

Electromagnetic Placement of Postpyloric Feeding Tubes: New Findings Worth Digesting

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When children are unable to feed by mouth or have issues with parenteral nutrition due to central line infections or hepatic cholestasis, postpyloric feeding may be a consideration. Such a consideration may be even more of a priority if placement of a pyloric feeding tube increases the risk for aspiration. Normally postpyloric tube placement is done via interventional radiology (with increased risk of radiation exposure if multiple attempts are needed), a jejunostomy (which can carry surgical complications), or blindly at the bedside (which can require multiple attempts and again potential added radiation exposure). To help reduce the time it takes to place a postpyloric feeding tube and radiation exposure in placing the tube, Jha et al ([10.1542/peds.2019-3773](#)) introduce us to a new method involving use of an electromagnetic signal transmission from the tip of the stylet guiding the tube. The authors performed a randomized controlled trial comparing electromagnetic versus blind guidance manipulation in terms of time needed to successfully place the tube, number of attempts, number of x-rays for each guidance, and time from beginning of guidance to beginning of feedings as demonstrated in intensive care unit settings at one institution. 52 patients were randomized, and the results were in favor of the electromagnetic guidance technique with fewer attempts needed, and time required for successful placement averaging 2.5 minutes for the electromagnetic method compared to 19 minutes for the blind guidance method. So while the numbers are small, is this something you should bring to the attention of those who place these tubes to see if they might consider using electromagnetic guidance the next time postpyloric tube placement is needed? Hopefully what has been shared in this blog about the electromagnetic guidance procedure will attract you to wanting to read the entire study in detail by linking to it in the "online first" section of our journal and learning more.

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