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Percutaneous endoscopic gastrostomy in elderly patients

Sir,

I read 'Percutaneous endoscopic gastrostomy in elderly patients'¹ with interest. I was surprised the authors did not mention percutaneous non-endoscopic gastrostomy, which is probably the best method of gastrostomy for enteral feeding. The technique was first described independently by three radiologists in 1983.^{2–4} The stomach is initially inflated with air via a nasogastric tube. The stomach is located by fluoroscopy and the feeding tube is introduced under local anaesthesia using the Seldinger technique.

The technique has a number of advantages over percutaneous endoscopic gastrostomy: (1) It can be performed quickly and easily by one operator without the need for endoscopy, intravenous sedation or general anaesthesia; (2) it is simple and can be learned more easily as it does not require endoscopy skills; (3) because the feeding tube is introduced percutaneously under sterile technique rather than via the oesophagus, the incidence of

wound infection and aspiration is much lower; (4) a larger tube can be placed, permitting easier feeding of the patient; (5) the technique can be used even in the presence of severe oesophageal narrowing; (6) it is easier to change the tube when it becomes obstructed; (7) it is easier to advance the tube into the jejunum if required.⁵

The largest series to date reports a procedure-related mortality of 0.8% and a major complication rate of 1.2% which compares favourably with the figures quoted for percutaneous endoscopic gastrostomy.⁵ Percutaneous gastrostomy using the Seldinger technique would therefore appear to be the preferred method of gastrostomy for enteral feeding.

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