


All essential tools for an efficient, secure and less invasive placement⁸



Lowered risk for surgical and post-operative complications⁸

Uses simple, intuitive tools



Avanos* Saf-T-Pexy* fasteners⁸

- Confidently secure the stomach using absorbable sutures with audible confirmation of suture lock
- Promotes patient hygiene with easy-to-clean bolsters
- Smooth, round retention device for patient comfort
- One-handed, on-demand T-bar deployment
- Protects clinician from inadvertent needle sticks



Avanos* Serial dilators⁸

- Reach the desired dilation with a single telescoping device
- Reduced need for repeat passing over guide wire
- Peel-away design facilitates tube placement
- Made to fit MIC* and MIC-KEY* feeding tubes

*With gastrostomy being the most commonly practiced method for enteral feeding, we shall discuss placement techniques for gastrostomy

CT: computerized tomography

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