Technical Section

TECHNICAL NOTES AND TIPS

Laparoscopically assisted insertion of feeding jejunostomy

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BACKGROUND

During laparoscopic surgery, insertion of a feeding jejunostomy tube can be technically challenging. We describe a straightforward technique for its insertion.

TECHNIQUE

After positive identification of the duodenojejunal flexure, two sutures are placed in the jejunum. The distal is left long and retrieved through a 10mm port; the proximal is cut short to aid orientation. After release of the pneumoperitoneum, the port site is extended to 30mm and the jejunum extracted. The 9Fr Freka® (Fresenius Kabi AG, Bad Homburg, Germany) fine needle catheter jejunostomy feeding tube is inserted and secured with an absorbable suture to the jejunum and buried using a standard Witzel tunnel. In larger patients only 3–5cm of jejunum needs to be exteriorised at any time. This avoids congestion of the jejunum and difficulty in returning it to the abdomen.

Two sutures are then placed in the jejunum (Fig 1) noting the orientation of the needles. The jejunum is returned to the abdomen and the lower edges of the wound grasped and elevated. The feeding tube is brought through the abdominal wall 3cm below the incision using the sharp trocar. The sutures are then placed into the peritoneum adjacent to the site of exit of the tube from the abdominal cavity. Bend-

ing the needles into a J shape facilitates this. The wound is closed in the standard fashion without the need for re-laparoscopy.

DISCUSSION

This technique is quick, straightforward and avoids protracted, technically difficult laparoscopic insertion and Witzel tunnel construction. Furthermore, the size of the incision required is minimal.

Pink tape for suturing practice

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An inexpensive and readily available material for suturing practice is pink fabric adhesive tape. Two equal lengths are folded in half longitudinally with the adhesive side innermost (Fig 1). These can be taped to a table or other surface to prevent movement while suturing. The feel of the bite of the material is comparable to that of skin and there is little (if any) tear-through due to the woven structure of the tape. This arrangement can also be used for subcuticular suturing with good effect because of the folded edge.

Figure 1 Longitudinal Witzel tunnel constructed; note the two 3/0 polydioxanone sutures used to exclude the feeding tube from peritoneal cavity

Figure 1 Pink tape for suturing practice