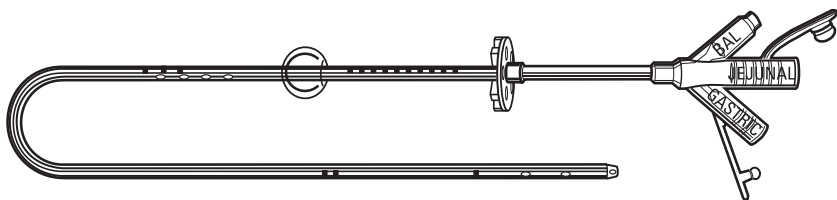


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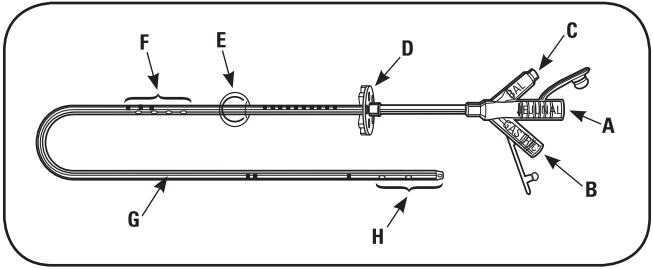
MIC*
GJ FEEDING TUBE
PATIENT CARE
INSTRUCTIONS



MIC*

MIC^{*} GASTRIC-JEJUNAL FEEDING TUBE

Patient Care Instructions



Instructions for Use

The MIC^{*} GJ Gastric-Jejunal Feeding Tube is a single unit feeding/drainage device. It enters the stomach through a gastric stoma. A balloon inside the stomach seals the internal stoma to prevent stomach contents from leaking around the stoma. The external SECUR-LOK[®] ring holds the tube and the balloon in place. The feeding/jejunal port is labeled JEJUNAL. It delivers nutrients to the small intestine. This port features a “universal connector” to adapt to standard feeding sets. The side port is labeled GASTRIC. Use it to drain the stomach. It connects to suction or gravity drainage. A third port labeled BAL is used to inflate and deflate the balloon.

Key Terms

- | | | |
|-----------------------------|--------------------------------|----------------------------|
| (A) Jejunum Feeding Port | (B) Gastric Decompression Port | (C) Balloon Inflation Port |
| (D) External Retention Ring | (E) Retention Balloon | (F) Gastric Exit Ports |
| (G) Radiopaque Stripe | (H) Jejunum Exit Ports | |

Jejunum Feeding

⚠ Warning: Never connect the jejunum port to suction. Do not measure residuals from the jejunum port.

1. Assemble the equipment: Formula; Feeding set; Catheter-tip irrigating syringe; Enteral feeding pump; Water for flushing the tube.
2. Wash your hands with soap and water. Rinse and dry them thoroughly.
3. Before starting the feeding, it is important to verify that your tube is in the correct position. Look at the centimeter numbers on the tube. Compare them to the numbers recorded in the information section. If they are different, adjust the tube and the ring. Refer to the tube care section for more detail.
4. Shake the formula and wipe the container tops before opening. If you do not use all the formula, cover the open container, record the date and time, and store it in the refrigerator. Throw away formula more than 24 hours old. Do not mix new formula with old formula. There is always a chance it will spoil.
5. Pour the formula into the feeding bag.
6. Inject 30 ml water into the jejunum port. Use the 35 ml irrigating syringe from your kit.
7. Run formula through the feed set tubing to reduce the amount of air entering the stomach. Attach the tubing to the enteral feeding pump. Follow the manufacturer’s directions to set the pump.
8. Insert the feed set into the jejunum port of the MIC^{*} tube. Push the set into the port and twist 1/4 turn. This secures the set to the “universal connector” inside the MIC^{*} tube’s feeding port.
9. If the feed set tubing has a clamp, open it.
10. Start the feeding pump.
11. Flush the jejunum and gastric ports EVERY SIX HOURS WITH AT LEAST 30 ml WATER. DO NOT USE FORCE.
12. If you see formula in the gastric drainage, stop the feeding and notify the specialist.

Gastric Decompression

Some specialists recommend decompressing the stomach (letting the air or fluid out) before or after feeding. FOLLOW YOUR SPECIALIST’S INSTRUCTIONS. Open the gastric (side) port and connect it to gravity drainage or low intermittent suction. This allows stomach contents and/or gas to escape. Flush the gastric port EVERY SIX HOURS with at least 30 ml water. Do not use continuous or high intermittent suction. High pressure could collapse the tube or injure the stomach tissue and cause bleeding.

Diameter	Length	Single Use Only	Sterilized Using Ethylene Oxide	Do not use if package is damaged
Do not resterilize	Product is NOT made with DEHP as a plasticizer	Rx Only	Caution	Consult instructions for use

Diarrhea

- The flow rate may be too fast. Decrease the rate, then increase it slowly until you reach the prescribed flow rate. Diluting the formula with water may help slow the diarrhea, but check with the specialist first.
- Prepare fresh formula for each feeding. Discard unused formula after 24 hours.
- Keep your equipment clean. Prepare only enough formula for eight hours. Wash, rinse and dry the equipment after each use.
- If the diarrhea continues for more than three days despite your efforts, call the specialist.
- Never attempt to bolus feed through the jejunal lumen.

Stoma Care

Cleanse the site with normal saline three times daily to remove the small amount of mucous that normally accumulates around the stoma. If the mucous dries, it may irritate the skin. Applying a small amount of water may loosen the dried material.

After the stoma heals a thorough cleansing with soap and water is best. A dressing is not necessary, and contributes to skin maceration and infection. Unless recommended by your specialist, avoid medicated ointments or powders. DO NOT use mineral oil or petroleum based products. DO NOT ROTATE THE TUBE. Jejunal tubes must NOT be rotated because they will kink. If a kink in the tubes occurs, consult physician.

Tube Care

1. **Balloon Maintenance** Check the water volume in the balloon ONCE A WEEK. Insert the luer slip syringe into the balloon inflation port. Withdraw the water from the balloon. The amount of water you withdraw should equal the prescribed amount. If you withdraw less water than the prescribed amount, replace the amount recommended by your specialist. Never add water before you withdraw all of the water from the balloon. NEVER ADD MORE THAN 10 ml TO THE BALLOON. Note: The use of a luer-lock syringe may make this more difficult. A luer-slip syringe is recommended.
2. **Change In Tube Length** Check the centimeter number on the tube length before every feeding and during tube care. Compare the position of the tube with the number recorded in the information section. If the length is too short or too long, wash the tube and both sides of the ring with soap and water. Adjust the ring and the tube to the original position. The ring should be 3 mm from the stoma to anchor the balloon against the inside stomach wall.
3. **Tube Blockage** Obstructions are usually caused by formula accumulation inside the tube. Body fluids and medications can also clog the tube. Prevent this by thoroughly flushing the tube EVERY SIX HOURS WITH A MINIMUM OF 30 ml WATER. If the flow is sluggish, gently inject the water, and let it flow back out of the tube until the obstruction has cleared. When you feel too much resistance and cannot inject water at all, the tube may need to be repositioned or replaced because it may be kinked. High pressure can rupture the tube. If the obstruction is above the skin line, massage the tube between your fingers to break it up. If none of these measures work, call your specialist. Inserting any foreign object into the tube may puncture it.
4. **Granulation Tissue** A small amount of extra tissue around the stoma site is simply the body's attempt to heal the wound. This is normal. It is also normal for the extra tissue to secrete a small amount of mucous. If the tissue bleeds excessively, drains, or interferes with positioning the SECUR-LOK® ring, call your specialist.
5. **Unusual Symptoms** Consult your health care practitioner if any of the following symptoms occur:
Abdominal pain • Abdominal discomfort • Abdominal tenderness • Abdominal distension • Dizziness or fainting • Unexplained fever • Unusual amount of bleeding through or around the tube.

DO'S

- DO Irrigate both ports every six hours with a MINIMUM of 30 ml of water.
- DO Keep the gastric and jejunal ports clean.
- DO Wash the tube and SECUR-LOK® ring often.
- DO Adjust the SECUR-LOK® 3 mm from the skin.
- DO Use commercially prepared formula for jejunal feeding.
- DO Use a feeding pump to give formula.
- DO Dispose of unused formula after 24 hours from opening.

DON'TS

- DON'T Let formula sit in the tube.
- DON'T Use any diet not prescribed by your Health Care Provider.
- DON'T Fill the balloon with air, medications or food.
- DON'T Push the ring tightly onto the abdomen.
- DON'T Clamp the tube with instruments that may damage the tube.
- DON'T Use oil based lubricants.
- DON'T Use gravity or bolus feedings through the jejunal port.
- DON'T Use suction on the jejunal port or check for residual.
- DON'T Rotate the tube in a circle.
- DON'T Tape the ring to the skin.
- DON'T Let formula sit in the tube.
- DON'T Attempt to clear an obstruction with a wire or anything else, you could puncture the tube.

Problem	Cause	Solution
1. Gastric leakage.	Balloon is not against the stomach wall. Balloon under-inflated.	Adjust the SECUR-LOK® ring. It should be 3 mm from the stoma. Verify that the balloon is against the inside stomach wall. Once you have adjusted the ring, check the water volume in the balloon. Do not add water to the balloon before you withdraw all the water. When the balloon contains too much water, the life span decreases. Note: <i>Maximum balloon volume is 10 ml. DO NOT EXCEED THAT AMOUNT.</i> The stoma must be clean and dry. Wait 15 minutes and recheck the stoma. For persistent leaking, contact your specialist.
2. Feeding set separates from feeding port.	Build-up of oily deposits inside the feeding port.	Keep the feeding port connections clean. Remove oily build up with soap and water or alcohol. Do not allow alcohol to run down the inside of the tube.
3. Tube decreasing in length.	Oily build-up on tube or moisture resulting in slippage of the SECUR-LOK® ring. Due to "internal migration" or sliding inside the stomach.	Wash the tube with warm soapy water or alcohol. Adjust the SECUR-LOK® ring a dime's width from the stoma. Verify that the balloon is against the inside wall of the stomach by tugging gently. Do not use excessive tension. Check in one hour to be sure the SECUR-LOK® Ring is holding the tube in place. If not, contact your specialist.
4. Tube increasing in length.	Balloon under-inflated or leaking. Due to "external migration" or sliding outside the body.	Withdraw the water from the balloon and compare the volume to the original amount recorded during placement. Replace the original amount prescribed. Check the balloon volume once a week. It is normal for some water to migrate out of the balloon over time.
5. Patient vomits and/or gets formula in the lungs.	Jejunal lumen in the stomach, not the jejunum. Formula flow rate too high.	Stop the feeding, decompress (drain) the stomach through the gastric port and contact the specialist immediately.
6. Formula will not flow freely through the jejunal port. Feeding pump pressure alarm constantly goes off.	Jejunal lumen kinked or clogged.	Irrigate with at least 30 ml warm water. If you feel resistance or the water does not begin to flow freely, contact the specialist immediately.
7. Gastric lumen not venting properly.	Possible obstruction in the gastric lumen of the tube.	Irrigate with at least 30 ml water. If you feel resistance or the water does not flow back out of the tube, consult the specialist.

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