



Letter to the Editor

Letter to editor in response to article entitled “Feeding jejunostomy after esophagectomy cannot be routinely recommended. Analysis of nutritional benefits and catheter-related complications”



To the editor:

We read with interest the article entitled “Feeding Jejunostomy after esophagectomy cannot be routinely recommended. Analysis of nutritional benefits and catheter-related complications” by Eduardo Alvarez-Sarrado et al.¹ The authors have mentioned that feeding jejunostomy (FJ) after esophagectomy is associated with significant number of complications with questionable benefits. In their study, complication rate is very high i.e. 51.06%. Our centre is a high volume centre for carcinoma esophagus. We performed 102 esophagectomies between January 2012 to November 2018. We routinely perform FJ in all our cases (98 patients) and recently we have also started using nasojejunal(NJ) tube in few cases (4 patients). Our FJ related complication rate is low i.e. 5.10% (5 patients). All of them were minor and managed conservatively. Randomized and observational studies have confirmed these low complication rates.^{2,3}

It is a well established fact that enteral nutrition (EN) is better than parenteral nutrition (PN).⁴ We start FJ feed after 24–36 hours of surgery and use the feed especially made for this purpose under the supervision of the dietician. FJ feed is also valuable in cases of anastomotic leak where we can continue the EN which is also cost effective than PN. It is more important in developing countries because financial constraint is always an issue.

Most of the studies that questioned the benefits of routinely performed FJ in esophagectomy are retrospective in nature.^{5,6} We need prospective and randomized studies before giving any recommendation regarding selective use of FJ.

References

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.amjsurg.2018.12.015>.

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