

GOLDEN RULES FOR AFTER CARE

IMMEDIATE AFTER CARE

- **Monitor the vital parameters:** It's very important to monitor the vital parameters of the patient during the first hours after placement: consciousness, pulse and blood pressure. These parameters can demonstrate a bleed (internal or external).
- **Control the position of the tube:** Write down in the nurse chart the length of the fistula, the French size and the amount of water that was injected into the balloon.
- **Start enteral feeding:** Connect a drainage bag to the feeding tube to evacuate all excess air from the stomach. Enteral feeding intake may resume after 12 hours if there are no contraindications and if no complications occur.

DAILY CARE

- **Stoma Care:** Disinfect the stoma site and SAF-T-PEXY* bumpers on a daily basis with a water-based clear disinfectant. Inspect the stoma and SAF-T-PEXY* sites daily and assess for signs of infection (e.g.: redness or irritation,... see instructions for use) or abdominal pain. If this occurs: contact your medical professional.
- **Prevent "Buried Bumper":** Turn the gastrostomy tubes, MIC* and MIC-KEY* G Feeding Tubes, on their axis on a daily basis. Do not turn jejunal feeding tubes nor the polyurethane SAF-T-PEXY* bumpers.
- **Monitor the tube:** Check the balloon contents on a bi-weekly basis. Aspirate the liquid from the balloon using a syringe. Re-inject the aspirated liquid and fill up to the initial volume of water. Check the tube for cleanliness. It's important to keep the tube clean and flush thoroughly. Use a cotton tipped applicator to clean the feeding port if required.
- **No bathing:** The patient is not allowed to bathe as long as the SAF-T-PEXY* bumpers are in place. Taking a shower is allowed.
- **SAF-T-PEXY* bumpers:** Usually the gastropexy sutures will be resorbed after 2-3 weeks and the SAF-T-PEXY* bumpers will fall off. From that moment onwards wash the skin with water and soap and dry thoroughly on a daily basis. Contact the clinician in case a change occurs in redness or swelling of the skin. If after 3-4 weeks the bumpers haven't fallen off, they may be removed by the placing physician.

DAILY CARE

- **Administration of tube feeds:** Check the position of the MIC* or MIC-KEY* G Feeding Tubes, using pH-indicator paper. This should be done each time you connect a new packaging of tube feeds, when there is any doubt whether the tube is in the correct position and at least 3 times a day. In case of doubt: confirm correct placement by X-ray. Always flush the tube with water before and after feeding and medication.
- **Cleaning and replacement of the MIC-KEY* Extension Set:** Wash the extension set after every use with warm water and soap. Rinse thoroughly and allow to air dry. Store in air tight container or zip lock bag until next use. MIC-KEY* Extension Sets are disposables and should be replaced at least every 2 weeks.
- **Accidental removal:** Contact the clinician immediately. Immediately re-insert the tube in the stoma to keep the fistula open and tape the tube on the skin. Inflation of the balloon should be done by the clinician, preferably under endoscopic control to prevent damage of the fistula.
- **Replacement of the tube:** Follow the local guide lines for replacement of the tube in order to prevent an unforeseen dislodgement of the tubes.



IMPORTANT NOTE

The above mentioned guidelines are only recommendations for an appropriate care of the MIC-KEY* Introducer Kit. These should only be followed when no instructions are available from the placing doctor or the local hospital.

The Avanos guidelines can under no circumstances overrule the local medical or nursing guidelines. The end responsibility for the treatment should remain with the placing doctor.

There are inherent risks in all medical devices. Please refer to the product labeling for Indications, Cautions, Warnings and Contraindications.

For more information, please send an email to customerservice.uk.ie@avanos.com or visit www.avanos.co.uk.

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www.mic-key.com

