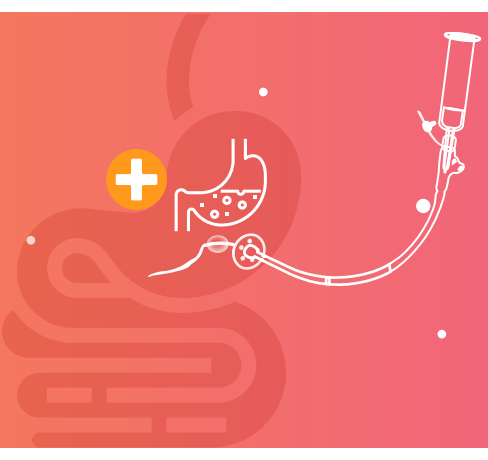
AVANOS

UNDERSTANDING ENTEROSTOMY TUBE CLASSIFICATION: BY ACCESS TO SITE OF FEEDING



Enteral feeding is the preferred mode of nutrition support in patients who cannot maintain an adequate oral intake but have a functional gastrointestinal tract.[1]

- Advocated for by both European and American guidelines.[1]
- Comes with several advantages and fewer complications than parenteral nutrition.[1]

Defining types of enterostomy tubes depending on site of feeding access

Gastrostomy tube (for pre-pyloric or gastric feeding)[1,2,3]

- The feeding tube passes through the anterior abdominal wall into the gastric cavity[2]
- They are positioned in the gastric stoma for delivery of enteral formula into the stomach[3]
- Helps maintain a better body physiological state than jejunal feeding[4]
- Enables both continuous and bolus feeding[4]

Jejunostomy tube (for postpyloric or jejunal feeding)[1,2,3]

- Feeding tube passes through the anterior abdominal wall into the jejunum[2]
- Tube may be inserted in two ways:
  -Through an existing gastric stoma and passed through it, through the pylorus and into the jejunum (transgastric route)[3]
  -Through a surgically created jejunal stoma through the abdominal wall, and directly into the jejunum[3]
- Helps achieve caloric goals more rapidly as compared to gastric feeding[4]
- Enables only continuous feeding[1]

Gastric-jejunal feeding tubes[5,6,7]

- Feeding tube inserted through the abdominal wall and into the stomach. [5,6,7]
- The tube has external access ports – one to the stomach which allows for decompression and a separate port to the jejunum for delivery of enteral nutrition.[5,6,7]

DID YOU KNOW ?

The stomach has a greater reservoir capacity, and thus can tolerate larger volumes and higher osmotic loads than small intestine. This allows the stomach to help in glucose homeostasis and permits greater flexibility in selecting composition as well as the manner and rate of provision of the enteral formula. [4] Hence, placement of a gastric tube is the initial option. [3]

However, certain anatomical conditions (gastrectomy, gastric outlet obstruction) or the need to provide nutrients beyond a proximal fistula, obstruction or bowel leak may require jejunal feeding. Moreover, clinicians may also prefer a jejunal feeding tube for patients who are at high aspiration risk (patients with decreased level of consciousness, diminished cough or gag reflex, impaired lower esophageal sphincter, neurologic deficits, severe GERD, severe gastroparesis, elevated gastric residual volumes and emesis).[3] Jejunal feeding is the next best option for patients who cannot tolerate gastric feedings. [8]

OUR SOLUTION

The AVANOS* family of MIC* and MIC-KEY* Gastrostomy feeding tubes are indicated for use in pediatric and adult patients who require long term feeding, are unable to tolerate oral feeding, at a risk for aspiration, require gastric decompression and/or medication delivery directly into the stomach. [9]

Gastric access feeding tubes for gastrostomy[9]

MIC*PEG tube[10]

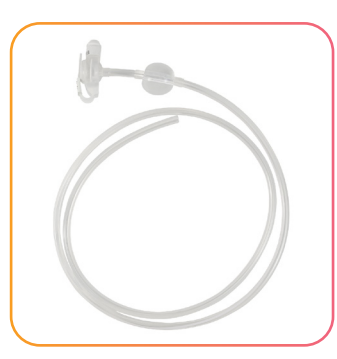
MIC*G tube[10]

MIC-KEY* G tube[10]

Jejunal access feeding tubes for jejunostomy[9]

The MIC* J and MIC-KEY* J feeding tubes suit patients who cannot absorb adequate nutrition through their stomach, have intestinal motility issues, gastric outlet obstruction, severe GERD, risk of aspiration and have had a UGI surgery. [9]

MIC*J tube[10]



MIC-KEY*J tube[10]

Gastric-jejunal access feeding tubes[9]

The MIC* and MIC-KEY* GJ feeding tube designed for patients who require simultaneous gastric decompression/drainage and delivery of enteral nutrition into the distal duodenum or proximal jejunum. [9]

MIC*GJ tube[10]

MIC-KEY*GJ tube[10]

GERD: gastroesophageal reflux disorder; UGI: upper gastrointestinal

References:

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