

AVANOS

MIC-KEY*

Low-Profile gastrostomy feeding tube



Patient Booklet to be used in the European, Middle East and African regions only.

Electronic version of this guide is available on:

www.mic-key.com

MIC-KEY* G-TUBE: PATIENT BOOKLET

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MIC-KEY* - G-TUBE

INTRODUCTION TO TUBE FEEDING

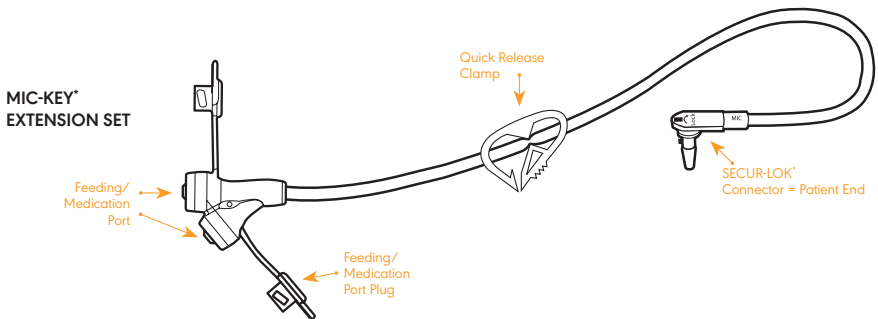
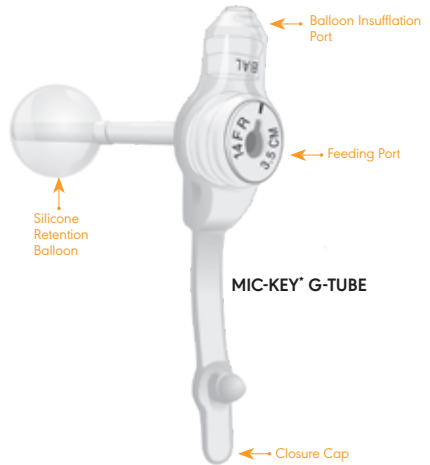
If you can't eat or can't eat enough for more than 4 to 6 weeks, your doctor might decide placing a gastrostomy tube. This gastrostomy tube allows the direct administration of feed through a small tube directly into your stomach instead of through a naso-gastric tube or orally.

The doctor will prescribe you a feeding regime and the amount of water that needs to be administered through this tube. The feed consists either of blenderized table food or ready to hang tube feeds. An adequate nutrition consists of the right type and amount of feeding and the right administration schedule.

ABOUT THE MIC-KEY* G-TUBE

A MIC-KEY* low-profile gastrostomy feeding tube (MIC-KEY* G-tube) has been inserted into your stomach through the abdominal wall. There is an inflatable balloon at one end and an external base or external retention disc at the other. This tube allows the intake of food and water that your body requires.

Your medical professional has measured your stoma length including the optimal diameter (French size or Charrière) to ensure that you have the right size MIC-KEY* G-tube. You also received care and maintenance instructions information on the feeding schedule, tube feeds, medication and the amount of water needed. This patient booklet will help you remember the instructions. Always remember that it's essential to use and care for your tube properly. Follow the instructions your medical professional provides and keep this guide handy for extra help and general guidelines. You'll find information customized for feeding tube users and caregivers on our website at www.mic-key.com. You can also learn from others and share your experiences at www.mic-key.com/facebook.



Note: Please read carefully all warnings and notes mentioned in this booklet prior to usage. Follow the instructions for use supplied in the packaging.

THE EXTERNAL BASE

The external base or retention disc holds the tube in place yet allows air circulation to the skin around and underneath it. The bottom of the base should rest just above the skin surface. A good fit is considered 3 mm above the skin surface. The external base consists of 3 parts: the feeding port, closure cap and the balloon port.

THE FEEDING PORT

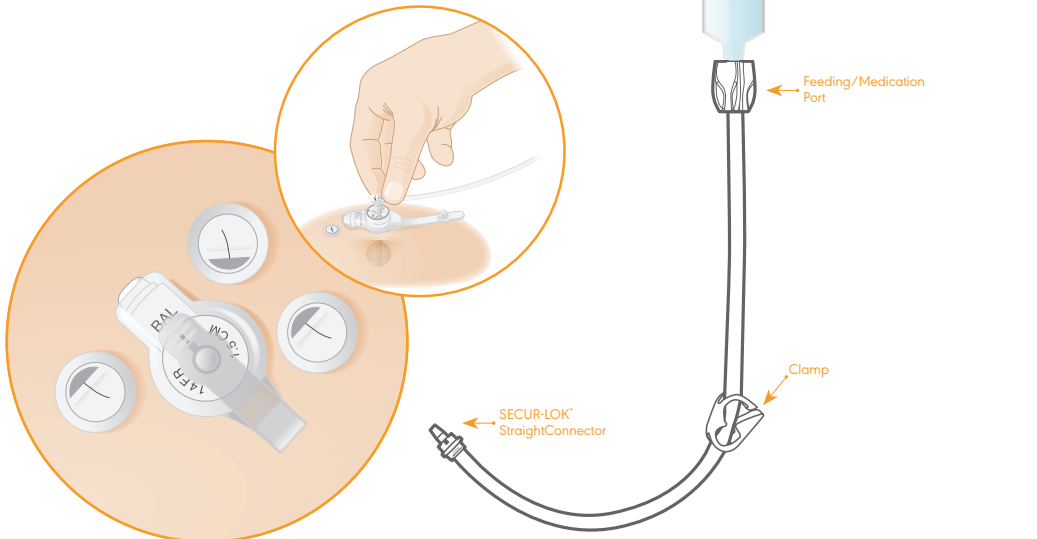
An anti-reflux valve is located inside the feeding port. This helps prevent stomach contents from leaking out of the tube once the closure cap is opened. Once the patient end of the extension set is connected to the tube, the anti-reflux valve will open, allowing the administration of tube feeds or medication or the aspiration of gastric contents. The extension set can also be used for venting. This is also called decompression or burping. Never try to feed or put medication directly into the feeding port without using an extension set.

It is important to keep the feeding port and anti-reflux valve clean. Dried tube feeds may lodge inside the recess and hold the valve open. The best preventative measure is to flush thoroughly with enough water through the extension set to clear all tube feeds and to use cotton tipped applicators and water to clean the valve. Be sure that residual tube feeds is not left to pool and dry inside the valve opening.

THE BALLOON VALVE

Your feeding tube has a balloon inside the stomach that has been inflated to hold the tube in place. Your specialist filled it with water when the tube was inserted.

The balloon is inflated and deflated by inserting a luer slip syringe into the balloon insufflation port (balloon valve). It should only be used when checking the balloon volume or replacing the MIC-KEY® G-tube. It is important to never attempt to feed through the balloon insufflation port. It is also important to keep this port clean. The recess in the port can trap foreign material and it must be clean to function properly.

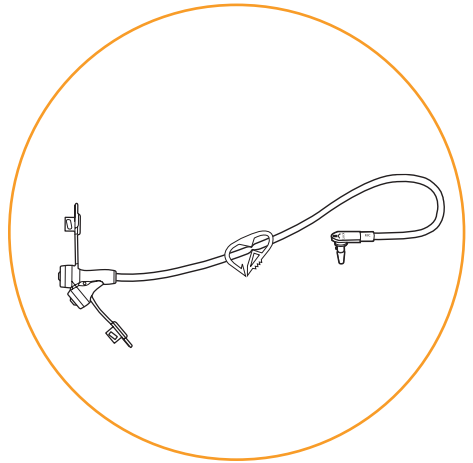


THE EXTENSION SETS

The MIC-KEY® extension set

Use this extension set for continuous feeding. To attach the extension set, align the black line on the patient end of the extension set with black line on the feeding port of the tube. Insert the “nose” of the SECUR-LOK® connector into the feeding port and rotate it one quarter turn clockwise. Open the extension set feeding port and screw the ENFit® connector of the feeding set to the extension set. The extension set “swivels” with movement and allows you to change position during feeding.

Wash the extension set after every feeding with warm soapy water and rinse it thoroughly. Prompt flushing and rinsing prevents the formula from drying and building up. For hygienic and functionality reasons it’s recommended to replace the MIC-KEY® Extension Sets at least every 2 weeks. The extension sets are also available separately (5x1 unit/box).



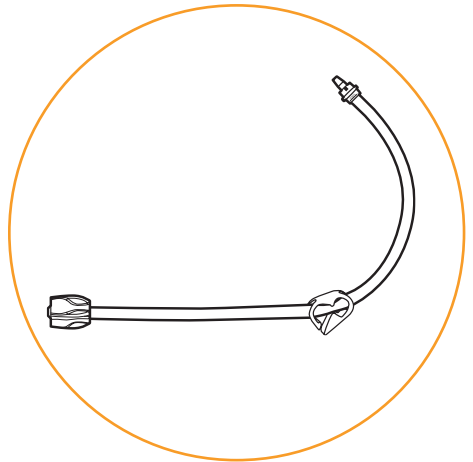
The MIC-KEY® bolus extension set

The MIC-KEY® Bolus Extension Set can be used to feed with a female ENFit® syringe or to administer medication. It can also be used for venting or burping (releasing air from the stomach). It is recommended to disconnect the extension set when not in use.

THE SYRINGES

A 6 ml luer slip syringe is included with your feeding tube kit. Use it to inflate and deflate the retention balloon when periodically checking its volume and when you replace the MIC-KEY® G-tube.

Your MIC-KEY® G-tube kit also includes a 35 ml female ENFit®. It should be used when priming and flushing the extension sets, and when checking for proper placement of the MIC-KEY® G-tube.



DAILY CARE AND USE

Clean the MIC-KEY® feeding tube daily.
Keep your MIC-KEY® G-tube and skin around the stoma clean and dry using :

- mild soap and water,
- cotton-tip applicators,
- a soft, lint-free cloth,
- luer slip syringe.

FLUSH THE TUBE

Flush your tube after each feeding or administration of medication (fig. a) and wash the MIC-KEY® Extension Set with soap and water (fig. b). Then rinse thoroughly and store in a dry, clean place.

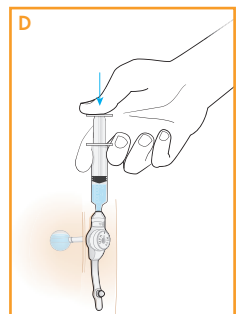
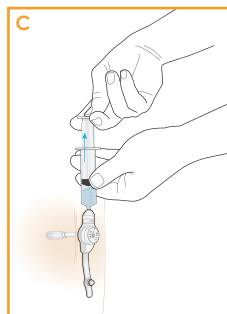
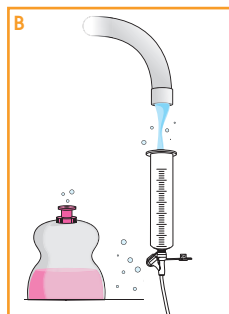
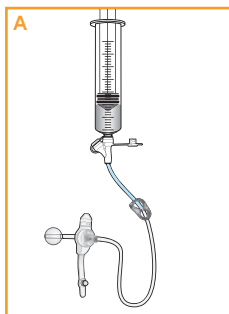
If you are continuous feeding, flush the extension set tubing at least three times every day.

Store the extension set in a dry, clean place. Extension sets are disposable and should be replaced every two weeks or as instructed by your medical professional.

Gently rotate the MIC-KEY® G-tube a full circle plus a quarter turn in the stoma before you clean it to prevent the balloon from sticking to the internal gastric wall.

CHECK THE BALLOON INSUFFLATION

Check the volume of water in the balloon every 2 weeks. To do this, attach the luer slip syringe to the balloon port and withdraw all the water while leaving the feeding tube in place (fig. c). If there is less fluid than the amount originally prescribed, reinject the liquid and further fill it up with sterile or distilled water to reach the prescribed amount (fig. d). Never fill the balloon with air. Air will rapidly migrate out of the balloon and the MIC-KEY® G-tube will not stay in place.



Note: Always wash your hands thoroughly with warm, soapy water before touching your feeding tube.

STOMA CARE

Develop a habit of inspecting the skin around the tube (stoma) after feeding. Make sure the skin is clean and dry. Observe the stoma for a few minutes checking for gastric leakage.

The MIC-KEY® G-tube usually does not require a dressing. Gently clean the skin around the stoma (fig. a). Rotate the MIC-KEY® G-tube and clean again (fig. b). Use cotton-tip applicators or a soft cloth, using

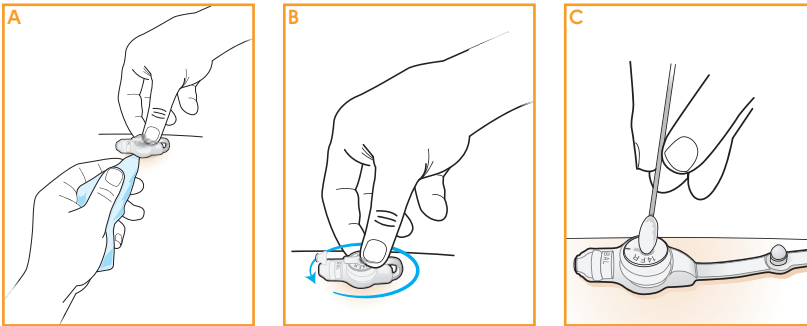
a mild soap and warm water. If you think soap is irritating the skin, try cleansing with water alone or try another soap.

Clean the feeding port with a cotton tip applicator or soft cloth to remove oil or food (fig. c).

Avoid puncturing or tearing any part of the MIC-KEY® low-profile gastrostomy feeding tube.

Note: Always wash your hands with warm soapy water before touching your feeding tube.

ENTERAL FEEDING INSTRUCTIONS



CHECK FOR PROPER TUBE PLACEMENT

Follow methods recommended by your physician. These methods should be used only for established stomas. For a newly formed stoma, please contact your physician.

Aspiration Method:

- Attach the MIC-KEY® bolus extension Set to the feeding tube.
- Attach the female ENFit® syringe to the bolus extension set.
- Pull back on the plunger to aspirate stomach content (stomach contents should appear as formula or clear or yellow liquid).

pH Measurement:

- Measure the pH of the aspirate with pH indicator paper. The pH should be lower or equal to 5.5. In case of any doubt, check with help of an x-ray.
- Reinject the stomach content, flush the tube with water and begin feeding.

Air Auscultation Method:

- Draw 5-10 ml of air into a syringe.
- Place a stethoscope over the left side of the stomach at the waist. Inject the air into the extension set feeding port and listen for a gurgling sound from the stomach.
- If you don't hear it, try again. If you still don't hear it, DO NOT FEED. Contact your medical professional and report the problem.

If you have tried both methods listed above and you're not sure of the feeding tube placement, DO NOT FEED USING THE TUBE. Your medical professional can use fluoroscopy to determine tube placement.

MEASURE RESIDUAL STOMACH CONTENTS

“Residual” is the amount of gastric fluid and formula left in your stomach 4 hours after feeding. Your stomach may not always empty completely, so the amount of residual varies. It may also depend on your activity or body position.

Check for residual if:

- The formula backs up in the extension tubing.
- You feel nauseated.

To check the residual:

- Insert female ENFit® syringe into the feeding port of the bolus extension set.
- Push the tip in firmly, then slowly pull the end of the syringe to aspirate or remove excess gas from the stomach.
- If formula is also removed, carefully measure the amount of formula in the syringe and place it in a cup. If the syringe is full and there appears to be more formula, after the contents of the syringe are measured and emptied into a cup, reinsert the syringe and extract the remaining fluid, measure the amount and place it in a cup.

Replace the residual back into your stomach, since it contains important electrolytes and nutrients.

DECOMPRESSION OR VENTING

Your medical professional may instruct you to decompress (release air from the stomach) before and/or after feeding.

Attach one of the MIC-KEY® Extension Sets to the feeding tube.

- Remove the plunger from the barrel of the female ENFit® syringe.
- Attach the barrel of the syringe to the extension set.
- Allow fluid and air to flow up into the barrel of the syringe (stomach contents should appear as formula or clear or yellow liquid). If there is a large volume of fluid, clamp the extension set, pour content from the barrel of the syringe into a collecting cup or bag. Repeat until decompression is completed.
- Replace stomach content, flush the tube and extension set with water and begin/resume feeding.

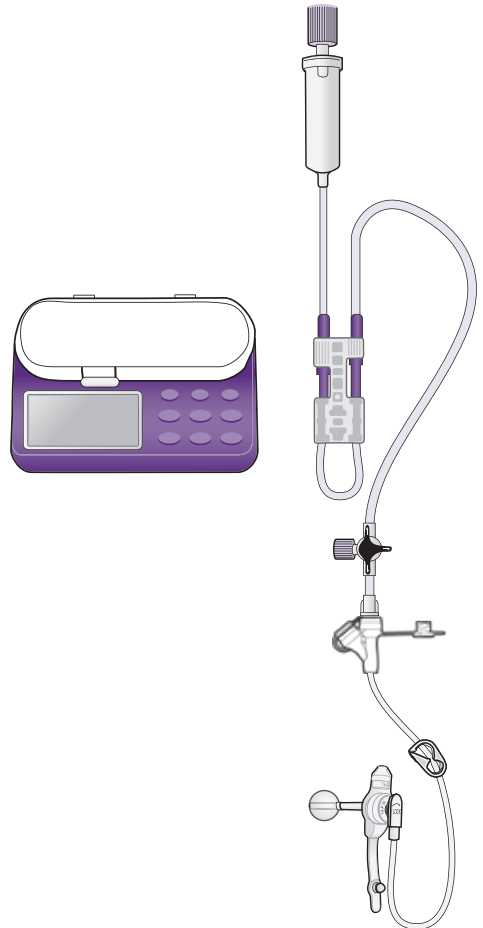
To replace the residual:

- To replace the contents, slowly place the ENFit® syringe in the cup with the extracted stomach contents.
- Pull the plunger on the syringe to fill the syringe.
- With the extension set connected, connect the tip to the bolus end of the extension set and slowly push the plunger to allow formula to flow back into the stomach.

Check the residual again in 30 minutes and resume feeding if the amount is less than you obtained at the first check. If the gastric residual volume is still at a similar level, you should contact your medical professional for assistance.

CONTINUOUS FEEDING

1. Connect the tube feeds to the feeding set.
2. Connect the feeding set to your MIC-KEY® Extension Set.
3. Purge air from feeding set by allowing tube feeds to run through it. When the feed reaches the end of your MIC-KEY® Extension Set, close the Quick Release Clamp of the tubing.
4. Open the closure cap from the MIC-KEY® G-tube, match the black lines on the extension set and feeding port and insert the patient end of the extension set into the MIC-KEY® G-tube. Lock the extension set into place by turning the connector clockwise until you feel slight resistance. Do not turn the connector past this stop point.
5. Connect your enteral feeding set to the pump.
6. Set your pump rate according to the manufacturer's or your physician's instructions.
7. Unclamp the Quick Release Clamp of your tubing and begin feeding.
8. When your feeding is nearly finished, add any prescribed amount of additional water.
9. After administering the tube feeds and water, disconnect your feeding set from your MIC-KEY® Extension Set.
10. Using your ENFit® syringe, flush your MIC-KEY® Extension Set with 10-20 ml of warm water or until the tubing is clear. (A lower amount may be needed for premature/low birth weight babies, or volume sensitive patients. Consult your medical professional.)
11. Disconnect your MIC-KEY® Extension Set from your MIC-KEY® G-Tube by rotating it counter-clockwise until the black line on the feeding port lines up with the black line on the extension set. Gently detach the extension set and cap the MIC-KEY® feeding tube securely with the attached feeding port cover.
12. Wash the MIC-KEY® Extension Set in warm, soapy water immediately after each use. Rinse thoroughly and store in a dry, clean place. For functionality and hygienic reasons this extension set should be replaced at least every two weeks.



Things to remember:

Wash your hands with soap and water and dry them thoroughly.

- Follow the instructions from the nutrition company for a correct handling of the tube feeds.
- Be sure to use the prescribed amount.
- Label each formula batch with the date and time you prepared it.

BOLUS FEEDING

Bolus Feeding With A Syringe

1. Attach the female ENFit® syringe (minus the plunger) with a firm 1/4 turn twist to your MIC-KEY® Bolus Extension Set. Open the Quick Release Clamp on your extension set. Prime the extension set by filling it with water. Clamp the extension set when it is filled with water.
2. Attach your bolus feeding extension set to the tube's feeding port by matching the black lines on the extension set and feeding port. Insert the patient end of the bolus extension set into the feeding port and rotate it clockwise until you feel a slight resistance (approximately three-quarters turn). Do not turn the connector past this stop point.
3. Slowly pour the tube feeds into the syringe and unclamp the tubing. Keep the syringe filled to prevent air from entering the stomach. You can adjust the flow rate by raising or lowering the syringe.
4. When the syringe is nearly empty, add the prescribed amount of water to the syringe.
5. After administering the formula and water, clamp the tube with the Quick Release Clamp and fill the syringe with 10-20 ml of warm water. (A lower amount may be needed for premature/low birth weight babies, or volume sensitive patients. Consult your medical professional.) Reinsert the syringe plunger and unclamp the tube. Flush the bolus extension set until the tubing is clear.
6. Disconnect the bolus extension set by rotating it counter-clockwise until the black line on the feeding port lines up with the black line on the extension set. Gently detach the extension set and cap the MIC-KEY® G-tube securely with the attached closure cap. Wash the extension set with warm, soapy water until the tubing is clear. Then rinse thoroughly with clear water and store in a dry, clean place. For functionality and hygienic reasons this extension set should be replaced at least every two weeks.

Bolus Feeding With A Gravity Set

1. Connect the tube feeds to the feeding set and flush the line, make sure there is no air in the tubing.
2. With a firm 1/4 turn twist, attach the MIC-KEY® Bolus Extension Set to the feeding set, prime it by allowing the tube feeds to reach the tip of the bolus extension set, then clamp the tubing with the Quick Release Clamp.
3. Attach the bolus extension set to the tube's feeding port (see earlier) and open the clamp.
4. Adjust the flow by raising or lowering the feeding bag.
5. When the feeding is nearly finished, add the prescribed amount of water.
6. After administering the formula and water, disconnect the bolus extension set from the feeding set.
7. Flush the bolus extension set tubing with 10-20 ml of water or until the tubing is clear. (A lower amount may be needed for premature/low birth weight babies, or volume sensitive patients. Consult your medical professional.)
8. Disconnect the bolus extension set from the MIC-KEY® G-tube. Wash it with warm, soapy water until the tubing is clear, rinse thoroughly with clean water and hang to air dry.

TAKING MEDICATIONS

Medication should be in liquid form when possible. If the liquid is thick, thin it with water so it doesn't clog the tube. Check with pharmacist to ensure proper dilution.

- If your medication is only available in a pill or capsule, ask your medical professional or pharmacist if it is one you can crush and mix with water. Not all pills and tablets can be taken this way.
- If crushing is an option for your medication, crush it into a fine powder and make sure it is well dispersed in the water. Most medications mix well with warm water but some do not.
- Never mix medication with tube feeds unless your medical professional tells you to do this.
- Contact your physician prior to administering any new medication through your tube.

REPLACING THE MIC-KEY* G-TUBE

WHEN AND HOW?

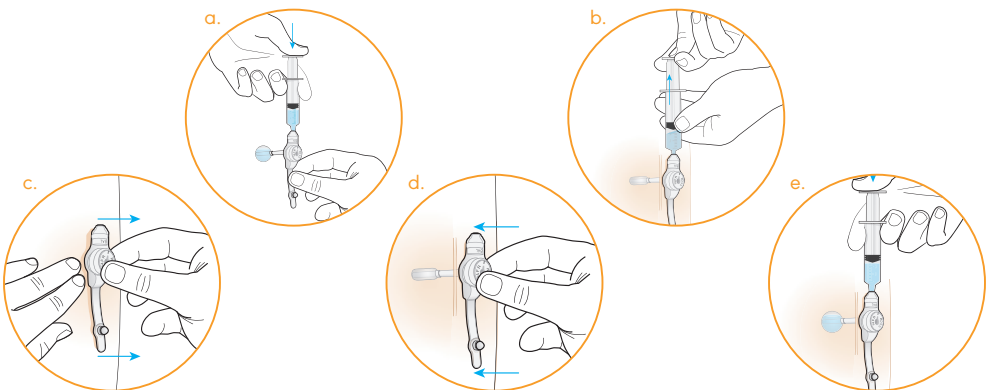
Your medical professional will help you decide when to replace your MIC-KEY* G-Tube. We recommend you change your tube every 3 months to maintain best results, hygiene and stoma health. Your tube was designed to function properly for 3 months of normal use (see Instructions for Use). With proper training from your medical professional, you may change the tube yourself. MIC-KEY* Stoma Measuring Device (SMD) is designed to help get the best fit for best results.

IMPORTANT: In general it is recommended to check the measurements of your stoma every 3-6 months for any changes in tube size needed from weight gain or loss, especially for a growing baby. Check with your medical professional for more information.

Helpful Tips:

Change tube every 3 months for optimal results. See your medical professional if you are experiencing any of the following and request your stoma length be checked with the MIC-KEY* Stoma Measuring Device (SMD):

- a. Significant weight gain or loss.
- b. Tube pinches or feels tight.
- c. Tube feels too loose and/or stoma is leaking.
- d. Stoma is uncomfortable and/or irritated.
- e. Tube does not rotate during regular maintenance (feels stuck or buried).



TO REPLACE A MIC-KEY® FEEDING TUBE:

1. Wash your hands then remove the new MIC-KEY® feeding tube from the package. Fill the balloon with 5 ml sterile or distilled water (fig. a).
2. Remove the syringe and observe the balloon. It should be symmetrical. Check for leaks. Remove the water from the balloon.
3. Attach the luer slip syringe to the balloon valve of the MIC-KEY® feeding tube that is in the patient's stomach. Pull back on the plunger until all of the water is out of the balloon (fig. b).
4. Gently remove the MIC-KEY® feeding tube from the patient's stomach. It may help to use a little water soluble lubricant as you are removing it (fig. c).
5. Lubricate the tip of the replacement MIC-KEY® G-tube with a water soluble agent. Do not use oil or petroleum jelly.
6. Gently guide the new tube into the stoma. Insert the tube all the way until the MIC-KEY® G-tube is flat against the skin (fig. d).
7. Hold the tube in place and fill the balloon with 5 ml (3-5 ml for 12 French sizes) distilled or sterile water. Do not use air (fig. e).
8. Position the balloon against the stomach wall by pulling the MIC-KEY® G-tube up and away very gently until it stops.
9. Wipe away fluid or lubricant from the tube and stoma.
10. Check the tube for correct placement. Insert an extension set into the feeding port, aspirate residual stomach contents and measure the pH of the aspirate with pH indicator paper. The pH should be lower or equal to 5.5. In case of any doubt, check with help of an X-ray. Reinject the stomach content, flush the tube with water and begin feeding.

Never fill the balloon with more than 10 ml (5 ml for 12 french sizes) of fluid.



CHILDREN'S SPECIAL CONCERNS

Children are special and they have special needs. If you are caring for a child with a gastrostomy, the following points may help.

CHILDREN HAVE SMALL STOMACHS

As infants grow, they develop the capacity to hold larger amounts of tube feeds.

Feedings usually begin with frequent small amounts of formula. Bolus feedings take on average 20-40 minutes. A gravity flow system or a pump regulates a slow steady flow and leaves you free to do other things. Be patient, and gradually increase the amount of formula given during the feeding.

If your child's stomach is full, formula may leak around the stoma. Your child may also act colicky and vomit, or burp up formula. If this happens, ask your medical professional if decompression or venting is appropriate.

CHILDREN ARE GROWING

Keep in mind that children with gastrostomies have the same basic growth and developmental needs as other children. That means their nutritional needs will be growing, and more frequent measurement of their stoma may be required for optimal length for the MIC-KEY® G-Tube.

CHILDREN NEED TO GET ENOUGH WATER

Because enteral feeding tube users are no different from the rest of us, hydration is important. If the weather is warm or your child has a fever, additional water may prevent dehydration. Ask your medical professional for guidelines.

CHILDREN NEED TO EXPERIENCE FOOD

Even though your child receives nourishment through a tube, being at the table during meals (if it's safe to do so) is still important. It gives your child the chance to experience food. Encourage your child to touch and taste, just like everyone else, even if he or she makes a mess around the high chair.

ALL BABIES NEED ORAL STIMULATION

The mouth is a very sensitive part of the baby's body. Even if the child cannot suck and swallow well enough to eat, the sucking reflex is there. Sucking seems to comfort babies. Experiment with a pacifier. Use it to stimulate your child's lips, gums, and tongue during feedings. As the baby grows, provide other opportunities to chew or suck.

Talk with your medical professional about other opportunities for your child to chew or suck.

CHILDREN NEED TO MOVE ABOUT

It's important for babies to roll over on their stomachs: that's how they learn to push up and crawl. The MIC-KEY® G-Tube System's low-profile will not get in the way of normal activity.



KNOW WHAT TO DO IF...

YOUR CHILD VOMITS

If your child vomits during feeding, it may help to:

- Have your child sit up during feeding. Some children have gastroesophageal reflux, causing food to flow backward up the esophagus. Correct feeding position is very important for these children, so make sure they're in an upright position or at least a 30° angle before feeding.
- Make sure the formula is mixed correctly and not cold.
- Use only fresh formula. Don't use formula if it has been standing out unrefrigerated longer than four hours.
- Slow the flow rate of feeding or even take a short break, then start again when your child feels better. Be sure to flush the tube with warm water before you resume feeding.

If vomiting (or nausea) persists, or your child vomits after feeding, call your medical professional.

YOUR CHILD DEVELOPS DIFFICULTY BREATHING DURING OR IMMEDIATELY AFTER A FEEDING

- Stop the feeding at once.
- Drain (decompress) the stomach.
- Call your medical professional immediately.

THE FEEDING SET BECOMES DISCONNECTED

Stop the pump. Estimate the amount of tube feeds lost. Thoroughly wipe the end of the feeding set with soap and water. They must be free from oil or formula build up. Clean the feeding port of the extension set port with a cotton-tipped applicator and alcohol. Irrigate the tube with warm water. Dry the connections and firmly reconnect the tubes with a quarter turn. Resume the feeding, replacing the estimated volume lost during the disconnection.

BALLOON LEAKS OR RUPTURES

Always keep a replacement MIC-KEY® G-tube at home. Silicone balloons generally last several months, but the life span of the balloon varies according to several factors. These factors may include medication, volume of water used to fill the balloon, gastric pH, and tube care.

THE FEEDING TUBE CLOGS

Smaller diameter tubes typically clog more easily but require less water to flush out. Infants usually receive a 3 to 10 ml flush. Check these amounts and amend as needed. Some feeding tube users are water volume restricted, so be sure to count the water that is used to flush the feeding tube in their daily allotment.

To prevent tube blockage, flush the tube with warm water:

- Before and after each feeding.
- Before and after giving medications.
- Every 3 to 4 hours if the patient is receiving continuous feedings.
- After checking for stomach content residuals.

Do not mix medication with tube feeds. Medication should be in liquid form when possible. If not, crush finely and make sure it is well dispersed in water. Give multiple medications one at a time and rinse the tube with warm water before and after. Flush the tube with 5 ml water between each medication.

BALLOON WILL NOT DEFLATE

If you cannot extract water from the balloon with the syringe, ensure the recess in the balloon valve is clean. Occasionally the recess will trap spills of tube feeds or other material as a result of normal daily living. Be sure the valve is not frozen closed by food. Clean inside the recess, then firmly seat the syringe into the valve, push and twist one quarter turn. Try pulling back on the plunger again. If the balloon will not deflate, use the end of a large paper clip to depress the valve and release the water. Be sure you have a replacement tube to insert into stoma.

STOMA AND SKIN PROBLEMS

For stoma problems, immediately call your medical professional if:

- the stoma is bleeding,
- you notice blood mixed with stomach content,
- the stoma is persistently red and sore, and/or the red area is larger than 2.5 cm in diameter,
- the stoma emits an odor,
- the skin surrounding the stoma is swollen,
- there is pus around the stoma,
- you have a fever,
- you have consistent pain.

Be sure to gently rotate the MIC-KEY® G-Tube in a full circle plus a quarter turn during daily tube care to ensure proper air circulation. Redness or soreness around the skin and stoma may be the result of an incorrectly sized tube (for example, if you have gained/lost weight) or gastric leakage. Clean and dry the area frequently.

Skin problems such as granulation tissue may also occur. Granulation tissue is the result of the body's effort to repair the surgical incision. The tissue area may enlarge and require treatment.

If it bleeds or a large amount of tissue builds up, contact your medical professional.

IMPORTANT: if you notice that your tube fit is uncomfortable, please contact a medical professional or physician.

YOUR CHILD DEVELOPS DIARRHEA

Causes of diarrhea include:

- Feeding too quickly. Try giving the formula at a slower rate.
- Spoiled formula. It's best to mix new formula for each feeding. If you do save leftover formula, always refrigerate it, and never keep it longer than 24 hours.
- Changes in formula, medications or feeding routines. These and other changes can cause constipation as well as diarrhea. Introduce any changes gradually if possible.

If diarrhea continues after these actions, call your physician.

YOUR CHILD BECOMES CONSTIPATED

- Certain types of formulas cause constipation in sensitive individuals. Inactivity, change in formula, medication, dehydration or change in the feeding routine can also cause constipation. If constipation persists, consult your physician.
- See www.mic-key.com for more helpful tips and resources.

GLOSSARY OF TERMS

ASPIRATION: Accidentally inhaling liquid into the lungs.

BOLUS FEEDING: Large amounts of tube feeds delivered in a short period of time through feeding set or by syringe through the tube.

ENFit® SYRINGE: Syringe with a female ENFit® connector for bolus administration of fluids and gastric aspiration.

CONTINUOUS FEEDING: Small amounts of tube feeds administered constantly throughout the day (or night) without interruption (often during 20-24hours).

ENTERAL FEEDING: Liquid nourishment delivered by a tube inserted into the stomach or intestine.

FEEDING PUMP: A small machine, plug-in or battery powered, that automatically controls the amount of formula being delivered through the feeding tube.

FEEDING SET (Giving or Pump Set): Tubing that connects the feeding container or pump to the feeding tube.

FEEDING TUBE: Tube through which tube feeds flows into the stomach or the intestine.

G-TUBE: Gastrostomy tube. A tube that passes through the skin into the stomach.

GASTROESOPHAGEAL REFLUX: Backing up of formula or gastric juice from the stomach into the esophagus.

GASTROINTESTINAL DECOMPRESSION: The removal of gas or fluid from the stomach. (also called “venting”).

GASTROSTOMY: An opening (stoma) through the skin into the stomach.

GRANULATION TISSUE: Extra tissue formed on or around the surface of the stoma that will later form fibrous scar tissue.

GRAVITY DRIP: Formula flows into the stomach by gravity without the use of a pump.

INTERMITTENT FEEDING: Feeding smaller amounts of formula frequently during the day or night.

LUER SLIP SYRINGE: Syringe with a slip-in tip instead of a twist and lock tip, used to inject water in the balloon.

STOMA: Opening through which a feeding tube can enter the body.

STOMACH RESIDUAL: Contents of the last feeding and gastric juices remaining in the stomach just before the next feeding is to be given.

YOUR MIC-KEY* G-TUBE INFORMATION

NAME _____ PHONE _____

PHYSICIAN _____ PHONE _____

CHANGE OUT DATE _____ TYPE _____

TUBE REPLACEMENT DATES _____

TUBE SPECIFICATIONS:

ORDER# _____ LOT# _____

FRENCH SIZE _____ STOMA LENGTH (CM) _____

BALLOON FILL VOLUME _____ ML

MIC-KEY* EXTENSION SET (5X1/BOX), CHANGE EVERY TWO WEEKS

ORDER# _____

MIC-KEY* BOLUS EXTENSION SET (5X1/BOX), CHANGE EVERY TWO WEEKS

ORDER# _____

TUBE FEEDS:

BRAND OF TUBE FEEDS _____

NAME OF TUBE FEEDS _____ AMOUNT OF FORMULA _____ ML

FEEDING TIMES _____

AMOUNT OF EACH FEEDING _____ AMOUNT OF WATER _____

PUMP SETTING OR FLOW RATE _____ ADDITIONAL INGREDIENTS _____

BLENDERIZED TABLE FOOD: **FOLLOW THE DOCTOR'S INSTRUCTIONS**

FLUSH WITH _____ ML WATER BEFORE AND AFTER EVERY FEEDING

MIX WELL AND REFRIGERATE: **FOLLOW SPECIALIST'S INSTRUCTIONS**

ADDITIONAL SUPPORT AND HELP

IMPORTANT: Visit www.mic-key.com for information on your tube and accessories including the full **Patient Use & Care Guide** available in multiple languages.

1. Change tube every 3 months for optimal results or sooner if:

- a) Significant weight gain or loss*
- b) Tube pinches or feels tight*
- c) Tube feels too loose and/or stoma is leaking*
- d) Stoma is uncomfortable and/or irritated*
- e) Tube does not rotate during regular maintenance (feels stuck or buried)*

**Bottom of tube base should rest 2 mm above the skin surface.*

2. Use only MIC-KEY® Extension Sets with MIC-KEY® G-Tube (others are incompatible or can damage the anti-reflux valve).

3. Follow the instructions for use supplied in the packaging.

From the UK, please call Avanos at
0800 917 65 85 - fax 0800 169 02 35
or send an email to
customerservice.uk.ie@avanos.com

From IRL, please call Uniphar Hospital Services
at +353 1 468 84 56 - fax +353 1 466 07 82
or send an email to
unipharhospitalservices@uniphar.ie

From all other countries, please call Avanos
at +32 2 700 68 51 - fax +32 2 711 26 91
or send an email to
customerservice.export@avanos.com

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