Comparing enteral feeding tubes

This table lists types of enteral feeding tubes along with their features.

Tube type	Features
	PREPYLORIC
Nasogastric tube	• Can be placed at bedside by qualified nurse • With weighted tube (Dobhoff), fluoroscopic or radiologic confirmation of placement required before stylet removal • For short-term use (4-6 weeks); longer use poses risk of nasal mucosal damage or sinusitis
Gastrostomy tube	• Inserted surgically • Terminates in stomach • Poses risk of implantation in stomach wall • Allows administration of crushed medications
Percutaneous endoscopic gastrostomy tube	• Inserted endoscopically • Minimally invasive • Allows administration of crushed medications
	POSTPYLORIC
Nasojejunal tube	• Terminates in jejunum • Commonly placed in radiology lab under fluoroscopic guidance; can be placed at bedside with radiographic confirmation • For short-term use (4-6 weeks); poses risk of nasal mucosal damage or sinusitis with longer use
Gastric-jejunal tube	• Terminates in small intestine • Can be used in patients requiring both stomach drainage and intestinal feeding at same time • Poses risk of jejunal extension becoming clogged from inappropriate medication administration or from attempt to rotate tube (as with G tube), causing it to curl back into stomach or protrude out through skin
Percutaneous endoscopic jejunal tube	• Terminates in small intestine • Preferred for patients who need single tube for feeding into small bowel • Required for gastrectomy or esophagectomy patients with gastric pull-up