

THE LOOPPEG SYSTEM – READY FOR PRIMETIME?

Dear Sir,

I read with interest the technique described in the article by Pang,⁽¹⁾ in which he detailed the common problems with the percutaneous endoscopic gastrostomy (PEG) tube. In our institute, we perform about 450 PEG placements every year. A small percentage of these do dislodge; if this is after the initial track is formed, in our experience, the fastest and easiest way to prevent the stoma from closing is to insert a Foley catheter and inflate the balloon. It seems that this would not be a difficult task for caregivers to learn. Also, he does not provide any data on the current state of the LOOPPEG System, i.e. has it been tried/tested on human subjects? Are there any local complications? Till these questions are answered, we cannot say that it has the potential to be the new global standard.

Yours sincerely,

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REFERENCE

1. Pang AS. A new feeding tube which is secure and easy to change. Singapore Med J 2009; 50:740-2.