

Additional imaging gives better view and reduces complications in patients needing gastric tubes

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Additional fluoroscopic and CT views can substantially reduce complications that occur during percutaneous radiologic gastrostomy, a procedure used for patients who require a gastric tube for nutritional support.

"In a study of 146 patients, we saw a major [complications](#) rate of 5.9%," said Dr. Erich Lang, of SUNY Downstate Medical Center, in Brooklyn, NY and lead author of the study. Major complications included organ injury with [hemorrhage](#) and colonic perforation, he said. Minor complications, such as tube leakage or dislodgement, occurred in 17.6% of patients, he said. "We were concerned with the high rate of complications, and we wanted to eliminate them."

"Topographic anatomic misjudgment appeared to be the cause for all major complications in this group of patients so we changed our technique to provide us with a better view," said Dr. Lang. In a follow-up study of 29 [patients](#), we added fluoroscopy in oblique projection, cross table lateral fluoroscopy or biplane fluoroscopy, Dr. Lang said.

"We virtually eliminated the problem of misplacement of gastrostomy [catheters](#)," he said. "By including CT in AP, lateral and oblique projection, we've eliminated improper passages of entry-tracts through other organs," Dr. Lang said.

It is important to note that surgical gastrostomy and percutaneous

endoscopic gastrostomy – two other techniques for insertion of feeding tubes—have even higher rates of complications, said Dr. Lang. Surgical gastrostomy has a reported 74.3% [complication rate](#), while percutaneous endoscopic gastrostomy has a reported 42.9% complication rate.

Dr. Lang's study is part of an electronic exhibit that will be available from April 13-April 19 at the ARRS Annual Meeting in Washington, DC.

Provided by American Roentgen Ray Society

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