

ENTERAL FEEDING TUBE PLACEMENT IS NOW EASIER FOR INTERVENTIONAL RADIOLOGISTS

- An interview with Dr Philippe Bouillet, MD, Chief of Peripheral Interventional Radiology, Limoges University Hospital, France

The placement of enteral feeding tubes is one of the easiest procedures in gastrointestinal (GI) Interventional Radiology.

At the Limoges University Hospital in France, Dr Philippe Bouillet MD, the Chief of Peripheral Interventional Radiology, has been placing more than 100 balloon-retained enteral feeding tubes a year since 1999. He urges more Interventional Radiologists to use their skills and techniques to do the same. "It is one of the easiest procedures in GI Interventional radiology and very effective for patients," says Dr Bouillet.

To perform a gastrostomy, Dr Bouillet now uses Kimberly-Clark's MIC*, MIC-KEY* Introducer Kit, an innovative solution designed to facilitate the initial placement of either a gastrostomy or a jejunal feeding tube.

He says there are several advantages to the Introducer Kit. "Having everything in one package means it is very quick and easy to use. The telescoping serial dilator system and integrated peel-away sheath provides all-in-one, continuous dilation and easy tube placement," he explains.

Dr Bouillet places balloon-retained enteral feeding tubes using interventional radiology techniques for two specific types of patients. For those suffering from cancer affecting the oesophagus or the pharynx, percutaneous endoscopic gastronomy (PEG) placement is not appropriate because of the risk of tumour seeding. Endoscopic placement is also not the most appropriate solution for patients with neurological degenerative diseases where sedation can put them at an increased risk.



Triangle formation of Safe-T-Pexy bumpers securing the 3 t-bars inside the stomach wall

In our institution we perform more gastrostomies for neurologic indications than for cancer," explains Dr Bouillet. "Out of the 70 patients where we have used the Introducer Kit about 40 were for patients with neurological conditions, 28 patients had cancer and there were two for other conditions. Endoscopy is always an alternative but on those 60 patients only 40 could be treated safely using the endoscopic technique."

When performing a gastrostomy using the MIC*. MIC-KEY* Introducer Kit, Dr Bouillet makes the following recommendations:

- a) Use antibiotics prior to procedure
- b) The evening prior to the procedure, do an opacification of the colon using barium delivered orally



Kimberly-Clark MIC-KEY* low-profile enteral feeding tube with Safe-T-Pexy bumpers removed

- c) It is important to do the opacification with a hydrosoluble solution so that with each puncture of the stomach cavity you can be sure you have avoided the colon
- d) Once dilation is complete, gently insert the peel away sheath
- e) At the end of the procedure, it is very important to control the position of the tube

Dr Bouillet believes that there will be a rise in the number of feeding tubes placed directly into the stomach. He says: "In the future the number of gastrostomies will increase as physicians become more and more interested in nutrition for the ageing population and the rates of degenerative diseases and cancer increase."

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