

## INTERVENTIONAL RADIOLOGISTS TAKE A CLOSER LOOK AT THE KIMBERLY-CLARK'S MIC\*, MIC-KEY\* INTRODUCER KIT

Opportunities to see the MIC\* Introducer Kit in action at CIRSE 2009 and on the web through Kimberly-Clark Health Care's OR live facility are showcasing the benefits of this innovative solution designed to quickly and safely facilitate the initial placement of its balloon-retained enteral feeding tubes.

At this year's CIRSE, doctors from across Europe were in the Learning Centre to share their experience of the MIC\* Introducer Kit throughout the five-day meeting. There was also the opportunity for clinicians to use the tools on demonstration models.

Visitors to the Learning Centre were also able to watch a physician-facilitated webcast demonstration by Dr Michael Miller from the Duke Medical Center in North Carolina. The webcast featuring the MIC\* Introducer Kit is entitled: "An Innovative Fluoroscopic Method for Initial Placement of a Balloon Retained Transgastric-Jejunal Feeding Tube". The webcast is now online at [www.kcdigestivehealth.com/IR](http://www.kcdigestivehealth.com/IR)

The Kimberly-Clark\* MIC\*, MIC-KEY\* Introducer Kit transforms the initial placement procedure because the uniquely-designed components required for the procedure are now contained in one convenient, easy-to-use kit. The kit eliminates the need for traditional PEG placement and removal for certain clinical indications, thus providing potential savings for the hospital and improving patient comfort.

The MIC\*, MIC-KEY\* Introducer Kits work with all Kimberly-Clark\* MIC\* and MIC-KEY\*

Gastrostomy, Jejunal and Transgastric Jejunal feeding tubes that are specially designed for patients requiring long-term nutritional support.

At the Christie Hospital in Manchester, UK, Consultant Radiologist Dr Hans-Ulrich Laasch likes the MIC\* Introducer Kit because everything he needs to perform a gastrostomy is contained within the one kit. He says this is a huge advantage and means that the technique is much easier to learn and perfect for interventional radiologists.

Dr Laasch says that not only does the Introducer Kit make radiological gastrostomy straight forward, because the feeding tubes can be placed in one procedure rather than the previous two, he also appreciates the design features which make the kit easier, and a pleasure, to use.

"I have found the kit very useful," explained Dr Laasch. "There are many features I like very much, such as the resorbable sutures that mean we don't need to arrange for follow-up care when the patient is back home to have the sutures removed.

"The four introducer needles, pre-loaded with the T-fasteners are ready to use straight out of the pack and are deployed at the touch of a button. The telescopic dilator with the integrated sheath reduces the number of steps required during the procedure.

"A big advantage is the outer fixation button for the gastrostomy sutures. You just flick a lever down to secure the sutures for the gastrostomy and even the forceps to do

that are in the kit! That makes the whole procedure a lot more hygienic and fixation simpler. You also don't need the cotton wool pledget which was a potential infection risk.

"Basically the Introducer Kit makes radiological gastrostomy an easier technique to learn and our experience is that it has very acceptable results. It means that previous issues we have seen with radiological techniques, such as tubes becoming dislodged or misplaced, are much less of a risk.

"Furthermore it means that radiological gastrostomy is a real alternative to percutaneous endoscopic gastrostomy (PEG) and this is especially relevant for those procedures where PEG isn't appropriate, for example with cancers of the upper GI tract where tumour seeding is a risk. We avoid that problem by inserting the tube through the skin."

At the Beaumont Hospital in Dublin, Professor Michael Lee has also used the MIC\* Introducer Kit. He says: "I have seen the need for a product like this for the last 15 years through my work both in the US and Ireland. Because of the lack of a good radiologic gastrostomy tube and placement kit, I developed my own system using several different products including T-Fasteners and angioplasty balloons. It worked reasonably well but this new kit has everything in the one pack and is tailored to gastrostomy placement which makes it a really natural fit for Interventional Radiology."

Professor Lee adds: "As well as ease of use and the fact that all the equipment you need is in one self-contained pack, I really like the Saf-T-Pexy, it is safe for both the patient and operator. Another major advantage is that the material is absorbable and the T-fasteners do not need to be cut. That's much more pleasant for the patient and aesthetically better because there is no cotton wool pledget, as with the old T-fasteners, left at the operation point to promote infection

"In addition every element of the kit is needle-stick safe and it works well with all techniques – the MIC-KEY\* gastrostomy button, g-tube or gastro-jejunal tube."

To learn more about Kimberly-Clark Health Care's digestive health solutions, please visit [www.KCdigestivehealth.com](http://www.KCdigestivehealth.com)



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