# Percutaneus Endoscopic Gastrostomy
*More Echonomical Method*

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Surgical gastrostomy is a frequently utilised technique in clinical practice on patients with diminished oral in take due to benign or malignant pathologies. But in most of the cases, the performance of this technique tums out to be a difficult or impossible task due to the traumatic effects of either anesthesia or surgery, since the majority of gastrostomy patients are of high risk group. Thus as an alternative and less traumatic method, percutaneus endoscopic gastrostomy (PEG) is being widely used since it can be performed without general anesthesia and without a major complication.

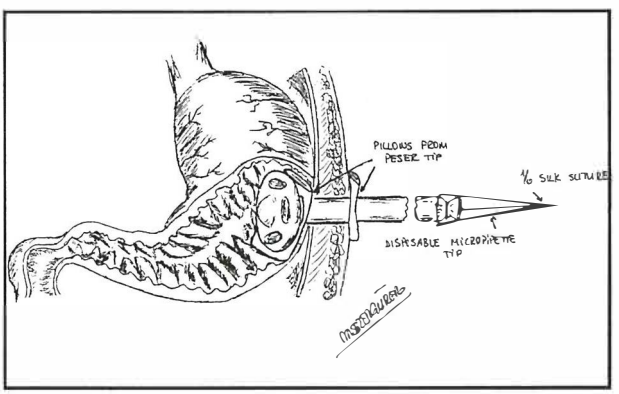
Special kits are produced for PEG application. But, since these kits are imported and also expensive material, it is beyond the limits of affordability for most of the patients and difficult to supply. For this reason, we started to use self-made PEG kits which are not only cheaper but also have some technical advantages. In this paper our self-made kit and its application is reported.

## MATERIAL AND METHOD

Either "pull" or "push" methods are being used in PEG application. Our method is based on classical 'push' method (1,2,3). For the preparation of the PEG kit, a 16-18 Fr. Pesser tube, 1)0 silk suture as guide and a disposable tip of miropipette as perforator is utilised. The expanding part of the extraabdominal end of the Pesser tube is cut and divided into two 3 cm. pieces, which are then used as intragastric and cutaneus pillows.

At the initial step, one of the pillows is inserted on the Pesser tube. The suture, introduced into intragastric cavitiy by means of a branule, is taken out from the mouth of the patient and tied tightly around the last 3 mm part of the Pesser tube, after being passed through the dispoable tip of the micropipette. By keeping the knot within the perforator, the breaking of the suture is avoided and the procedure of exteriorisation of the tube is more easier.

The next step is exteriorisation of the Pesser tube through the abdominal wall, by the help of the suture which is used as a guide. As the last step, the second pillow is inserted on the extraabdominal part of the gastrostomy tube and fixed (Fig. 1).




## COMMENTS

This kit and technique was utilised on four patients in our hospital without any complication and very low cost. Our kit costs only 5 US dollars whereas a disposable PEG kit costs around 100-150 US dollars.

## KAYNAKLAR

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