THE LOOPPEG SYSTEM – READY FOR PRIME TIME?

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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