

## Policy for Peg Tube Placement

This policy describes the procedure that will be used for percutaneous gastrostomy and percutaneous jejunostomy feeding tubes, regardless of the specific type of tube employed. In general, all of these studies should be performed with injection of contrast material under fluoroscopic guidance with appropriate digital “spot” images. Because of the use of iodinated contrast, patients should undergo routine contrast screening, and appropriate action be taken if a significant contrast allergy is determined. Additionally, it is important that the patient is placed in very steep lateral decubitus position to assure that contrast bathes the insertion site on the anterior gastric wall. Contrast injection limited to supine position could potentially miss leaks.

If patients are unable to travel to radiology for a fluoroscopic study, a limited study can be performed portably, with placement of a small amount of contrast through the percutaneous catheter by the clinical team and confirmed with a conventional portable abdominal radiograph. However, this is an extremely limited study and cannot prove a functioning (non-leaking) percutaneous catheter.

Because of potential risk of delayed gastroesophageal reflux and aspiration, low-osmolar contrast agent is employed for percutaneous gastrostomy catheters. More distal jejunostomy feeding tubes can use either high or low-osmolar contrast agent.

Imaging protocol:

1. Supine view documenting contrast within the lumen (stomach or jejunum).
2. True lateral injection view including tubing and anterior abdominal wall during injection.
3. Image demonstrating gastric emptying across the pylorus or contrast in the immediate distal small bowel.
4. Always remember to remove excess contrast at the close of the study whenever possible to prevent reflux.

In many cases, referring clinicians are unaware of the limitation of a “single shot” portable tube check. In these instances, the clinician should be educated about the severe limitations of this type of examination.

Also, conventional abdominal radiographs, whether portable or performed in radiology, do not provide an adequate means of assessing the location of a tube relevant to the luminal tract.

Policy approved by:

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