CHALLENGES OF USING STANDARD GASTROSTOMY TUBES FOR LONG-TERM FEEDING



Since their development about 25 years ago, percutaneous gastrostomy tubes have become well-accepted means of providing enteric access for patients with inadequate oral intake. 1

 Widely accepted method of enteral nutrition because of its low morbidity and high success rate.¹

Frequent complications associated with traditional gastrostomy tubes



Peritubal leakage¹



Catheter occlusion¹



Dislodgement¹



Bulky design, posing an adverse cosmetic effect, particularly in the mobile patient²

These complications have paved the way for the development of new approaches to optimal gastrostomy tube type.1

 Developments such as use of gastrostomy buttons (also called low-profile or skin-level) G tubes) were introduced to achieve problem-free long-term enteral feeding.^{1,3}

A 90 to 100% success rate has been shown for placement of gastrostomy buttons.¹

Structure of a typical low-profile gastrostomy tube

- Visible portion of the tube is rod shaped with a cap closure.
- The tube is premeasured to be flush to the abdomen.³
- Identified by both a French size (outer diameter) and shaft length (measured in cm).³
- Internal retention device may be a water balloon or a non-balloon mushroom-shaped dome.³
- Anti-reflux valve to prevent leakage of gastric contents when uncapping the device.³



gastrostomy tube³



Low-profile non-balloon gastrostomy tube³

Advantages of low-profile G tubes over the standard length G tubes

Standard feeding tube vs. low-profile feeding tube³







(suitable for both pediatric and adult patients)^{1,3}

Patients favor its low profile design and more aesthetic nature



due to presence of an anti-reflux valve³

Poses fewer restrictions on mobility³



Reduced risk of gastric leakage through the tube (if the cap should open)

without the need for a return visit to the hospital)^{1,3}

Does not require tape to secure excess tubing to the skin³



Less likely to dislodge by getting caught on something (in case of dislodgement, new buttons can be inserted at the patient's bedside



Serves as a useful alternative for adult patients with neurologic disease¹



Buttons are less prone to clogging due to short tube length¹

British Association for Parenteral and Enteral Nutrition (BAPEN) guidelines 2003 state that in patients where cosmetic considerations are

anti-reflux valve to prevent leaks when feeding extension tubes are disconnected.4 British Society of Gastroenterology (BSG) guidelines 2010 state that in mobile patients, PEG tube may be replaced by a low profile ('button') replacement when the tract is fully developed. Such low-profile devices have also been employed in patients who are at high risk of inadvertent

important, low-profile 'button' PEGs can be used which contain a built-in

tube displacement.² **OUR SOLUTION**



Enteral feeding tubes can make patients feel limited in their lifestyle choices. AVANOS* MIC-KEY* feeding tubes can provide your patients the "cap it and go" option. It offers patients a truly low-profile alternative, a huge "no-show" difference compared to traditional feeding tubes that can show through the clothing, snag, or be pulled out accidentally.5



MIC-KEY* G-tube Inflatable silicone internal retention balloon⁶

High performing anti-reflux valve⁶ SECUR-LOK* extension set connector mechanism with ENFit® Feeding port 6

References: