

# Kimberly-Clark

## MIC-KEY\* Low Profile Jejunal Feeding Tube

### DIRECTIONS FOR USE

The MIC-KEY\* Jejunal Feeding Tube (See Figure 1 on back) is a replacement, low profile jejunal tube available in 14 and 18 Fr. sizes, with shaft lengths from 0.8 to 4.5 centimeters. The Jejunal Tube length measures 81 cm from the distal end of the balloon to the tube tip. Use the same Fr. size as the previous gastrostomy tube. Use the MIC-KEY\* Stoma Measuring Device to ensure accurate stoma measurement.

### STOMA MEASURING PROCEDURE

Use the MIC-KEY\* Stoma Measuring Device to find the depth of the gastrostomy stoma. The shaft length is the distance in centimeters between the bottom of the external bolster and the proximal balloon surface when the balloon is inflated to 5 ml.

1. Moisten the tip of the measuring device with water-soluble lubricant or water.
2. While the patient is in an upright position, insert the device through the stoma into the stomach. **DO NOT USE FORCE.**
3. Inflate the balloon with 5 ml distilled water or saline.
4. Gently pull up on the Stoma Measuring Device until you feel resistance against the inside stomach wall.
5. Slide the plastic disc down to the stoma.
6. Read the mark above the plastic disc. This adds 1 to 2 millimeters to the exact measurement. This much vertical movement is considered optimal.
7. Repeat steps 4 through 6 with the patient in the supine position.
8. Take an average of the two readings. This is the desired length.
9. Record the measured centimeter shaft length on the MIC-KEY\* Jejunal Patient Information Record.
10. Deflate the balloon and remove the device.

### ENDOSCOPIC PLACEMENT THROUGH AN EXISTING GASTROSTOMY TRACT

Endoscopic or radiologic placement of the MIC-KEY\* Jejunal Feeding Tube is intended for patients with an established gastrostomy tract. Be sure the stoma has been measured properly and you have the proper tube size and length.

**IF YOU NEED TO SHORTEN THE LENGTH, REFER TO STEPS 5 THROUGH 10 UNDER FLUOROSCOPIC PLACEMENT.**

This kit does not contain a guidewire or 6.5 Fr. catheter.

1. Remove the MIC-KEY\* Jejunal Tube from the package and inspect it.
2. Inflate the balloon with 5 ml water using the 6 ml luer slip-tip syringe. The balloon should be symmetrical and should not leak. The silicone may adhere to itself causing the balloon to partially inflate. If this occurs, roll and bend the balloon with your fingers until the balloon is round. Deflate the balloon.
3. Instill water into the feeding port to confirm tube patency.
4. Perform standard flexible gastroscopy. Insufflation of the stomach facilitates tube placement.
5. Withdraw the endoscope until the indwelling gastrostomy tube is in the visual field.
6. Remove the existing gastrostomy tube.
7. Lubricate the distal end of the MIC-KEY\* Jejunal Tube and insert it into the gastrostomy.
8. Grasp the end of the tube with an atraumatic forcep. If needed, use a floppy-tip guidewire or stylet to stiffen the tube. Protect the anti-reflux valve by placing the introducer cannula (See Figure 2 on back) into the feeding port before you insert the guidewire or stylet.
9. Feed the tube through the pylorus and through upper duodenum. Continue to advance the tube using the forceps—grasp-push-release—until the tip of the tube is positioned beyond the Ligament of Treitz, and the balloon is inside the stomach.
10. Release the tube, and withdraw endoscope and forceps in tandem.
11. Inflate the balloon with 3–5 ml distilled water or saline.  
**DO NOT EXCEED 10 ml TOTAL BALLOON VOLUME. DO NOT USE AIR.**
12. Remove any introducer cannula and guidewire used.
13. Verify tube position and patency with contrast or endoscopy. Flush the tube with water.

### FLUOROSCOPIC PLACEMENT THROUGH AN EXISTING GASTROSTOMY TRACT

To perform this procedure, obtain the following additional supplies: • 6.5 Fr. Seeking Catheter • .035 Guidewire • Water soluble lubricant

1. Remove the MIC-KEY\* Jejunal Tube from the package and inspect it.
2. Inflate the balloon with 5 ml water or saline using the 6 ml luer slip-tip syringe. If the balloon is asymmetrical, roll it between your fingers and squeeze it gently until the balloon is round. Deflate the balloon.
3. Instill water into the feeding port to confirm tube patency.
4. Under fluoroscopic guidance, insert a guidewire through the indwelling gastrostomy tube.
5. Remove the existing gastrostomy tube.
6. Advance a 6.5 Fr. seeking catheter over the guidewire and manipulate it into the antrum of the stomach.
7. Advance the guidewire and the seeking catheter until the catheter tip is at the pylorus.
8. Negotiate the pylorus and advance the guidewire into the duodenum. If the seeking catheter is difficult to advance, try reducing the length of the catheter in the stomach. A rotational motion on the seeking catheter may allow easier passage over the guidewire.
9. Advance the guidewire and the seeking catheter beyond the Ligament of Treitz.
10. Mark the seeking catheter at skin level, and remove it leaving the guidewire in place.
11. Match the length of the seeking catheter as marked with the MIC-KEY\* Jejunal Tube. As necessary, trim the distal end of the tube to match the marked length of the seeking catheter.
12. Flush the entire tube length with water. Lubricate the distal lumen of the MIC-KEY\* Jejunal Tube with a water soluble lubricant.
13. Advance the distal end of the tube over the guidewire until the end of the wire reaches the tube feeding port.
14. Remove the plunger from the 6 ml luer slip-tip syringe, and insert the tip of the syringe barrel into the feeding port of the tube.
15. Advance the tube over the guidewire until the tip of the wire exits the syringe barrel.
16. Remove the syringe barrel and replace it with the introducer cannula. Push the cannula along the wire until the hub of the introducer is in contact with the feeding port and the cannula is visible inside the tube. The introducer cannula protects the feeding port valve from damage by the guidewire.
17. Hold the introducer hub and feeding port while advancing the tube over the guidewire into the stomach.
18. Rotate the catheter as it is advanced to facilitate passage of the catheter through the pylorus and into the jejunum.
19. Advance the catheter until the balloon is inside the stomach.
20. Inflate the balloon with 3–5 ml water. Maximum balloon inflation is 10 ml.  
**DO NOT USE AIR. THE TUBE IS RADIOPAQUE. IF YOU USE CONTRAST MATERIAL IN THE BALLOON, DILUTE IT TO 10% SOLUTION. REPLACE WITH WATER OR SALINE WHEN TUBE AND BALLOON POSITION HAVE BEEN CONFIRMED.**
21. Abut the balloon to the stomach wall, this should allow approximately 1–2 mm of clearance between the skin and the top of the tube.
22. Confirm tube position with contrast, then remove the guidewire.
23. Remove the introducer cannula, and flush the tube with water to verify tube patency.

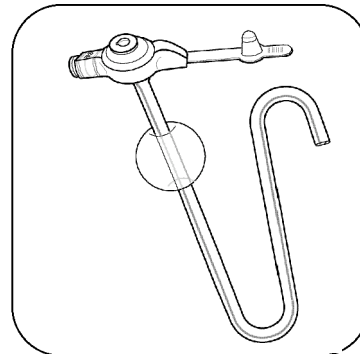


Figure 1

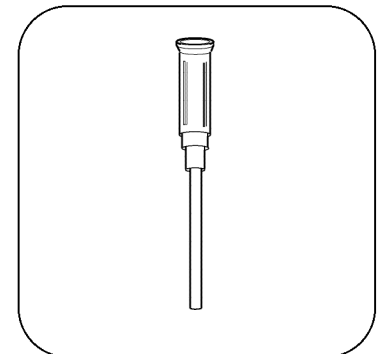


Figure 2

### How to use the Extension Sets for Jejunal feeding

1. Remove the feeding port cover from the top of the MIC-KEY\* Jejunal Tube.
2. Insert the extension set by aligning the lock and key connector. Align the black orientation marking on the set with the corresponding black orientation line on the feeding port.
3. Lock the set into the MIC-KEY\* by pushing in and rotating the connector CLOCKWISE until you feel a slight resistance (approximately a 3/4 turn).  
Note: DO NOT rotate the connector past the stop point.
4. Remove the extension set by rotating the connector COUNTER-CLOCKWISE until the black line on the set aligns with the black line on the feeding port. Remove the set and cap the MIC-KEY\* Jejunal Tube with the attached feeding port cover.

### Check for tube position and patency

1. Connect the extension set to the tube. Attach the catheter-tip syringe to the extension set feeding port.
2. Flush with water.

### Feeding Through the MIC-KEY\* Jejunal Tube

1. **ASSEMBLE:** Formula, feeding set, 35 ml catheter-tip irrigation syringe, enteral feeding pump, and water for flushing tube.
2. Pour the formula into the feeding bag, or perforate the prefilled bag with the delivery-set spike.
3. Fill the irrigation syringe with water. Open the feeding port cover, and attach the extension set to the MIC-KEY\* Jejunal Tube. Flush the extension set and the tube with water. Clamp the extension set to retain water inside the tube, disconnect the syringe.
4. Run formula through the delivery-set tubing to purge the air. Attach the tubing to the enteral feeding pump. Follow the manufacturer's directions to set the pump.
5. Insert the delivery-set connector into the feeding port of the extension set with a firm push and 1/4 twist to secure the connection.
6. Adjust the formula flow rate by opening the delivery-set tubing clamp.
7. After feeding, flush the tube and extension set with warm water until formula is cleared.
8. Disconnect the extension set and cap the feeding port.
9. Wash the extension set and the feeding administration bag with warm, soapy water and rinse thoroughly.
10. Flush the MIC-KEY\* Jejunal Tube with warm water every six hours. When necessary, interrupt the continuous feeding to do this.
11. Report unusual symptoms such as abdominal pain, abdominal discomfort, abdomi-









nal tenderness, abdominal distention, unexplained fever or an unusual amount of bleeding through or around the tube to your health care practitioner.

**CAUTION: DO NOT ADMINISTER MEDICATIONS THROUGH THE FEEDING PORT. THIS WILL CLOG THE TUBE. TO AVOID CLOGGING, USE A FEEDING PUMP TO DELIVER FORMULA THROUGH THE JEJUNAL LUMEN. NEVER ALLOW FORMULA TO STAND IN TUBE.**

### Maintenance

1. Inspect the stoma site daily for signs of redness, swelling, discomfort, or gastric leakage. **CAUTION: DO NOT rotate the tube**
2. Clean the skin around the stoma site daily.
3. Flush the tube with warm water after each use, or after 6 hours continuous use, to maintain tube patency.
4. Withdraw all of the water from the balloon every week, and replace with the original prescribed amount.

### FOR ENTERAL NUTRITION ONLY

 Quantity of Units in Dispenser	 Date of Manufacture	 Do Not Use If Package Damaged	REF Reorder Number
 Single Use	 Read Instructions	 Diameter	STERILE R Sterilized by Gamma Irradiation
 Length	LOT Lot Number	Rx Only (USA)	 Use By



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