

# ENTERAL

## MIC and MIC-KEY Gastro-Jejunal Feeding Tube

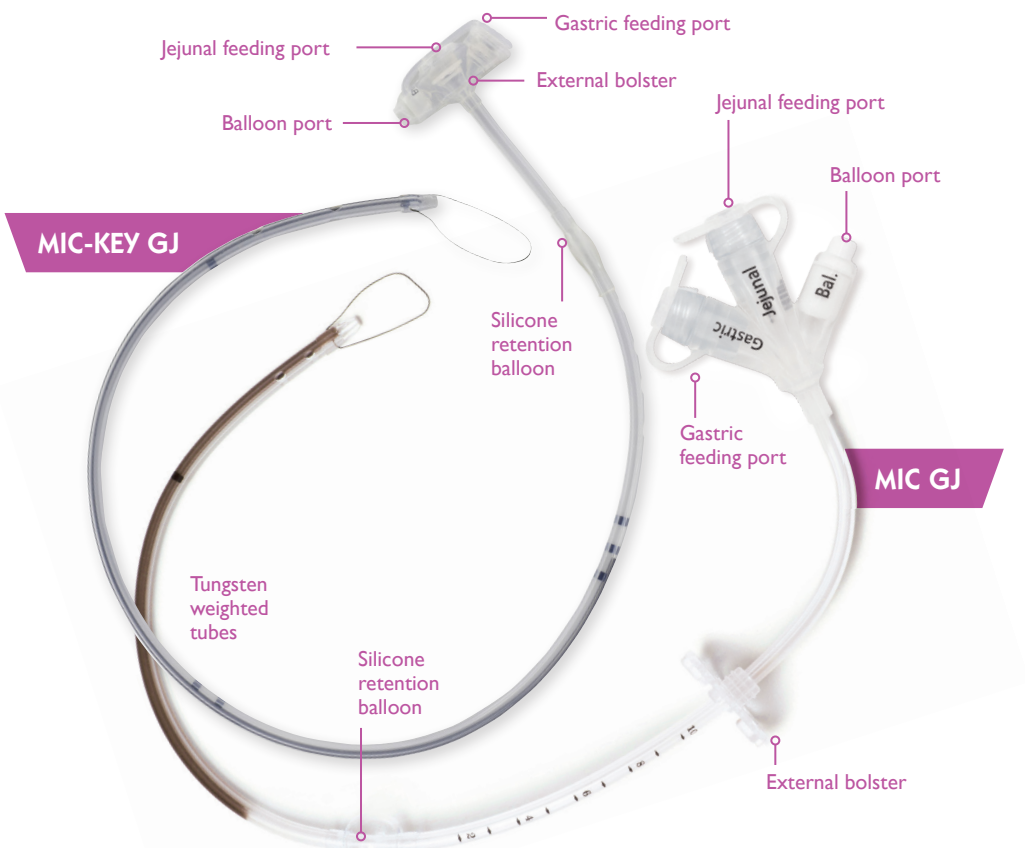
CARE & USER GUIDE



# THE MIC\* & MIC-KEY GASTRO-JEJUNAL TUBES

The MIC & MIC-KEY gastro-jejunal (GJ) feeding tube is a feeding/drainage device. It enters the stomach through a gastric stoma. The tube is held in place (within the stoma tract) by means of an inflatable balloon and an external bolster. The GJ-tube contains two ports: one labelled Jejunal and one labelled Gastric. Incorporated within each port in the MIC-KEY tube is a valve which is opened by attaching the appropriate MIC-KEY extension set.

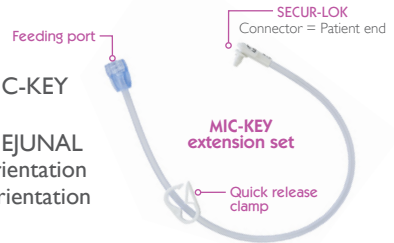
The jejunal port is used for feeding into the small intestine. The gastric port has multiple uses: feeding into the stomach and to drain or vent the stomach with the use of gravity. Only administer medication upon your healthcare professional's advice. A third port labelled Bal is used to inflate and deflate the balloon with a standard Luer-slip syringe.



# JEJUNAL FEEDING INSTRUCTIONS

## How to connect the MIC-KEY® extension set

1. Open the feeding port cover located at the top of the MIC-KEY GJ feeding tube
2. Insert the MIC-KEY extension set into the port labelled JEJUNAL by aligning the lock and key connector. Align the black orientation line on the extension set with the corresponding black orientation line on the jejunal feeding port
3. Lock the set into the jejunal port by pushing in and rotating the connector clockwise by a 3/4 turn. DO NOT rotate the connector past the stop point
4. When feeding is complete, remove the extension set by rotating the connector anti-clockwise until the black line on the set aligns with the black line on the jejunal feeding port
5. Gently detach the extension set and cap the MIC-KEY gastric and jejunal ports with the attached closure cap
6. Wash the extension set with warm, soapy water until the tubing is clear. Rinse thoroughly with water and store in a clean and dry place.



## How to administer the feed

1. Assemble the required equipment: feed, feeding set, 60mL ENFit™ syringe, enteral feeding pump, water for flushing the tube and MIC-KEY extension set
2. Wash your hands with soap and water. Rinse and dry them thoroughly
3. **For MIC-KEY low-profile feeding:** Connect the MIC-KEY extension set to the jejunal port and open the clamp on the extension set
4. Using a 60mL syringe flush the tube with the recommended volume of water, as per your healthcare professional's advice
5. Attach the MIC® GJ-tube or the MIC-KEY extension set to the feeding set
6. If the feeding set has a clamp, open it
7. Start the feeding pump
8. Flush the jejunal port every six hours with at least 30mL of water or as instructed by your healthcare professional. Do not use force
9. When the feed is complete, clamp the MIC GJ-tube or MIC-KEY extension set and disconnect the feeding set
10. Attach 35mL ENFit™ syringe (or larger) to the MIC GJ-tube or MIC-KEY extension set, open the clamp and flush with the prescribed volume of water. It is important to flush post-feed to avoid blockages
11. **For MIC-KEY low-profile feeding:** Disconnect the extension set from the jejunal port
12. Wash the extension set with warm, soapy water until the tubing is clear. Rinse thoroughly with water and store in a clean and dry place.



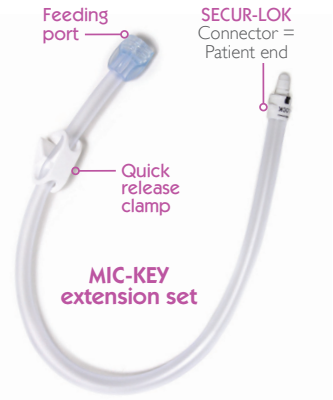
**Caution** Never connect the jejunal port to suction. Do not measure residuals from the jejunal port. Do not administer medications through the jejunal feeding port unless advised to do so by your healthcare professional. To help avoid clogging, use a feeding pump to deliver formula through the jejunal lumen. Never allow formula to stand in the tube.

# GASTRIC DECOMPRESSION INSTRUCTIONS

Some specialists recommend decompressing or venting the stomach (letting the air or fluid out) before or after feeding. Below we provide guidance on decompression and venting; in all instances follow your healthcare professional's advice.

## Decompression and venting

1. **For MIC-KEY® GJ:** Attach the MIC-KEY extension set to the gastric port
2. Remove the plunger from the barrel of the ENFit™ enteral syringe
3. Attach the barrel of the syringe to the MIC-KEY extension set or MIC GJ port and unclamp
4. Allow fluid and air to flow up into the barrel of the syringe. If there is a large volume of fluid then clamp the extension set and pour contents from the barrel of the syringe into a collecting container or bag
5. Repeat until decompression is complete
6. If advised by your healthcare professional replace the stomach contents
7. Flush the tube with water after decompression is complete to prevent blockages.



**Note:** If you are simultaneously decompressing the stomach while feeding and you see formula in the gastric drainage, stop the feeding and notify your specialist.



### Caution

Do not use continuous or high intermittent suction. High suction could collapse the tube or cause stomach injury.



### Caution

Do not rotate the tube. Jejunal tubes must not be rotated because they will kink. If you experience problems, call your healthcare professional.

# DAILY CARE & MAINTENANCE CHECKLIST

## While the procedure site is initially healing

- Cleanse the site with normal saline three times daily to remove the small amount of mucus that normally accumulates around the stoma.

## Clean the procedure site (skin area surrounding feeding tube)

- After the stoma heals, thoroughly cleanse with mild soap and water
- Use a circular motion moving from the tube outwards
- Clean sutures, external bolsters and any stabilizing devices using a cotton-tipped applicator
- Rinse thoroughly and dry well.

## Clean the external portion of the feeding tube

- Use warm water and mild soap being careful not to pull or manipulate the tube excessively
- Rinse thoroughly and dry well

**Do not rotate the external bolster. This may cause the tube to kink and possibly lose its intended position.**

## Clean the jejunal, gastric and balloon ports

- Use a cotton-tipped applicator (cotton bud) or soft cloth to remove all residual formula and medication.

## Verify placement of the external bolster

For the **MIC® GJ**, verify that the external bolster rests 2-3 mm above the skin. Confirm that centimetre markings at skin level remain consistent. For a **MIC-KEY® GJ**, verify that the device rests comfortably 2-3 mm above the skin.

## Consult a physician if:

- The procedure site is uncharacteristically sore or painful, or if abdominal pain, discomfort, tenderness or distension occur
- The appearance of the procedure site suggests signs of infection or if the procedure site is tender or distended
- If you have abdominal pain, abdominal discomfort, abdominal tenderness, abdominal distension, dizziness or fainting, unexplained fever, or an unusual amount of bleeding through or around the tube
- The procedure site appears to be leaking, oozing, bleeding or otherwise appears abnormal
- The tube appears in any way damaged, broken or if you are concerned
- Any damage to the tube or ports is evident or if leakage appears at the site of any of the ports
- The centimetre markings on the MIC GJ tube at skin level suggest that a significant change (>1 cm) has occurred to the device positioning. Or if your MIC-KEY GJ tube fits too tightly, is irritating or indenting into the skin.

# TUBE CARE & MAINTENANCE

## Balloon maintenance

Check the water volume in the balloon once every week. Insert a Luer-slip syringe into the balloon inflation port and withdraw the water whilst holding the tube in place. Compare the volume of water in the syringe to the volume recommended/initially prescribed and documented in the patient record. If the volume is less than recommended or prescribed, top up the syringe to the prescribed volume with cool boiled or sterile water. Then add the prescribed volume back into the balloon.

**Note: Always use a Luer-slip syringe to check the balloon.**

Total water volume in balloon should never exceed:

**5mL** for paediatric sized tubes (tubes that are 15cm, 22cm, or 30cm).

**10mL** for adult sized tubes (tubes that are 45cm).

## Tube blockage

Obstructions are usually caused by the build-up of feed inside the tube. Bodily fluids and medications can also clog the tube. This can be prevented by thoroughly flushing the feeding tube with water every 4-6 hours during continuous feeding, any time the feed is interrupted, or at least every 8 hours if the tube is not being used.

1. Make sure that the feeding tube is not kinked or clamped off
2. If the clog is visible above the skin surface, gently massage or milk the tube between fingers to break up the clog
3. Next, attach a 60mL ENFit™ syringe to the appropriate MIC-KEY Extension Set with ENFit™ connections and use a gentle push-pull motion with the plunger to help remove the blockage. **Note: only use a 60mL syringe, smaller syringes will increase the pressure and can damage/split the tube**
4. If the clog remains, repeat step 3. Gentle suction alternating with syringe pressure will relieve most obstructions
5. If this fails, consult with a physician. **Do not** use cranberry juice, cola drinks or chymotrypsin, as they can actually cause clogs or create adverse reactions in some patients. If the clog is stubborn and cannot be removed, the tube will have to be replaced.

**Note: high pressure can rupture the tube. Do not insert foreign objects into the tube. This may puncture the tube. If none of these measures work, call your healthcare professional.**



# NATIONAL PATIENT SAFETY ALERTS (NPSA) GUIDELINES

## IMMEDIATE ACTION REQUIRED

It is important that you are aware of the signs and symptoms which may occur up to 72 hours following the insertion.

The following signs require **IMMEDIATE** urgent medical attention:

- Pain during feeding (including medication delivery and water flushes)
- Any pain or distress after the procedure
- New bleeding from the procedure site
- Leakage of fluid around the tube.

In the event of any one of these symptoms, the following actions **MUST** be taken:

- Stop feeding/medication delivery immediately
- Seek immediate medical advice in order to be examined and the symptoms assessed immediately.

Contact your healthcare professional for further advice.



## Your feeding tube information

Patient name: \_\_\_\_\_

Tube inserted by: \_\_\_\_\_

Tube insertion date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tube replacement date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Local/community contact Monday to Friday 9am-5pm:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

For urgent advice outside these hours contact:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

In an emergency: Ring 999 or go to your local Emergency Department.

## Tube specifications and instructions

Tube product code: \_\_\_\_\_

Order number: \_\_\_\_\_ Lot number: \_\_\_\_\_

French size: \_\_\_\_\_ Stoma length: \_\_\_\_\_ cm Balloon fill volume: \_\_\_\_\_ mL

Commence weekly balloon volume check from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Extension set (5x1/box), change every \_\_\_\_ weeks Product code: \_\_\_\_\_

Bolus extension set (5x1/box), change every \_\_\_\_ weeks Product code: \_\_\_\_\_

## Feed

Brand of feed: \_\_\_\_\_

Name of feed: \_\_\_\_\_ Volume of formula: \_\_\_\_\_ mL

Feeding times: \_\_\_\_\_

Volume per feed: \_\_\_\_\_ Volume of water: \_\_\_\_\_ mL

Mix well and refrigerate, follow your dietitian's guidance.

Pump setting or flow rate: \_\_\_\_\_

Additional ingredients: \_\_\_\_\_

Flush with \_\_\_\_\_ mL water before and after feed and medication administration.

Extra water flushes can be given as \_\_\_\_\_ mL every \_\_\_\_\_ hours

Blended table food: Follow your dietitian's advice.

### For further information, please contact: [info@vygon.co.uk](mailto:info@vygon.co.uk)

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