Percutaneous endoscopic gastrostomy (PEG) [1] has gained a substantial role in nutritional therapy. As the number of PEG insertions is rapidly rising worldwide, PEG has become a frequent indication for upper gastrointestinal endoscopy [2]. In order to keep the complication rates of both PEG and gastroscopy as low as possible, a structured training program involving practice in the procedures is mandatory [3, 4]. Sophisticated endoscopic simulators are available for practice, but their high cost limits their widespread use. An inexpensive, but realistic and easily produced mechanical model was developed by the authors to acquire and refine different endoscopic techniques and percutaneous endoscopic gastrostomy insertions (Fig. 1, 2). Various endoscopic maneuvers such as handling the endoscopic controls, steering the scope in different directions, retroflexion, insufflation, lavage, and suctioning can be practiced. After apposition of the “stomach” to the “abdominal wall”, most of the steps of PEG can be practiced realistically and repeatedly on the same model.

References
2 Lewis BS. Perform PEJ, not PED. Gastrointest Endosc 1990; 36: 311 – 313