

The Wanderlust Feeding Tube

The case of the dislodged de Novo Jejunostomy

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Disclosures

Speakers' Bureau:

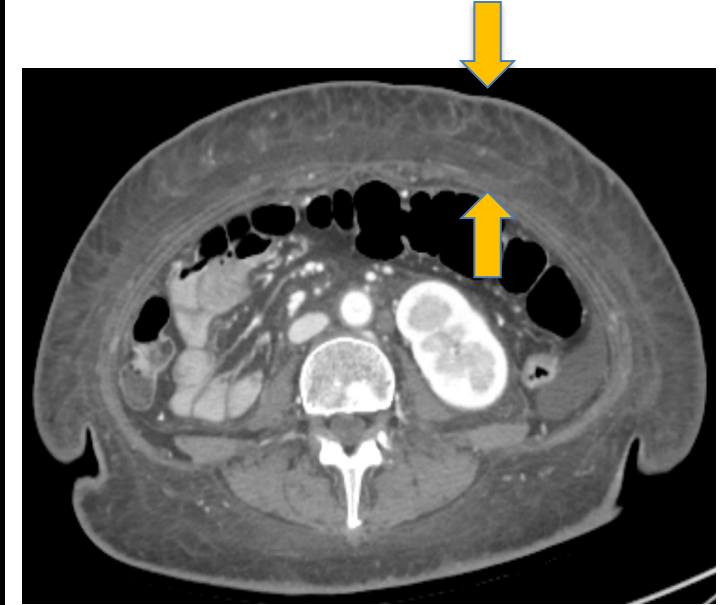
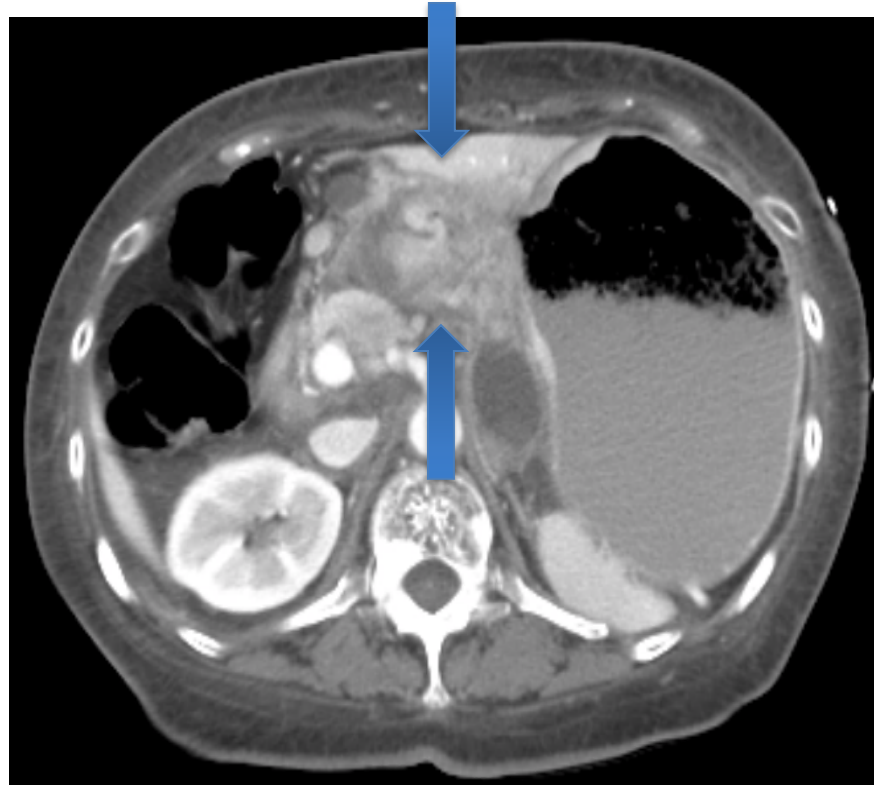
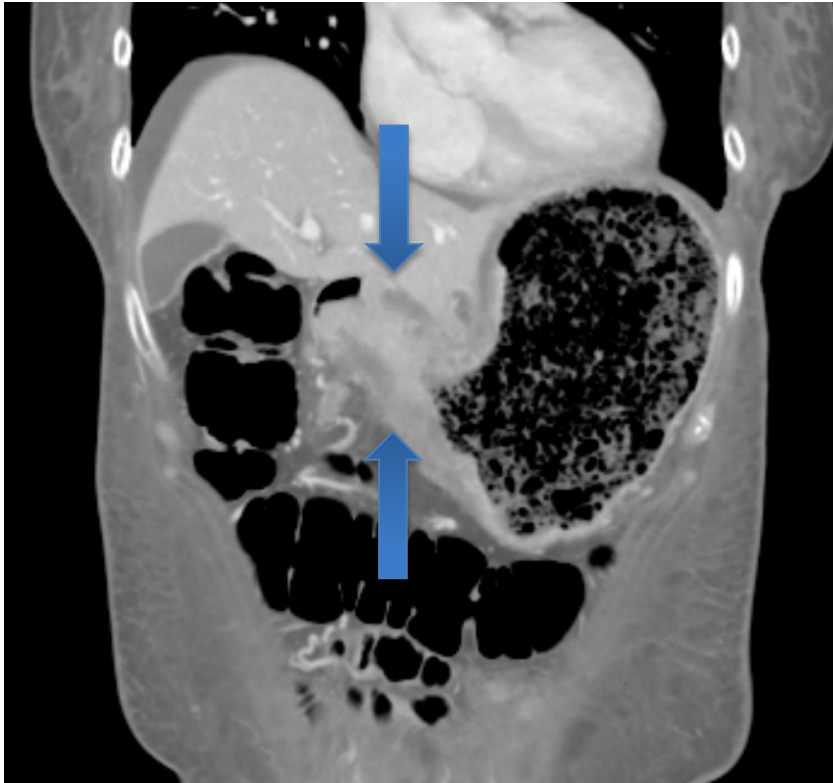
- Medtronic
- Endocare

*Brand names are included in this presentation for participant clarification purposes only.
No product promotion should be inferred.*

IR de novo Jejunostomy

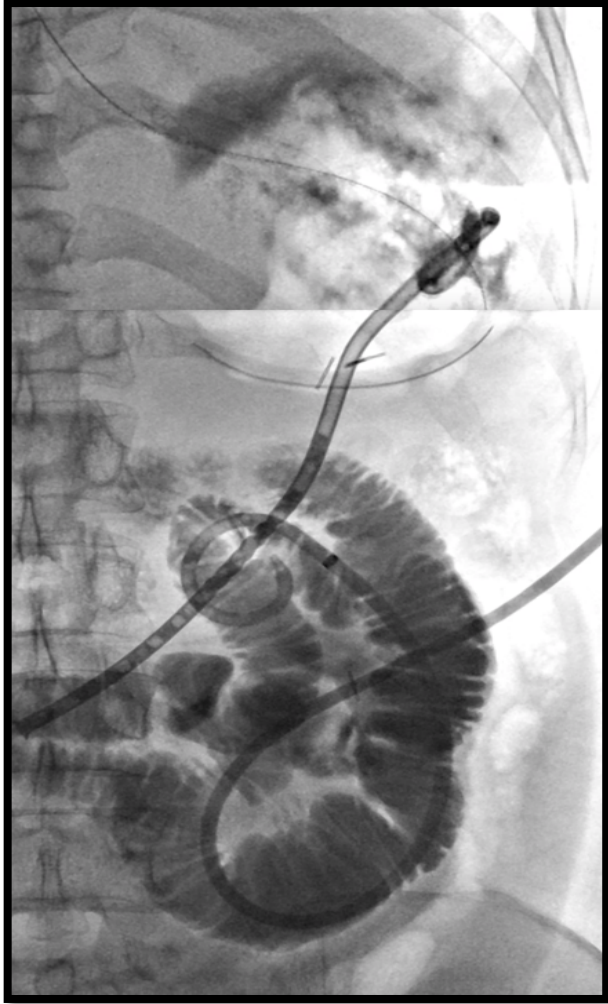
- Completely percutaneous placement
- No prior surgical plexi
- Indications in cancer patients:
 - Malnutrition
 - Not a candidate for surgical placement
 - Not a candidate for placement of a percutaneous Gastrostomy or Gastrojejunostomy:
 - Stomach anatomically inaccessible
 - Severe gastric outlet or proximal small bowel obstruction prevents Gastrojejunostomy advancement

Wanderlust Jejunostomy



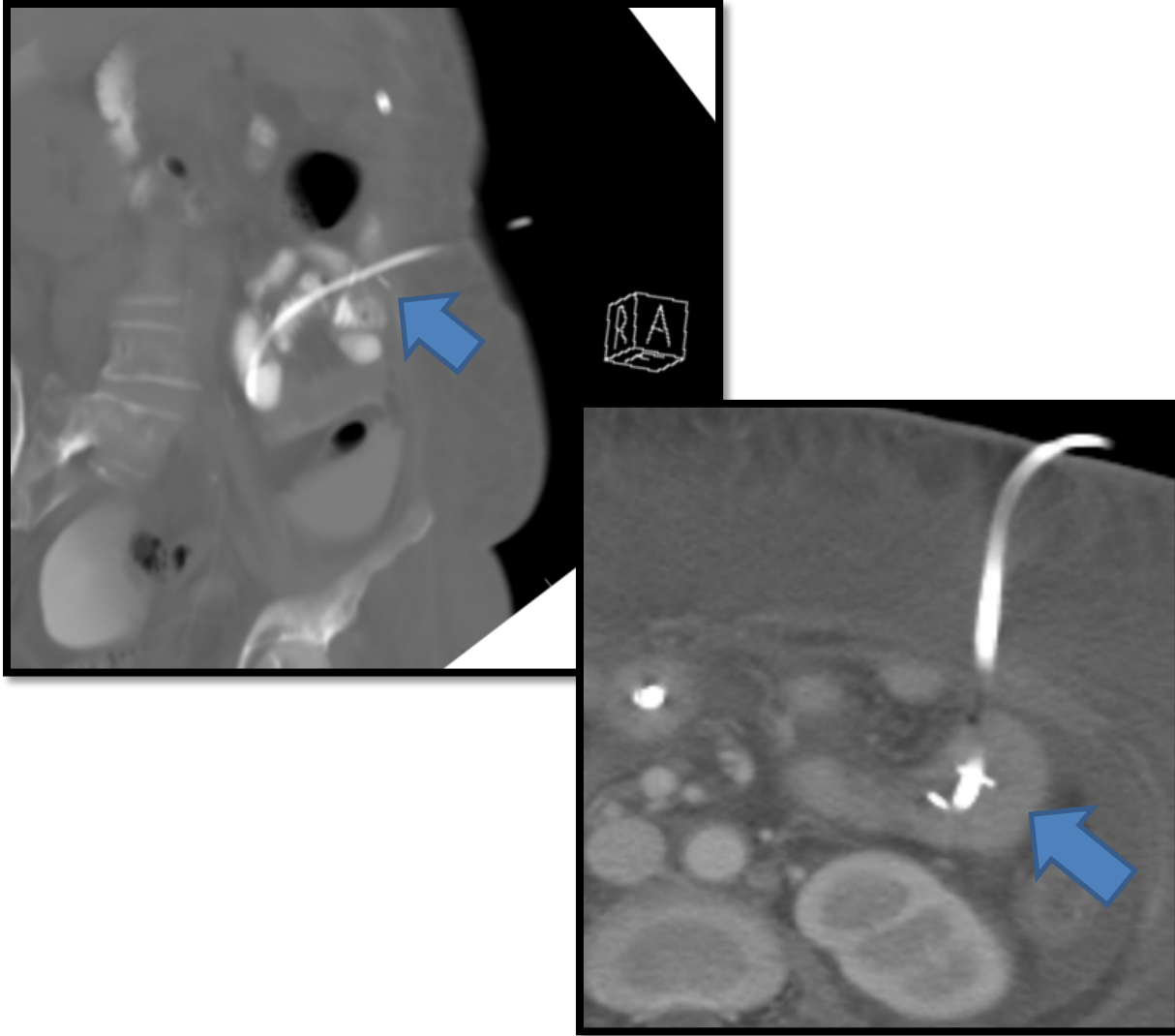
58 yo woman with advanced metastatic adenocarcinoma presented for placement of a venting gastrostomy and a de novo feeding jejunostomy tube (no prior surgical plexi). Surgical team recommends IR for jejunostomy placement, as patient has advanced cancer and is not an optimal surgical candidate (acute PE and pneumonia).

Wanderlust Jejunostomy



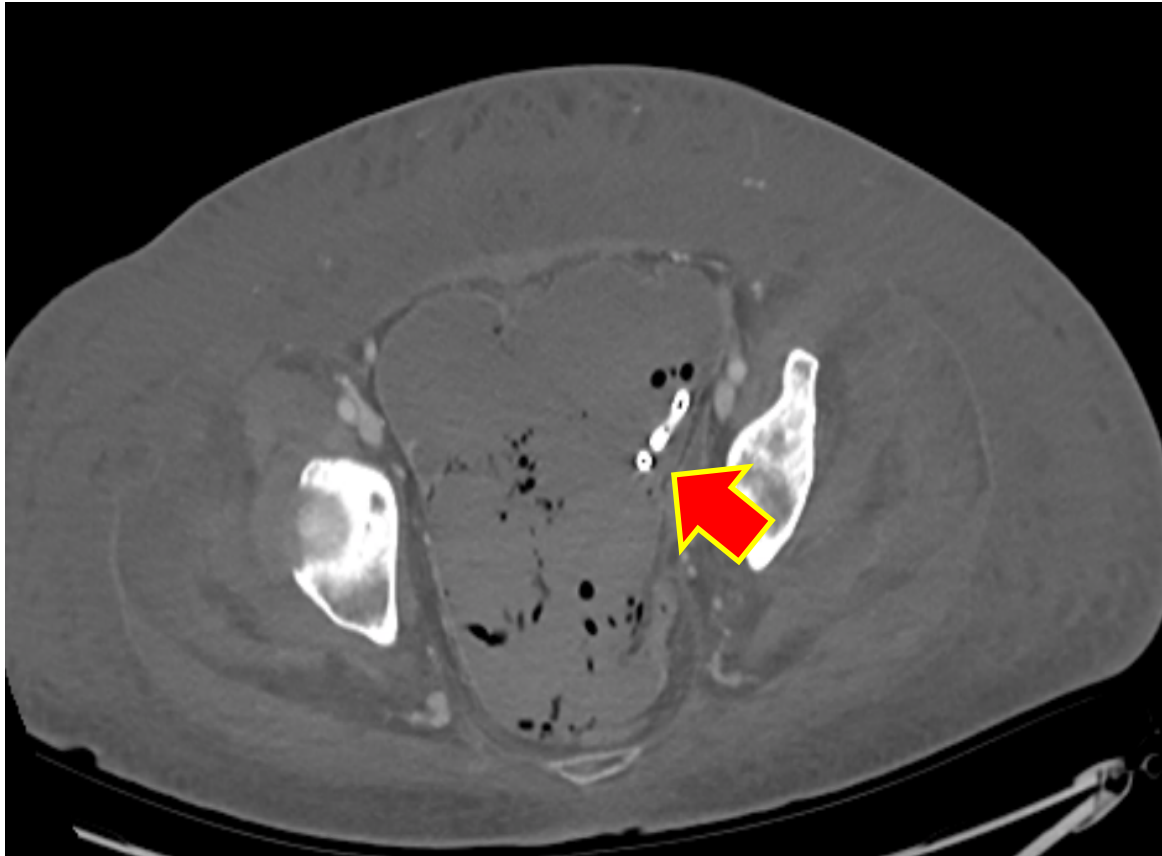
- Successful percutaneous placement
 - 14 Fr venting gastrostomy
 - 14 Fr jejunostomy
- J-tube within jejunum post procedure, with T-tacks that appear to be within 2 cm of tube entrance
- Two types of T-tacks used
 - Resorbable suture
 - Non-resorbable suture

Wanderlust Jejunostomy



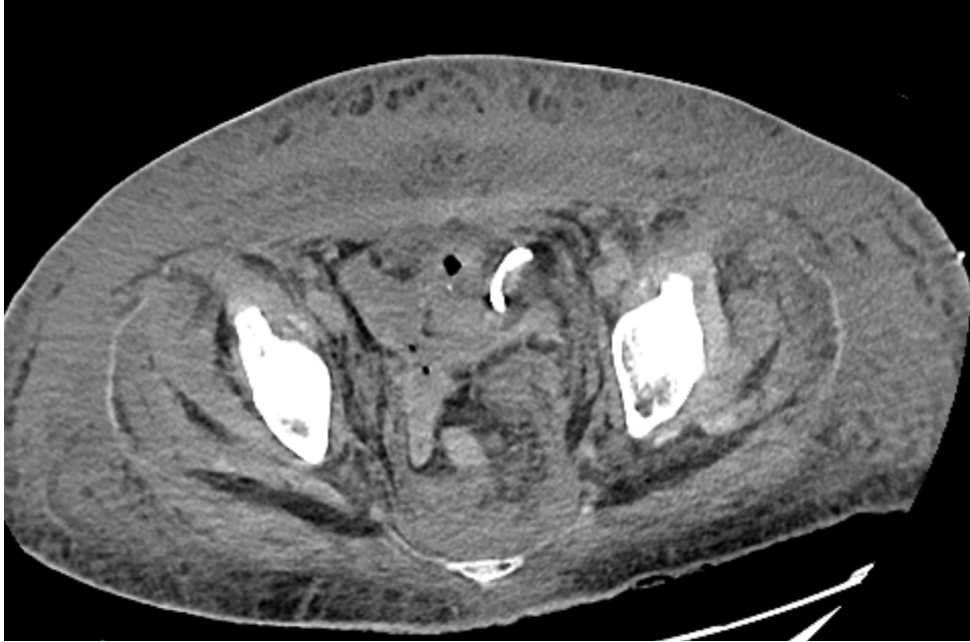
- Ct 1 week post-procedure obtained for unrelated acute issues
- Tube in appropriate location
- T-tacks intact
- Two types of T-tacks used
 - Resorbable line
 - Non-resorbable line

Wanderlust Jejunostomy



2 weeks after tube placement, the patient decompensates and is found to have abdominal distention. A CT demonstrates tube dislodged and abdomen full of tube feeds

Wanderlust Jejunostomy



Jejunostomy tube placed to suction, with aspiration of the majority of fluid. IV antibiotics initiated. Clinical improvement in peritonitis over course of 3 days. Unfortunately, died from respiratory failure (acute PE and pneumonia) 4 days after tube dislodgement.

IR de novo Jejunostomy

- Common challenges for IR de novo Jejunostomy placement:
 - Natural peristalsis of small bowel
 - Substantial subcutaneous tissue
 - Need for general anesthesiology in sick patients
 - Multiple comorbidities
- Possible complications:
 - Tube dislodgement
 - Tube clogs quickly
 - Hematoma at access site causes jejunal obstruction
 - Overtightened T-tacks cause focal pain
 - Overtightened T-tacks cause focal tear in jejunal wall