time consuming and its use is often limited by jejunal tube dysfunction. We aim to describe our outcomes using a “through the PEG” technique of jejunal extension placement.

**Methods** PEG-J placement in our unit is based upon the technique described by Berger et al in 1996. Briefly, a 28Fr PEG tube is inserted and an ultrathin endoscope (4.5 mm) is passed through the PEG tube into the stomach and deep into the small bowel. A guidewire is passed down the endoscope and the endoscope withdrawn leaving the guidewire in place. A 12Fr jejunal extension is passed over the guidewire and inserted fully until seated in the PEG tube. A retrospective view of all PEG-J procedures covering the period 2006–2010 was carried out. Patient demographics, procedure type and indication, sedation requirements and complication rates were recorded. Average tube patency was calculated for each patient (in days) and reason for tube replacement was recorded.

**Results** Over the study period, 121 procedures were carried out in 17 patients (mean age 59.6 years, 70.6% (n=12) males). Initial placement was successful in 120/121 (99.2%) procedures with a procedure related complication rate of 1/121 (0.8%) bleeding. Indications for PEG-J placement were recurrent aspiration (n=6), stroke (n=2), neurodegenerative disorder (n=2), gastroparesis (n=2), post-operative (n=1), oesophageal tear (n=1), drainage (n=1) and not documented (n=2). 102/121 (84.5%) procedures were for replacement of the jejunal extension tube alone. 79/102 (77.2%) had no indication for tube replacement recorded. The most common causes of jejunal tube dysfunction were kinking (n=12), occlusion (n=8) tube breakage (n=3), tube leakage (n=3) and other (n=3). The mean number of procedures per patient was 7.1 and the mean tube patency was 125.6 days. 90/121 (74.4%) of procedures were performed without conscious sedation. 13/102 (12.7%) jejunal replacements were performed under sedation vs 18/19 (94.7%) gastrostomy plus jejunal extension placements (p<0.001).

**Conclusion** “Through the PEG” placement of the jejunal extension is a safe and well tolerated procedure in what is often a difficult group of patients. Our technique confers high success rates of initial placement and low complication rates, with acceptable tube patency. Sedation is only occasionally required for those undergoing replacement of the jejunal extension.

**Competing interests** None declared.