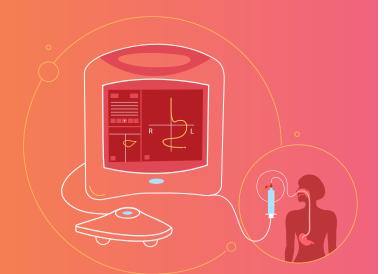
CHALLENGES OF FEEDING TUBE FOR SHORT-TERM **FEEDING**



Enteral access provides means for short-term or long-term delivery of nutrition into the GI tract of patients who cannot maintain adequate nutrient requirements.1

- Valuable treatment modality in the management of both acute and chronic illness²
- Two types of Enteral Access Devices (EADs)-



Nasoenteric tubes are mainly used for short-term enteral feeding (4-6 weeks) and in situations where other methods of enteral feeding are contraindicated³



Enterostomy tubes are placed for long-term enteral feeding (>4 weeks)1

Nasogastric, nasoduodenal, nasojejunal and nasogastric-jejunal tubes¹

Gastrostomy, jejunostomy, gastrojejunostomy¹



Critical components to consider for selection of an EAD

Selection of an EAD requires an evaluation of the patient's disease state, GI anatomy (taking into account past surgeries), gastric and intestinal motility and function, and estimated length of therapy.4

- Often short-term access EAD is used in the ICU, but may also be used for cancer, trauma, and in neurologic patients requiring short-term nutrition on a more temporary basis¹
- There is no need for gastrostomy in situations where feeding is likely to be short-term, and nasogastric tube is well tolerated and the tube is being looked after safely⁵



Complications of enterostomy tubes and tube insertion procedures

Although gastrostomy insertion is relatively straightforward, it is not without complications in frail and vulnerable patients, and a multidisciplinary approach is needed to ensure that the procedure is appropriate.⁵

Various potential complications exist in the procedure of gastrostomy tube insertion, with an overall complication rate of insertion being estimated at 8%-30%, with major complications occurring at a rate of 1%-4%.5

General complications of gastrostomy insertion include—5





the gastrostomy site

Leakage around



gastrostomy site



infection



lacerations



gastrostomy site



bumper syndrome



Aspiration

pneumonia

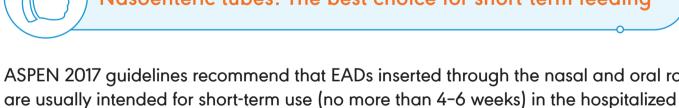


 Various complications exist for surgical gastrostomy such as wound dehiscence, infection, leakage, aspiration and bleeding, with morbidity rate of 3%-61% and

mortality rate of up to 37%² Specific complications of PEG insertion using endoscopic gastrostomy include

peristomal infection, leakage, accidental tube removal, tube blockage, tube

fracture, tube displacement, peritonitis, aspiration pneumonia, bleeding, gastric mucosa overgrowth, and death^{2,6}



patient.4

ASPEN 2017 guidelines recommend that EADs inserted through the nasal and oral routes

Nasoenteric tubes: The best choice for short-term feeding

Nasogastric tubes are relatively simple and inexpensive, easy to secure, with the nasal route enabling easier insertion of the feeding tube and allowing gradual introduction of oral feeding^{1,2}

Use of gastrostomy tubes (balloon and non-balloon tubes) has become a routine practice worldwide and is currently the method of choice for medium-term and long-term enteral feeding⁴



Our Solution

AVANOS* CORFLO* Nasogastric/Nasointestinal (NG/NI) feeding tube is a medical-grade polyurethane feeding tube specifically designed for patient comfort and safety during tube insertion and use. It is intended for use in patients requiring intermittent or continuous tube feedings through the NG/NI route.⁷



Long-term CORFLO* NG/NI tubes can remain in situ for as long as functional. The medical grade polyurethane remains soft and flexible throughout use.8



for easy identification of tube dislodgements. Radiopaque along full length of tube and tip.8



Simple, water-activated C-19[™] external and internal lubricant to ease insertion.8

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Anti-clog Helps prevent clogging with an

anti-clog port that is 3X larger than the inner diameter of the tube.8

References:

1. Pash E. Enteral Nutrition: Options for Short-Term Access. Nutrition in Clinical Practice. 2018; 33(2):170-6. 2. Pearce CB, Duncan HD. Enteral feeding. Nasogastric, nasojejunal, percutaneous endoscopic gastrostomy, or jejunostomy: its indications and limitations. Postgraduate Medical Journal. 2002; 78(918):198-204. 3. Blumenstein I, Shastri YM, Stein J. Gastroenteric tube feeding: techniques, problems and solutions. World J Gastroenterol. 2014;20(26):8505-8524. 4. Boullata JI, Carrera AL, Harvey L, Escuro AA, Hudson L, Mays A, McGinnis C, Wessel JJ, Bajpai S, Beebe ML, Kinn TJ. ASPEN safe practices for enteral nutrition therapy. J Parenter Enteral Nutr. 2017; 41(1):15-03. 5. Cullen S. Gastrostomy tube feeding in adults: the risks, benefits and alternatives. Proc. Nutr. Soc. 2011; 70(3):293-8. 6. Avanos Mailer 6. Challenges of using pull technique for PEG tube placement in oncology patients. 7. CORFLO* NASOGASTRIC / NASOINTESTINAL FEEDING TUBES IFU-Jan 2020. 8. CORFLO ANZ Flyer-2020.

