Technical Section

TECHNICAL NOTES AND TIPS

Use of a 5mm port for inserting a feeding jejunostomy catheter: a cheaper and safer method

K Ray
Sanjiban Hospital, India

CORRESPONDENCE TO

Kausik Ray, E: ray_kausik2003@yahoo.co.in

BACKGROUND

A feeding jejunostomy is necessary for some seriously ill patients who are unable to take fluids and food by mouth and who need enteral feeding. A proper feeding jejunostomy tube kit is not available in many parts of the world and high cost prevents its procurement at many centres.

TECHNIQUE

We use a 5mm laparoscopic port and a 14Fr nasogastric tube for this procedure. The 5mm port is inserted obliquely into the jejunal lumen through a tiny serosal incision and a nasogastric tube is inserted through the cannula. After removing the cannula, the serosal entry point is closed with an absorbable purse string suture. The port is reinserted obliquely through the abdominal wall and the distal end of the tube is extracted through the cannula. The cannula is then removed and the jejunal loop is fixed securely to the parietal peritoneum at its entry site with interrupted absorbable stitches.

Figure 1 Insertion of feeding tube through the 5mm port pierced obliquely through the jejunal wall

DISCUSSION

Standard open and laparoscopic methods require special instrumentation as well as expensive custom-made tubes.¹ Major feeding jejunostomy related complications include small bowel perforation, small bowel volvuli with infarction, intraperitoneal leaks and small bowel necrosis.² Owing to our oblique insertion of the tube, facilitated by the 5mm trocar-cannula, spillage, dislodgement and bowel twisting can be prevented. The method is cheap, safe and feasible in any hospital.

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References

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Figure 2 Feeding tube pulled through the 5mm port pierced obliquely through the parietal wall

Figure 3 Photograph after placing the feeding jejunostomy tube through the 5mm port