

## **Advanced Techniques and Complications in Enteral Access**

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Endoscopic insertion of enteral feeding tubes is a major adjunct to the delivery of nutrition therapy. Since the first report of percutaneous endoscopic gastrostomy (PEG) in 1980, insertion techniques and equipment have been refined and improved. Despite this progress, deep jejunal enteral access remains a difficult procedure and many endoscopists do not have experience with the techniques of nasojejunal (NJ) placement, percutaneous endoscopic gastrojejunostomy (PEGJ), or direct percutaneous endoscopic jejunostomy (DPEJ).

The difference between an exasperating frustrating experience and an enjoyable rewarding procedure lies in mastering the “tips and tricks” that make insertion easy. Deep jejunal access can be a trying and time-consuming procedure for both patients and physicians. Poor motility, recurrent nausea and vomiting, patient immobility, reduced mental status, and altered surgical anatomy are just a few of the factors which can make the procedure particularly challenging. Successful outcomes can be achieved, however, through thoughtful planning, careful technique, utilization of the proper equipment, and assurance that the tube is adequately secured post-placement.