

AUTHOR'S REPLY

Dear Sir,

I thank the reader for his interest in my article.⁽¹⁾

450 percutaneous endoscopic gastrostomy (PEG) insertions per year is an impressive figure by any measure. His institute is likely to have put in place an equally impressive system to support the patients' caregivers and families in all aspects of tube management.⁽²⁾ Evidence that this is a reasonable assumption would be the small percentage of tube dislodgement and the teaching of caregivers in the use of a Foley catheter. In such a happy situation, his institute might not switch to the new feeding tube.

My article disclosed that the 3G tube was validated clinically in patients. From the discussion, it is obvious that the new feeding tube will have local complications, just like all other gastrostomy tubes, the PEG included. The issue is whether the rate will be lower or higher. Randomised controlled trials (RCTs) with large number of patients can help resolve the issue, and they might appear in peer-reviewed journals in due time. The same applies for all other issues which the reader may have. I can understand the reader who will only accept the 3G tube as the new global standard when validated by RCTs. Until then, it has the potential to be, as claimed.

Yours sincerely,

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REFERENCE

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2. Iyer HV. The LOOPPEG system – ready for prime time? Singapore Med J 2010; 51:181