

Gastric and Jejunal Enteral Access

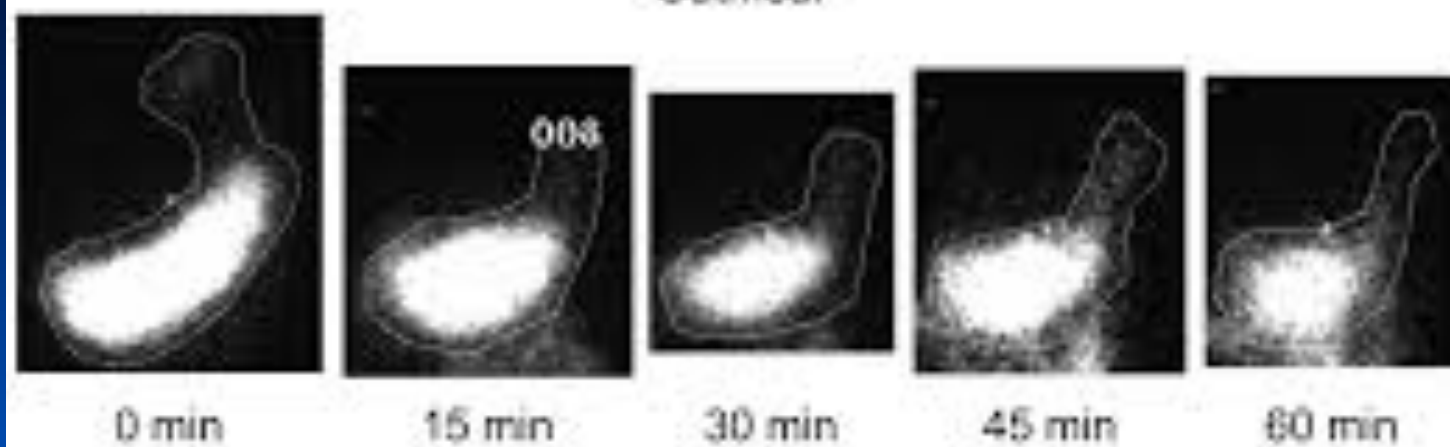
Mark H. DeLegge, MD



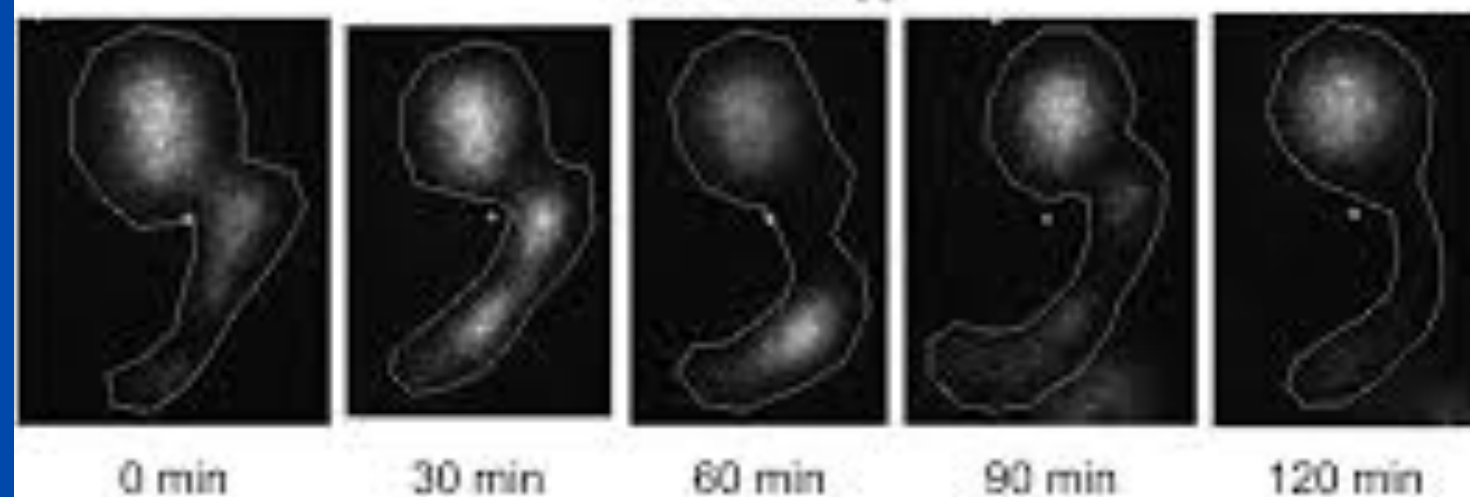


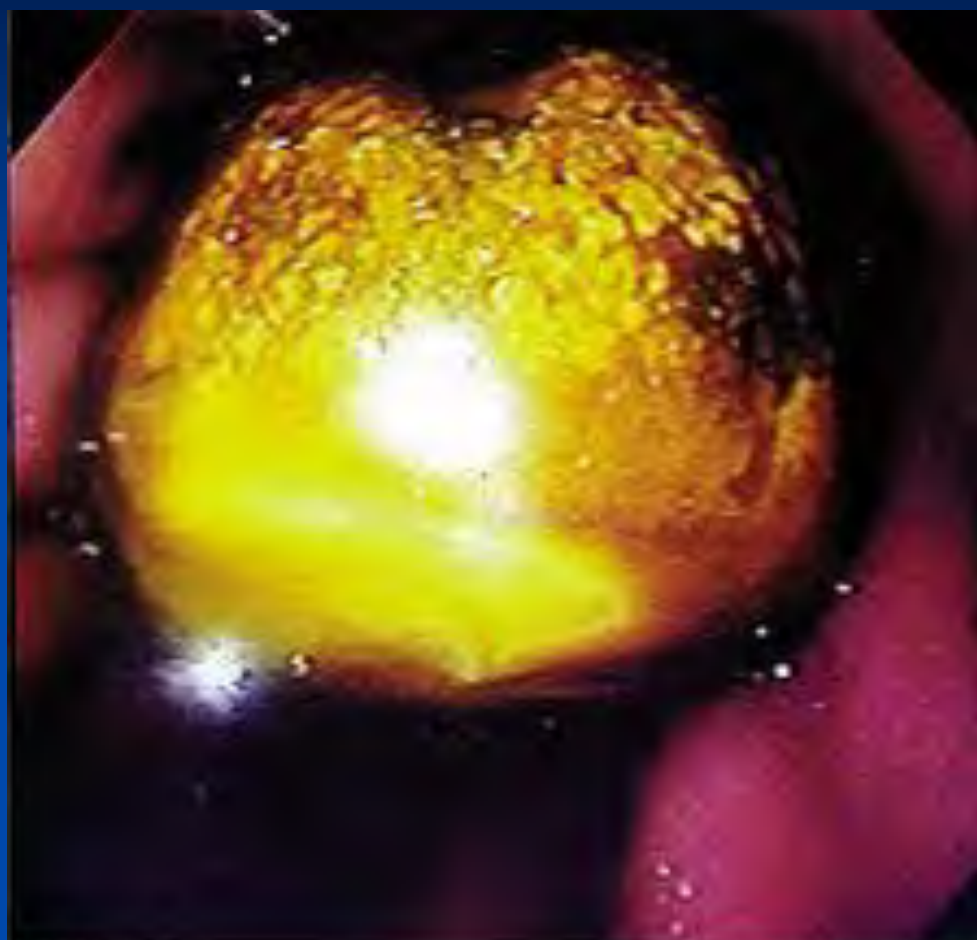


Oatmeal



Scrambled Egg





Medscape®

<http://www.medscape.com>





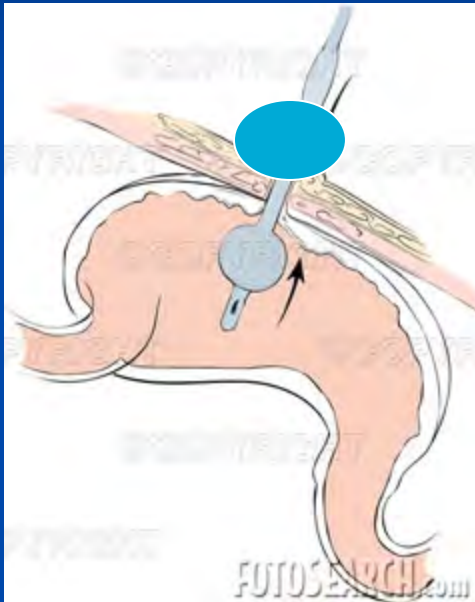
Figure 5: Endoscopic appearance of acute caustic GOD during CRE dilatation; (a) narrowed pyloric opening with active ulceration; (b) CRE balloon in situ; (c) CRE balloon inflated; (d) pyloric channel opening after CRE dilatation

Cosmetic Advantages Low-Profile Device

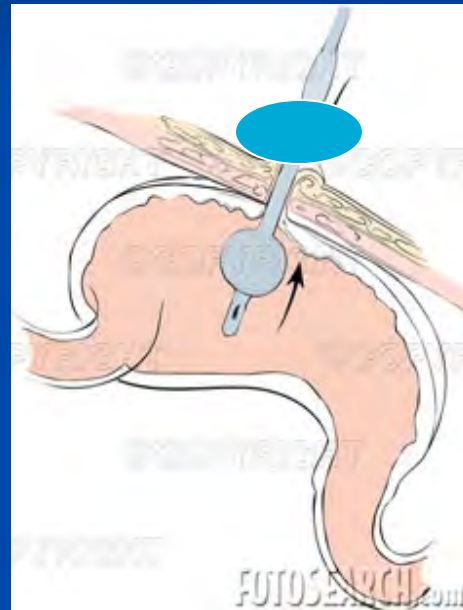


PEG Placement and the External Bolster Placement

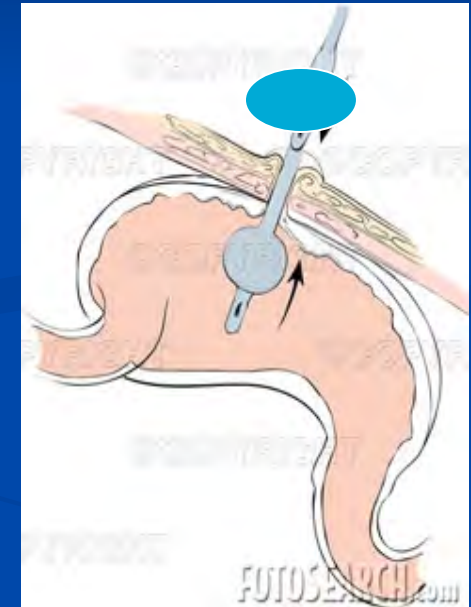
Tight



Direct Apposition

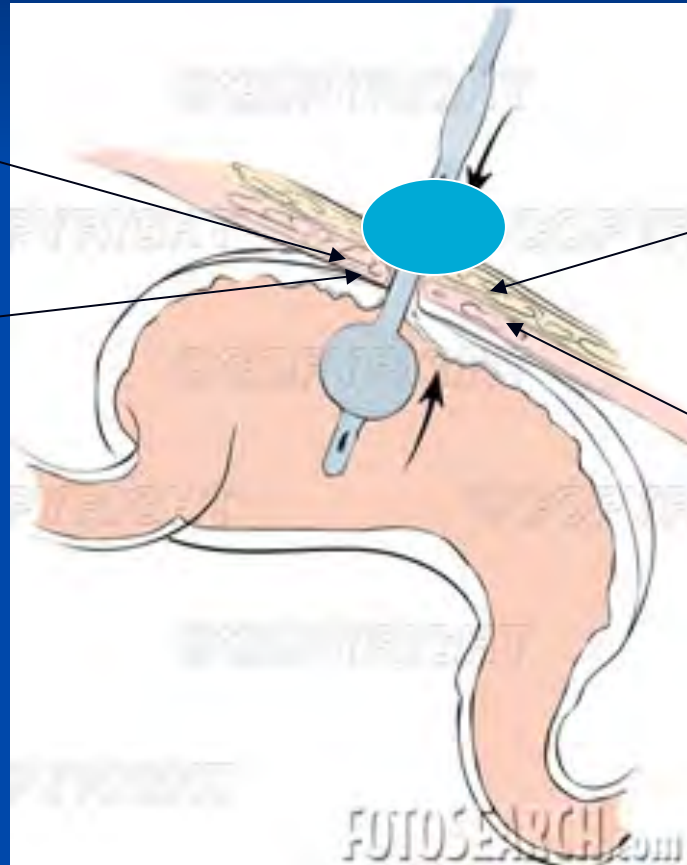


1-2 cm Away



Does it Matter ?

Tissue Compression



Increased tissue tension

Ischemia

Reduced blood flow

Reduced oxygen/nutrient delivery

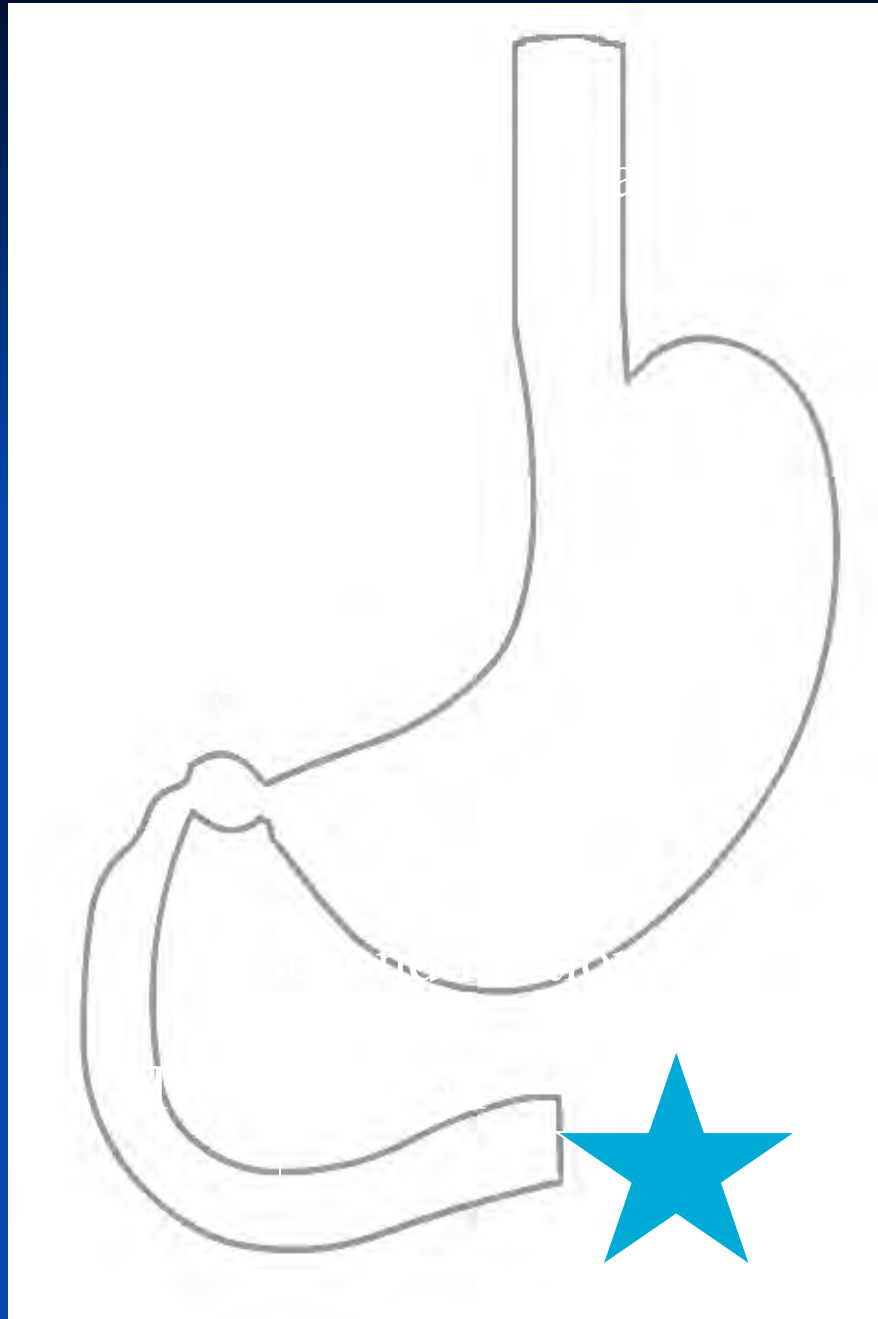
Ying or Yang

Direct Apposition



Loose





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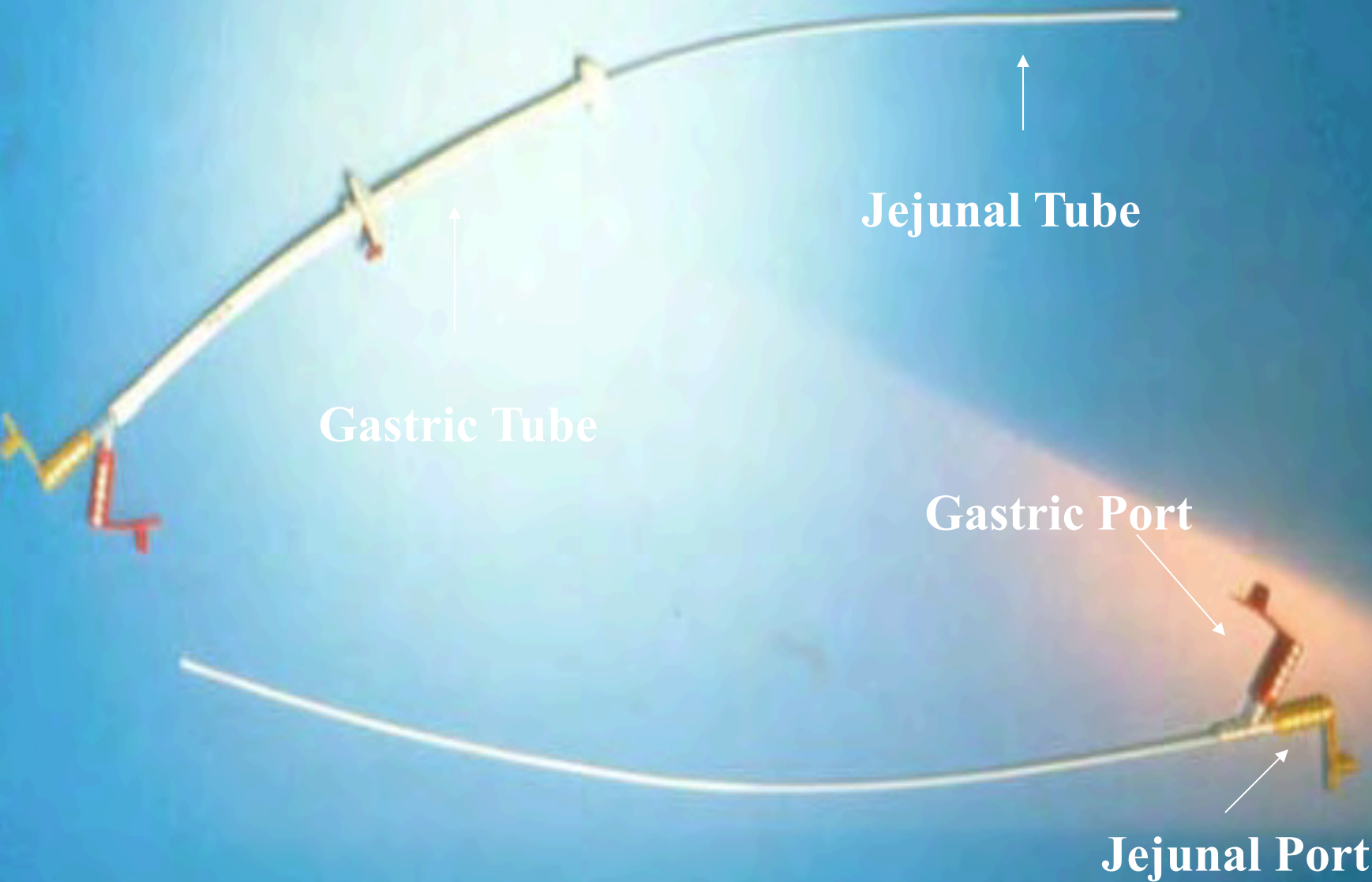
h

||
Name:
Sex: Age:
D. O. Birth:
03/01/2002
09:59:11
CVR:
D. P:
Ex: 3

Physician:
Comment:



Percutaneous Endoscopic Gastrojejunostomy

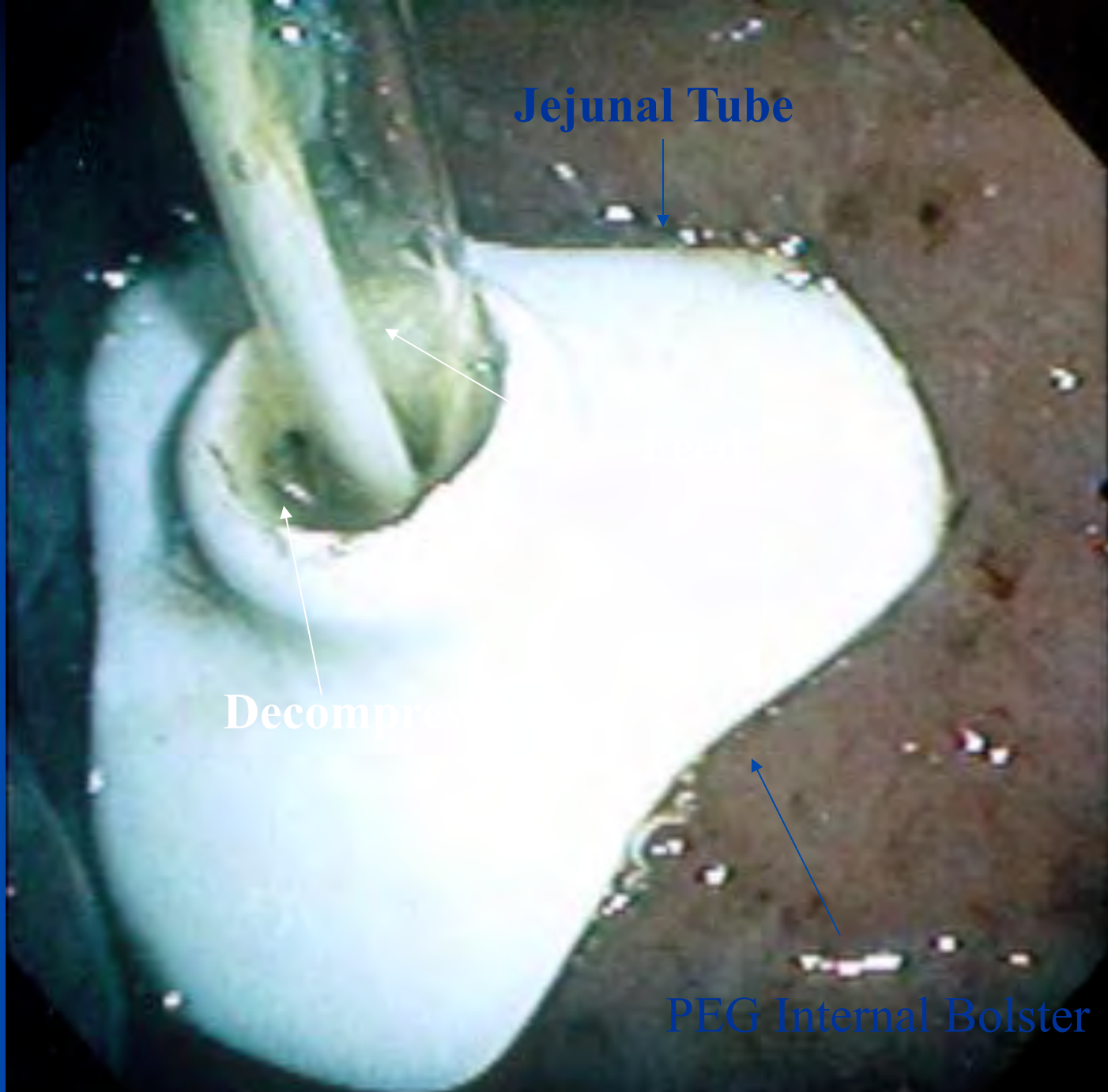


Gastric Tube

Jejunal Tube

Gastric Port

Jejunal Port



Jejunal Tube



Decompression



PEG Internal Bolster



***** Notice Air Gastrogram**

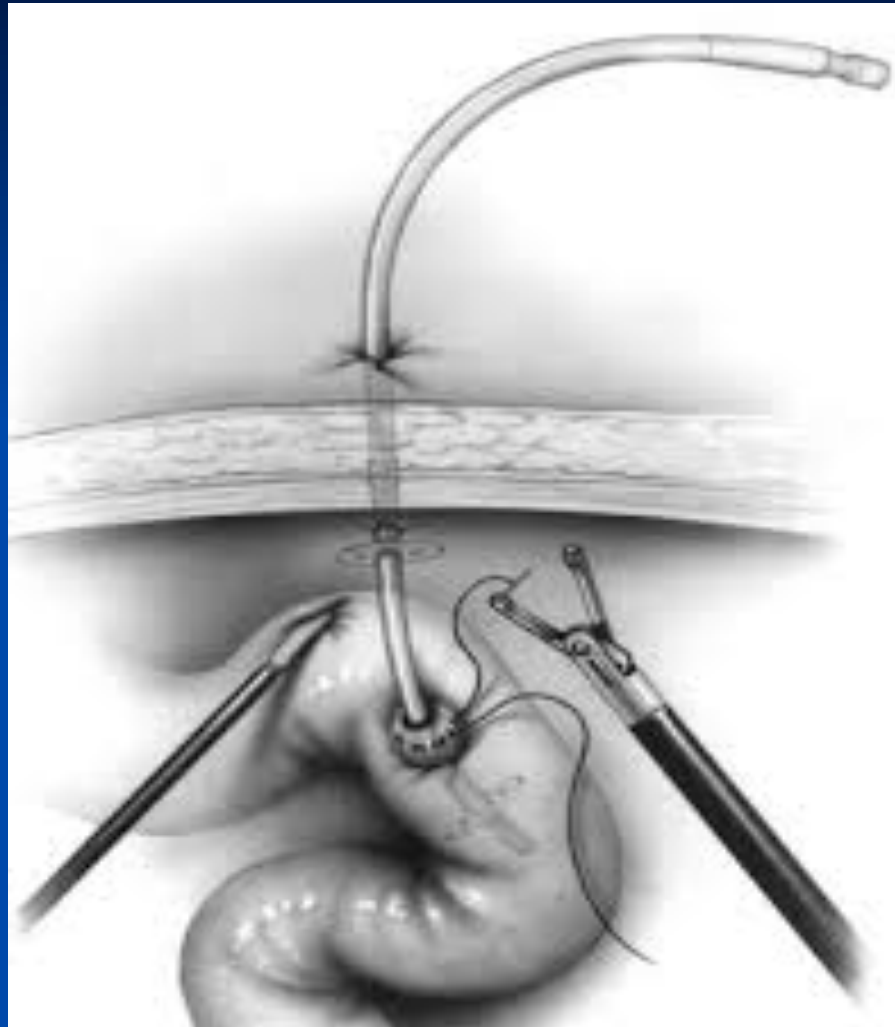
Duodenal C-Loop

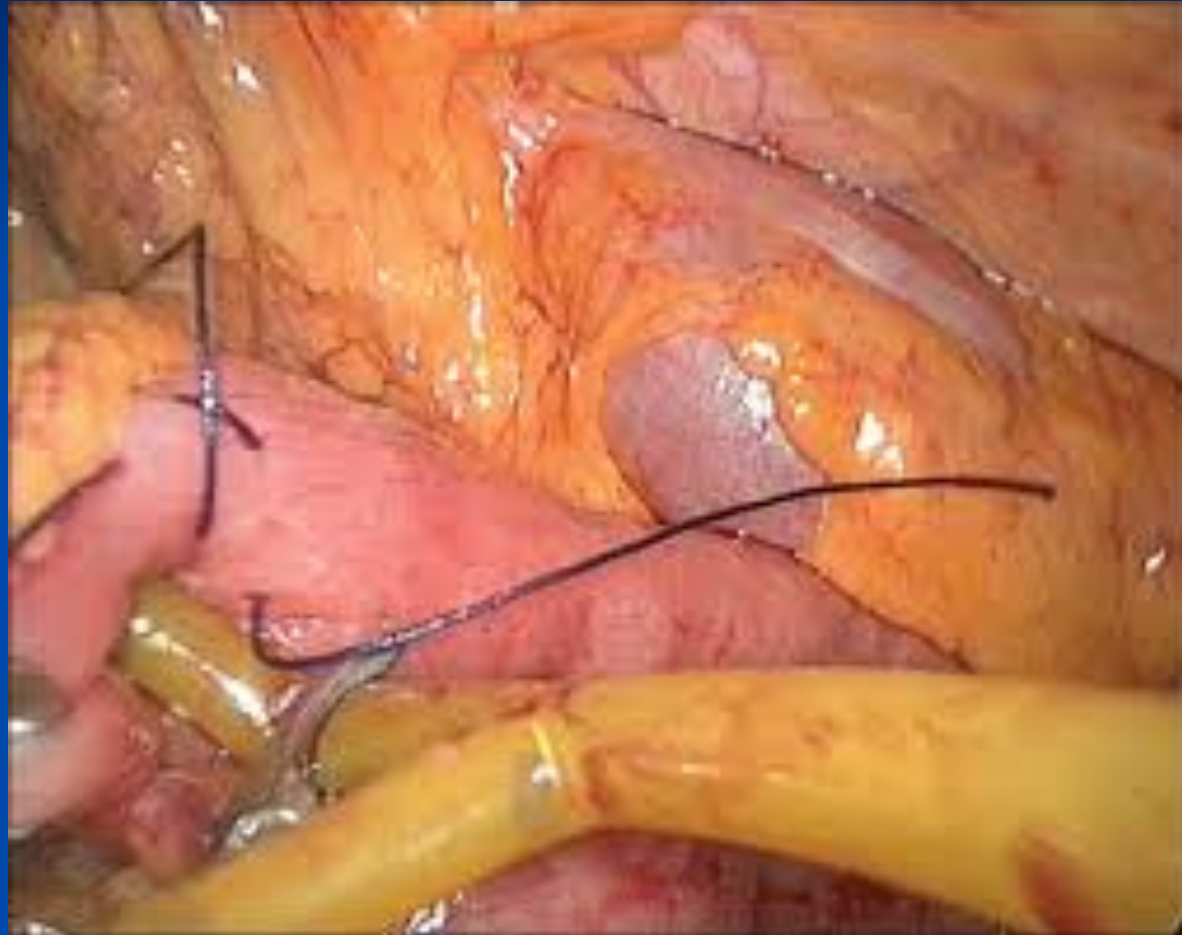
Tip of J-Tube

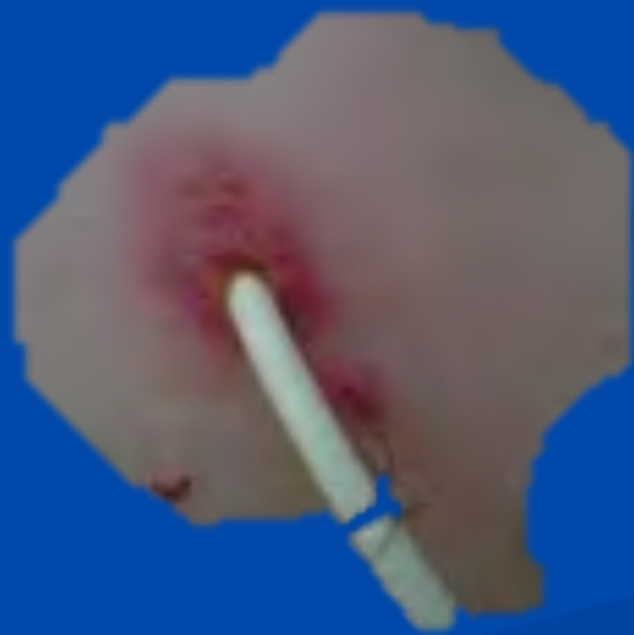
PEG





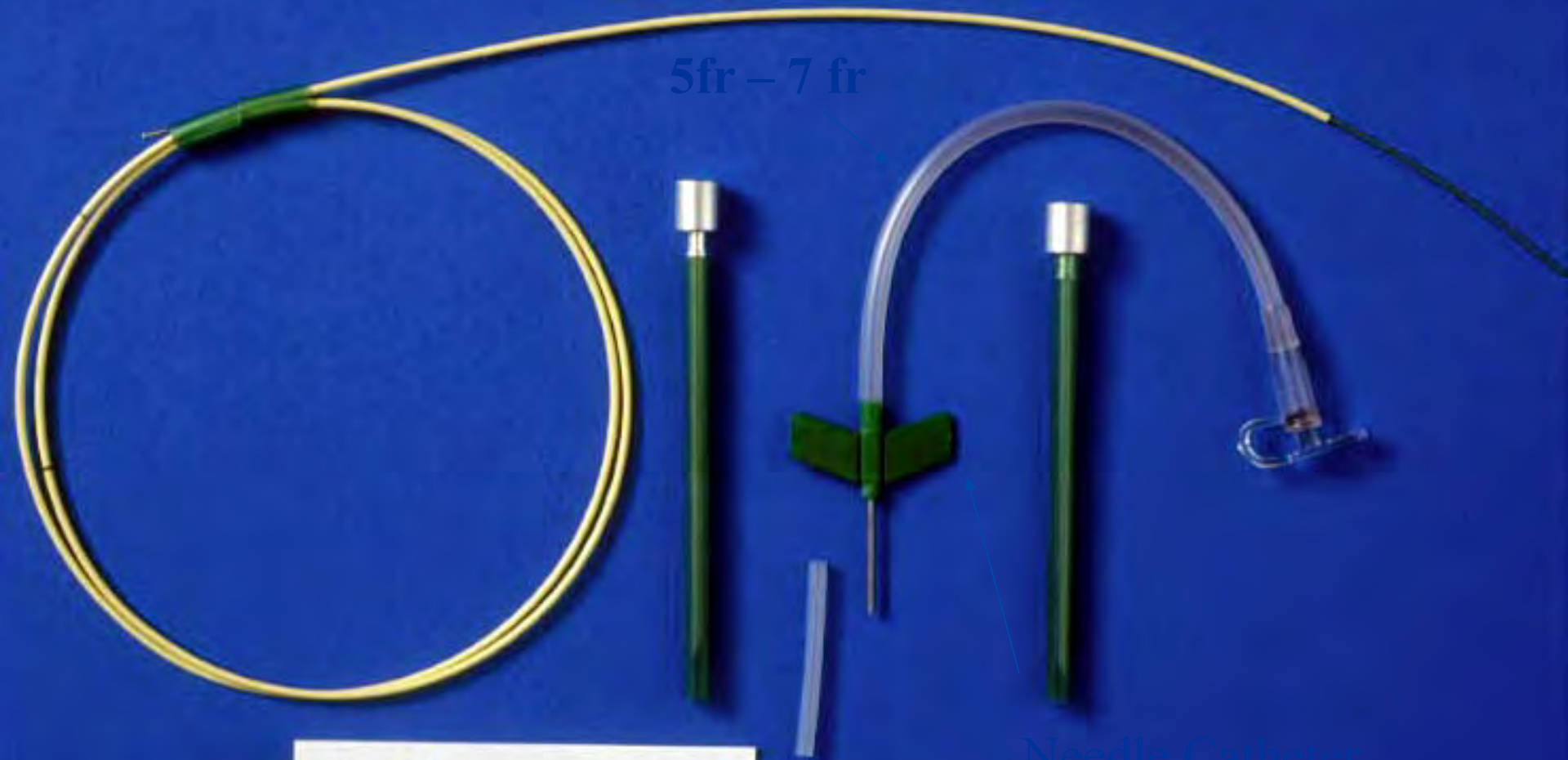






Direct Small Bowel Access – Surgical Jejunostomy

“Was the Gold Standard”

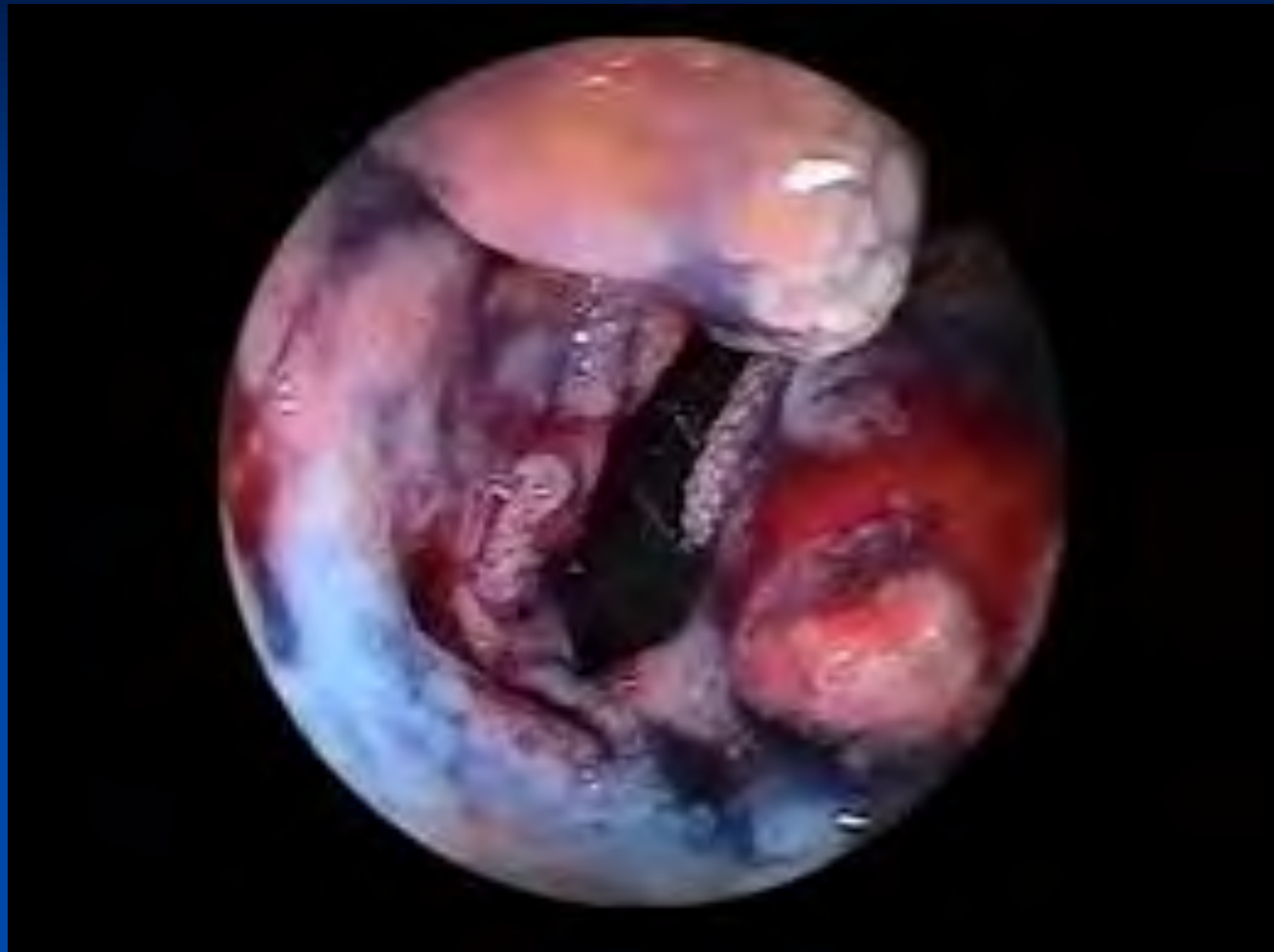


5fr – 7 fr

Needle Catheter
Jejunostomy

Vivonex











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