Bard® Wire-Guided Jejunal Feeding/Gastric Decompression Tube

Information for Use

Rx only
Single Patient Use
STERILE unless package opened or damaged.
DO NOT RESTERILIZE
Read this document in its entirety prior to use.
Device Description

The *Bard* Wire-Guided Jejunal Feeding/Gastric Decompression Tube (available in either a 9 or 12 French size), is a two port device designed to be inserted through the following Bard silicone gastrostomy feeding devices:

**For use with:**

REF 000732 [Image] REF 000328, 000329, 000330, 000331, 000630, 000792, 000793, 003029, 003030, 007023, 007024, 007078, 007082

REF 000734 [Image] REF 000730, 000731, 003027, 003028, 007023, 007024, 007078, 007082

Indications for Use

For enteral nutritional support and decompression where feeding via the upper gastrointestinal tract is contraindicated. This includes, but is not limited to, post-upper gastrointestinal tract surgery, radiation therapy, chemotherapy, reflux and other conditions associated with nausea, vomiting and possible aspiration.

Contraindications

Crohn’s disease, extensive adhesions, radiation enteritis, ascites, profound immunosuppression and coagulopathy.

Warnings

- Do not commence feeding unless J-tube has been determined to be properly placed to ensure nutritional support is administered within the jejunum.
- To avoid excessive pressure and the possibility of tube rupture, syringes smaller than 50 ml in size must not be used and infusion pumps must not exceed 40 psi.
• After use, this product may be a potential biohazard. Handle and dispose of in accordance with accepted medical practice and applicable local, state and federal laws and regulations.

Precautions

• Instillation of crushed or ground medication through the J-tube may cause blockage.
• Use only with the Bard gastrostomy feeding devices listed above.
• If the J-tube will be inserted through the FASTRAC™ Gastric Access Port device (REF 007023, 007024, 007076, and 007082), do not trim the external portion of the gastrostomy tube below the 1 mark.

Adverse Reactions

Include, but are not limited to, inadvertent removal or dislodgment, leakage of contents into peritoneum, clogging of the tube, volvulus and diarrhea.

Instructions for Use

1. Inspect contents of kit for damage. If damaged, do not use.
2. Remove the feeding adaptor from the proximal end of the gastrostomy tube. Trim the external portion of the gastrostomy tube approximately 12-16 cm from the skin.

NOTE: If the J-tube will be inserted through the Fastrac Gastric Access Port device (REF 007023, 007024, 007078, and 007082), remove the 90° external bolster to release the gastrostomy tube from its 90° position. Replace with the one-piece linear external bolster included in the Fastrac kit, or the Fastrac One-Piece Linear External Bolster, REF 000089.
3. Insert the endoscope; insufflate the stomach and deflect the scope tip anteriorly to the gastrostomy tube site.
4. Pass a snare through the scope channel and open it over the internal bolster of the gastrostomy tube.

5. Carefully insert the flexible end of the guidewire through the gastrostomy tube and into the stomach.

6. Grasp the tip of the guidewire with the snare as close to the tip as possible and advance the endoscope and guidewire through the pylorus and duodenum.

7. Continue to advance the guidewire into the jejunum and past the ligament of Treitz, as far as medically indicated.

8. Release the guidewire from the snare and gently withdraw the endoscope leaving the guidewire in place. To keep the guidewire in place during withdrawal, apply gentle pressure on the exposed outer portion of the guidewire when removing the scope.

9. Lubricate the outside of the J-tube with water-soluble lubricant and dip the weighted tip in water to activate external **Hydromer** lubricant.

10. Inject 10 cc of water through the J-tube port marked “Press” to activate the **Hydromer** lubricant.

11. Under fluoroscopic control, advance the J-tube, distal weighted tip first, over the guidewire until the tube exits the proximal end of the gastrostomy tube. Grasp and keep the wire taut as the tube is advanced into the jejunum.
12. Fluoroscopically confirm proper placement of the gastrostomy tube's internal bumper and J-tube. If the J-tube is determined to be properly placed, remove the guidewire under fluoroscopic control and feeding may commence according to physician's instructions.

**WARNING:** Do not commence feeding unless J-tube has been determined to be properly placed to ensure nutritional support is administered within the jejunum.

13. Seat the J-tube's Y-adaptor securely in the gastrostomy tube. Attach the feeding adaptor to the port marked "Feed."

14. It is recommended that both the suction and feeding ports be flushed with the amount of warm water prescribed by the healthcare provider every eight hours and before and after each feeding.

**WARNING:** To avoid excessive pressure and the possibility of tube rupture, syringes smaller than 50 ml in size must not be used and infusion pumps must not exceed 40 psi.

**Removal Instructions**

Disconnect the jejunostomy tube from the feeding administration set and gently withdraw the jejunostomy tube. It is recommended that the J-tube be replaced every thirty days.
WARNING: After use, this product may be a potential biohazard. Handle and dispose of in accordance with accepted medical practice and applicable local, state and federal laws and regulations.

An issued or revision date and a revision number for these instructions are included for the user's information on the first page directly beneath the telephone number of Bard Access Systems. In the event two years have elapsed between this date and product use, the user should contact Bard Access Systems to see if additional product information is available (Telephone Number: 1-800-545-0890 in the USA, or 901-395-0700).

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