

Endoscopic Ryles Tube Placement is performed usually in sick patients who are unconscious or in surgical patients or in those with malignancy of esophagus or anastamotic leak in esophagus. This is usually a last resort if regular placement of ryles tube has failed by a good physician or anesthetist despite use of megills forceps. Endoscopically a guide wire is first placed in the appropriate lumen and RT is thereafter placed Over the guidewire. Then it is repositioned through the nose. Majority of patients now are shifted to Percutaneous Endoscopic Gastrostomy if long term feeding is needed.