ΔVΔNOS | MIC* & MIC-KEY* Introducer Kits



THE EFFICIENT CLINICAL SOLUTION

INTUITIVE TOOLS FOR AN EASE OF USE

- One convenient kit allows the placement of the broad range of MIC* & MIC-KEY* balloon retained enteral feeding tubes, both G/GJ and J-tubes from Fr 12 to Fr 20¹
- Uniquely designed components:
 - > Saf-T-Pexy needles
 - > Serial Dilator with integrated Peel Away Sheath
- Stoma Measuring Device available in the kit allows safe and proper fit of the MIC-KEY* Low profile gastrostomy feeding tube, preventing a second anaesthesia in children^{2,3}



CONTROLLED DELIVERY

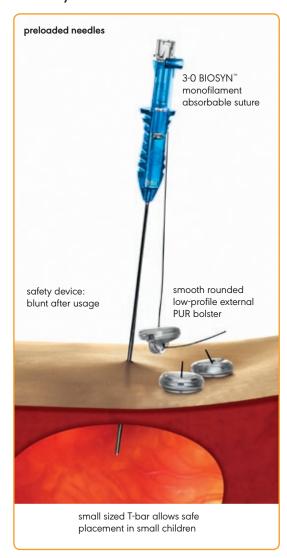
- 4 pre-loaded Saf-T-Pexy needles in each kit
 - > No extra manipulation, prevents inadverted needlestick injuries
- Syringe with saline connected to the Saf-T-Pexy needle eases visual control during gastropexy
 - > Helps prevent colon interposition
- One time insertion of the Serial Dilator
 - > Prevents guide wire dislodgment

FOR ENTERAL FEEDING

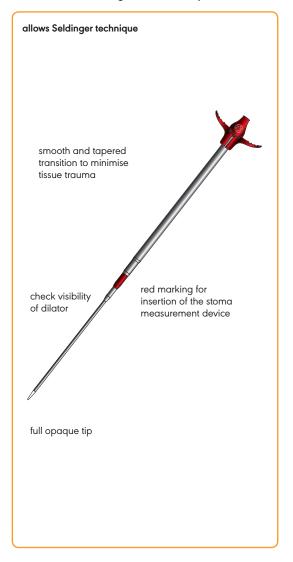
IMPROVED PATIENT COMPLIANCE & COMFORT

- Absorbable suture, monofilament:
 - > Reduces risks of infection
 - > Eliminates the need for suture removal
- Suture lock can bi-directionally be adjusted during application
 - > Helps prevent post-procedural pain
- Easy to clean, smooth rounded polyurethane bolster as suture lock
 - > Promotes patient hygiene and improved patient comfort

Saf-T-Pexy needle



Serial Dilator with integrated Peel Away Sheath



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INDICATIONS FOR ADULTS³:

Active adults in need of long term tube feeds:

- Mechanical problems:
 - Head and neck malignancy
 - ENT tumors
 - Oesophageal malignancy
- Neurological problems:
 - Stroke
 - Multiple Sclerosis, Amyotrophe Lateral Sclerosis
- Other:
 - Leukaemia
 - Cystic fibrosis
 - Malnutrition

INDICATIONS FOR CHILDREN2:

Active children in need of long term tube feeds, that can benefit from a low profile gastrostomy tube:

- Neurological impairment
- Metabolic diseases
- Cardiac conditions with disturbed swallowing reflex
- ENT pathologies: e.g. lip malformations with swallowing problems
- Cancer patients prior to treatment
- Heart transplant patients

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Designed for Fluoroscopic, Endoscopic or Laparoscopic Placement

ADVANTAGES

FLUOROSCOPY3:

Versus current RIG practices:

- One convenient kit
- 4 pre-loaded Saf-T-Pexy needles
- 1 serial dilator in each kit

ENDOSCOPY²:

Versus traditional Pull PEG:

- No passage of tube through the mouth
 - > Reduced risk of tumor seeding⁴
- Same complication level
- Prevents the potentially painful pull-through removal of the PEG tube
- Initial placement of a balloon tube prevents re-admission to the hospital for tube exchange
 - > time-saving
 - > financial saving

LAPAROSCOPY5:

Versus open surgery or Pull PEG:

- Reduced surgical steps
- Fewer incisions
- Resorbable sutures
- Avoids accidental gastroenteric fistula formation
- Lowered risk for surgical and post-op complications

Allow the placement of a broad range of Enterostomy Feeding Tubes



Low-Profile Balloon Button



Standard G-tube



INTRODUCER KIT FOR ENDOSCOPIC & FLUOROSCOPIC PLACEMENT

NAME	MIC* G-TUBE	MIC-KEY* G-TUBE	MIC* OR MIC-KEY*GJ / J-TUBE	PRODUCT CODE
Introducer Kit for	Fr 12	Fr 12		98430
Introducer Kit for	Fr 14	Fr 14		98431
Introducer Kit for	Fr 16	Fr 16		98432
Introducer Kit for	Fr 18	Fr 18		98433
Introducer Kit for	Fr 20	Fr 20		98434
Introducer Kit for			Fr 16	98437
Introducer Kit for			Fr 18	98438

INTRODUCER KIT FOR LAPAROSCOPIC PLACEMENT

NAME	MIC* G-TUBE	MIC-KEY* G-TUBE	MIC* OR MIC-KEY*GJ / J-TUBE	PRODUCT CODE
Introducer Kit for	Fr 12	Fr 12		10250
Introducer Kit for	Fr 14	Fr 14		10230
Introducer Kit for	Fr 16	Fr 16		10240
Introducer Kit for	Fr 18	Fr 18		10237
Introducer Kit for	Fr 20	Fr 20		10226
Introducer Kit for			Fr 16	10249
Introducer Kit for			Fr 18	10229

References: 1. Michaud L., et al.: One-Step Percutaneous Gastrojejunostomy in Early Infancy. JPGN, 2012, vol. 54, pp. 820-821. 2. Gothberg G, et. Al.: One-Step Insertion of Low-Profile Gastrostomy in Pediatric Patients vs Pull PEG: Retrospective Analysis of outcomes. Journal of Parenteral and Enteral Nutrition, JPEN, February, 2015. 3. Power S., et al.: Insertion of balloon retained gastrostomy buttons: A 5 years Restrospective review of 260 patients. Cardiovasc. Intervent. Radiol., 07 Aug 2012. 4. Cappell MS., et al.: Risk factors and risk Reduction of malignant seeding of the percutaneous endoscopic gastrostomy track from pharyngeal malignancy: a review of all 44 known reported cases. Am J Gastroenterol, 2007, vol. 102, pp.1307–1311. 5. Hassan S.F. et al.: Modified Laparoendoscopic gastrostomy tube placement. Pediatr. Surg. Int., 2011, vol. 27, pp. 1249-1254.

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

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www.mic-key.com