A simple method of placing a nasojejunal tube in a patient with a nasobiliary catheter

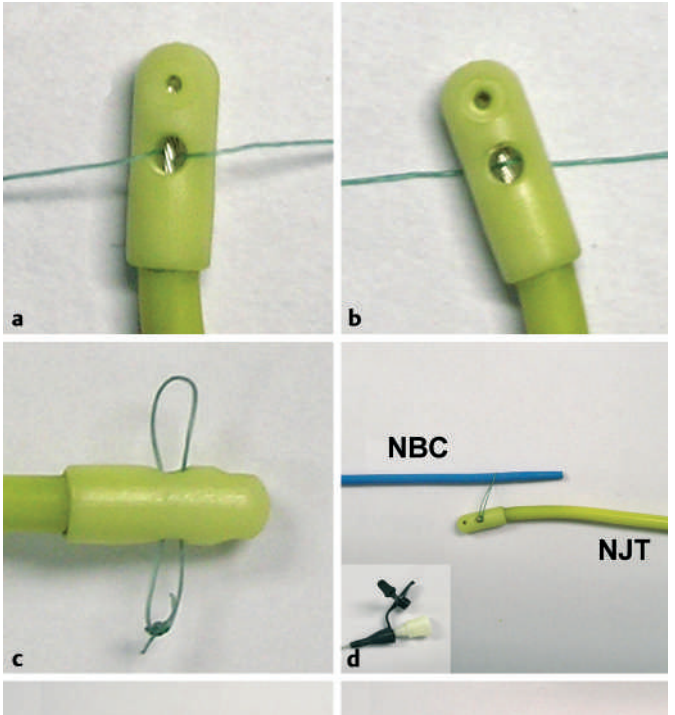

Figure **1** **a–f** The procedure of Li's method (NBC, nasobiliary catheter; NJT, nasojejunal tube).

The early initiation of enteral nutrition is considered to be standard care in patients with severe acute pancreatitis. Enteral nutrition was always delivered through a nasojejunal tube that had been placed endoscopically or radiographically [1]. However, variable success rates have been reported for different techniques for placing nasojejunal tubes [2–4]. Without any direct or indirect visualization, it is difficult to know when the nasojejunal tube has traversed the pylorus. We here describe a simple way of placing a nasojejunal tube in a patient with acute biliary pancreatitis, who had undergone an endoscopic retrograde cholangiopancreatography and a nasobiliary drainage procedure 1 week previously.

A silk ring was tied through the tip of the nasojejunal tube (Flocare Bengmark Naso-intestinal Tubes; Nutracia HealthCare S.A., Domdidier, Switzerland). The ring could be released smoothly by pulling the guide wire in the nasojejunal tube. The nasojejunal tube was then fixed to the nasobiliary catheter (Leung nasal biliary drainage catheter; Wilson Cook Medical, Winston-Salem, North Carolina, USA), using the ring, and inserted via the patient's nose. When the nasojejunal tube reached the duodenal bulb, the guide wire in the tube was pulled out for 1 cm, releasing the ring and separating the tube from the nasobiliary catheter. The nasojejunal tube was pushed alone for 20 cm and placed successfully in the superior segment of the jejunum (Figure **1**). Fluoroscopy showed that the spiral of the tube was located in the jejunum. (Figure **2**).

In conclusion the above method is simple, safe, and highly effective, and can be done quickly in patients with a nasobiliary catheter.

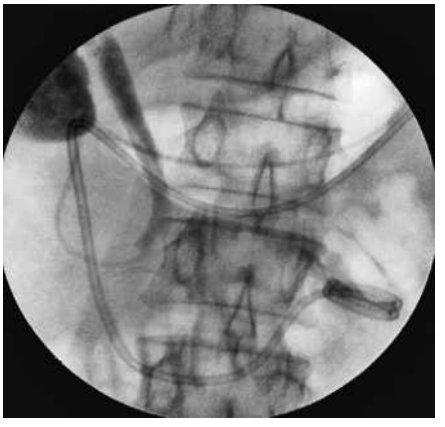

Figure **2** Plain abdominal radiography showed that the spiral of the nasojejunal tube was correctly located.

Endoscopy_UCTN_Code_TTT_1AO_2AK

Z.-S. Li, D. Wang, Z. Liao
Department of Gastroenterology, Digestive Endoscopy Centre, Changhai Hospital, Second Military Medical University, Shanghai, China.

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Corresponding author

Z.-S. Li, MD
Department of Gastroenterology
Digestive Endoscopy Center · Changhai Hospital · Second Military Medical University · 174 Changhai Road · Shanghai 200433 · China · Fax: +86-21-55620081
Email: zhaoshenli@hotmail.com

DOI: 10.1055/s-2006-945131