

Freka® EasyIn

double lumen transnasal gastric/intestinal tube

Product Code: 7981833



Product features and insertion techniques for healthcare professionals

Application via endoscope, oral re-routed to nasal insertion.

Application via endoscope using Seldinger technique.

Product features

Design and suitability

The Freka EasyIn is a double lumen ENFit transnasal polyurethane tube suitable for intestinal feeding, gastric decompression and drainage. Placement can be through the working channel of a standard endoscope allowing for quick insertion with no guidewire required.

Suitable for intestinal feeding of critically ill patients suffering from gastric stasis, gastric emptying disorders and pyloric stenosis. The Freka EasyIn is also suitable for essential diagnostics and treatments on patients in the ICU. e.g. drainage of gastric fluids; pH measurement of gastric contents; early diagnosis of gastric bleeding.

Feeding lumen

1.8 mm, 8 FR, 270 cm lumen with ENFit connector. Four lateral openings and one rounded terminal opening on feeding tube. 2.6 mm OD.

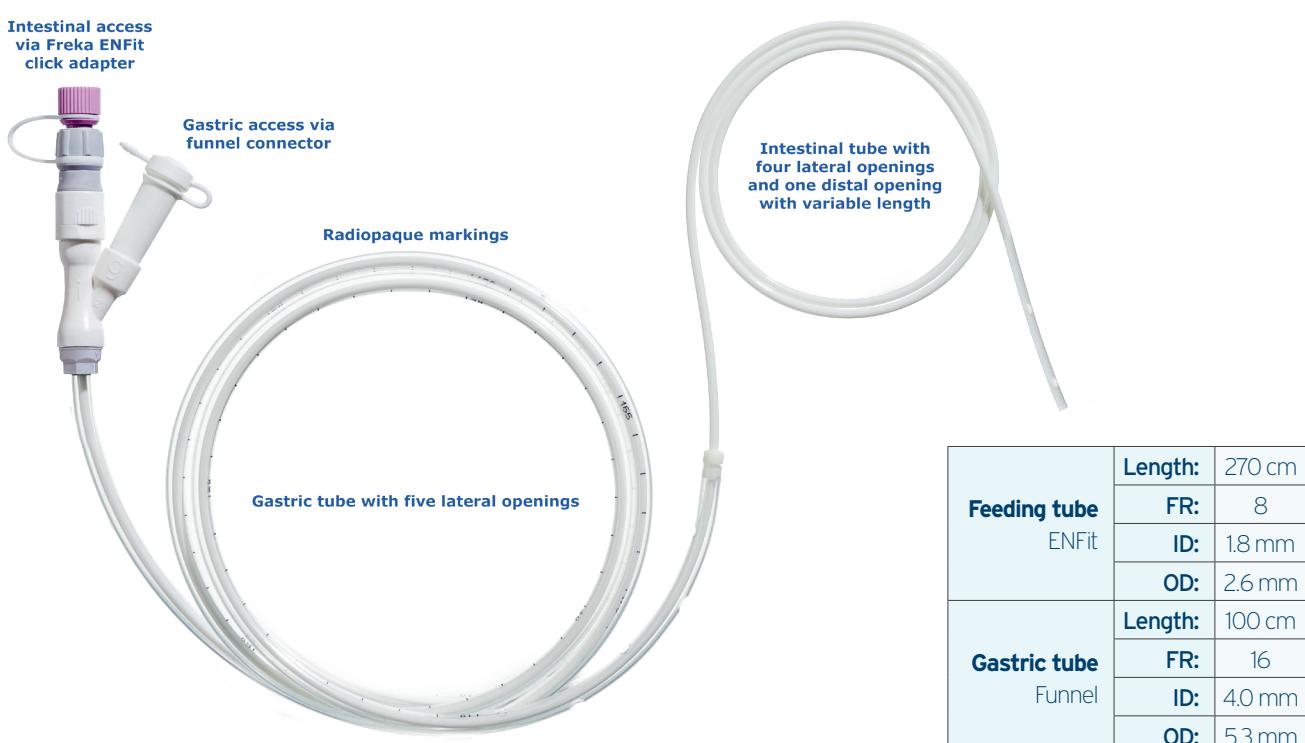
Gastric aspiration lumen

4.0 mm, 16 FR, 100 cm lumen with funnel connector for aspiration/drainage of gastric fluid. Five lateral inlets. 5.3 mm OD.

Radiopaque markings

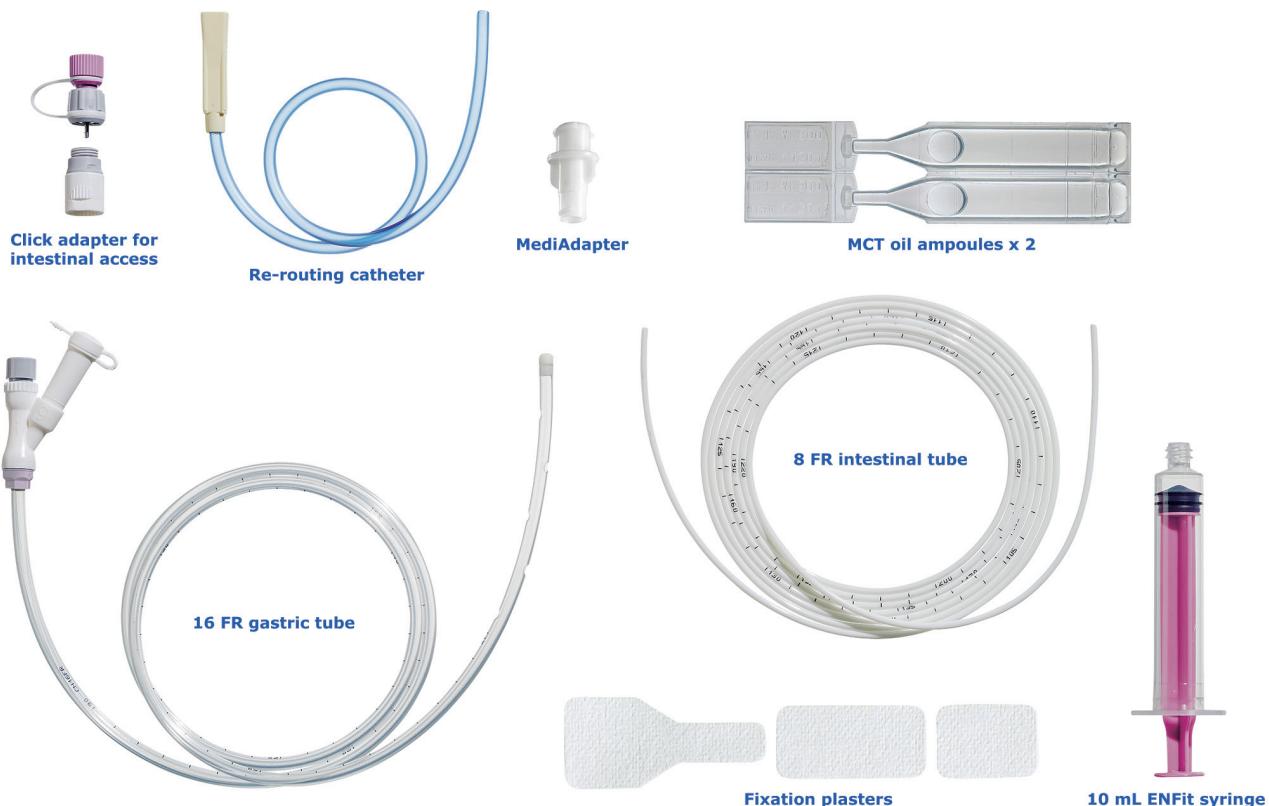
Radiopaque strip (barium sulphate) along tube length. Numbered every 10 cm with intervals every 1 cm on gastric tube and numbered every 5 cm with intervals every 1 cm on intestinal tube.

Latex free, Luer free, PVC* free and DEHP* free



* Please note that whilst our Freka EasyIn is DEHP/PVC free, it contains a re-routing catheter/tube which is disposed of upon tube placement. This re-routing tube is made from PVC containing trace amounts of DEHP but is NOT left in situ within the patient.

Included in the kit



Freka EasyIn 16/8 FR double lumen transnasal enteral feeding tube

270 cm, 8 FR intestinal tube and 100 cm, 16 FR gastric tube.

MCT oil

Two ampoules of MCT oil for lubrication of the tube and guidewire.

Plaster set

Nasal fixation of the Freka EasyIn enteral feeding tube.

MediAdapter

Used to administer the MCT oil into the Freka EasyIn enteral feeding tube.

Click Adapter

Used to connect the intestinal tube to the gastric tube. ENFit.

ENFit syringe

10 mL Freka Connect syringe.

Re-routing catheter

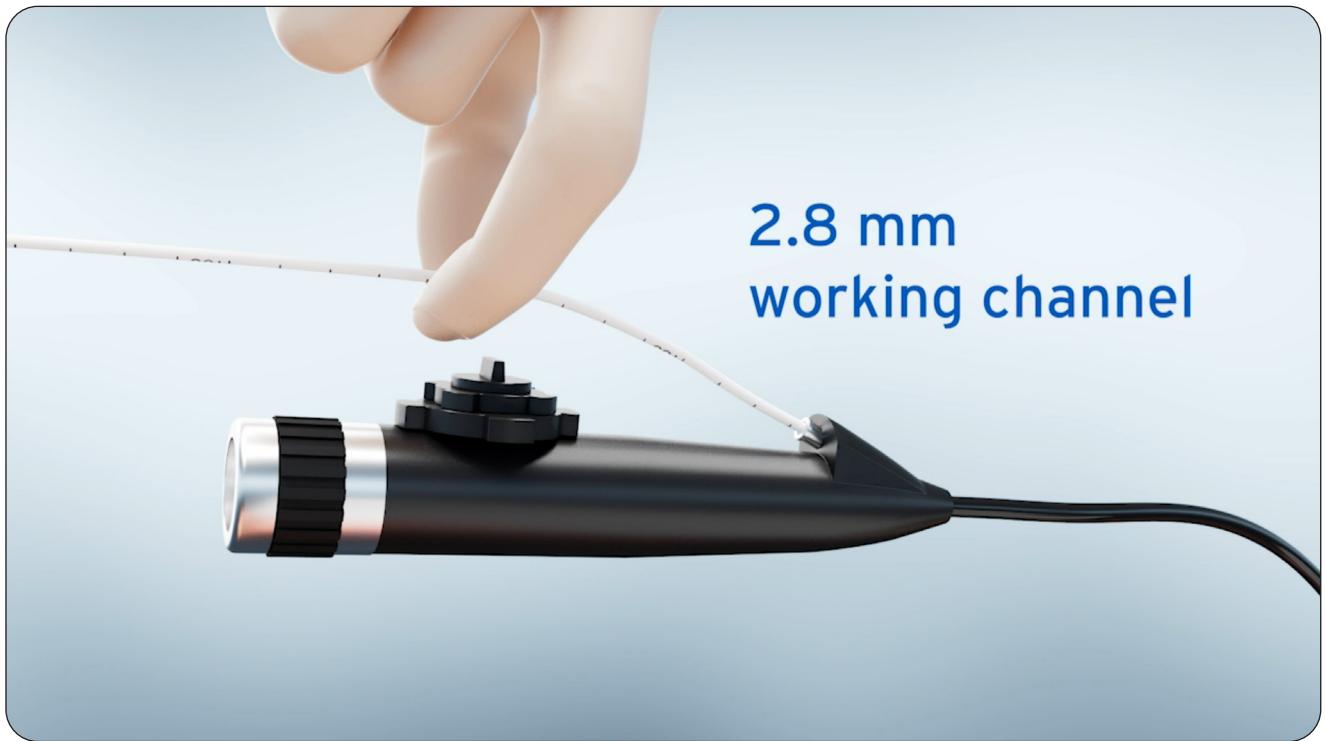
5 cm, 15 FR catheter used for re-routing during insertion from oral to nasal.

Optional for use when using a Seldinger placement technique. An additional Seldinger wire is required to perform the Seldinger technique (not included). Requires a 350 cm or longer wire.

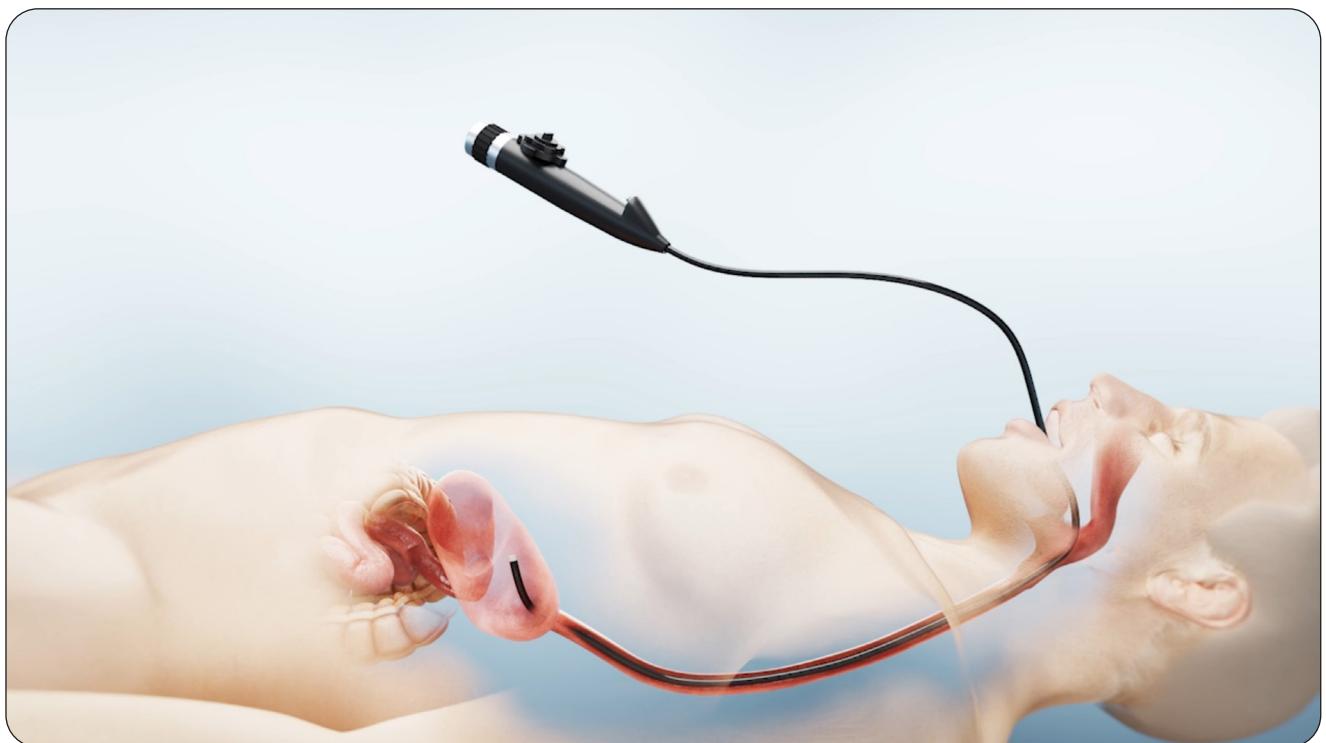
Insertion technique

N.B. The following images may not reflect recommended patient positioning. Please defer to operator instructions.

Application via endoscope, oral re-routed to nasal insertion

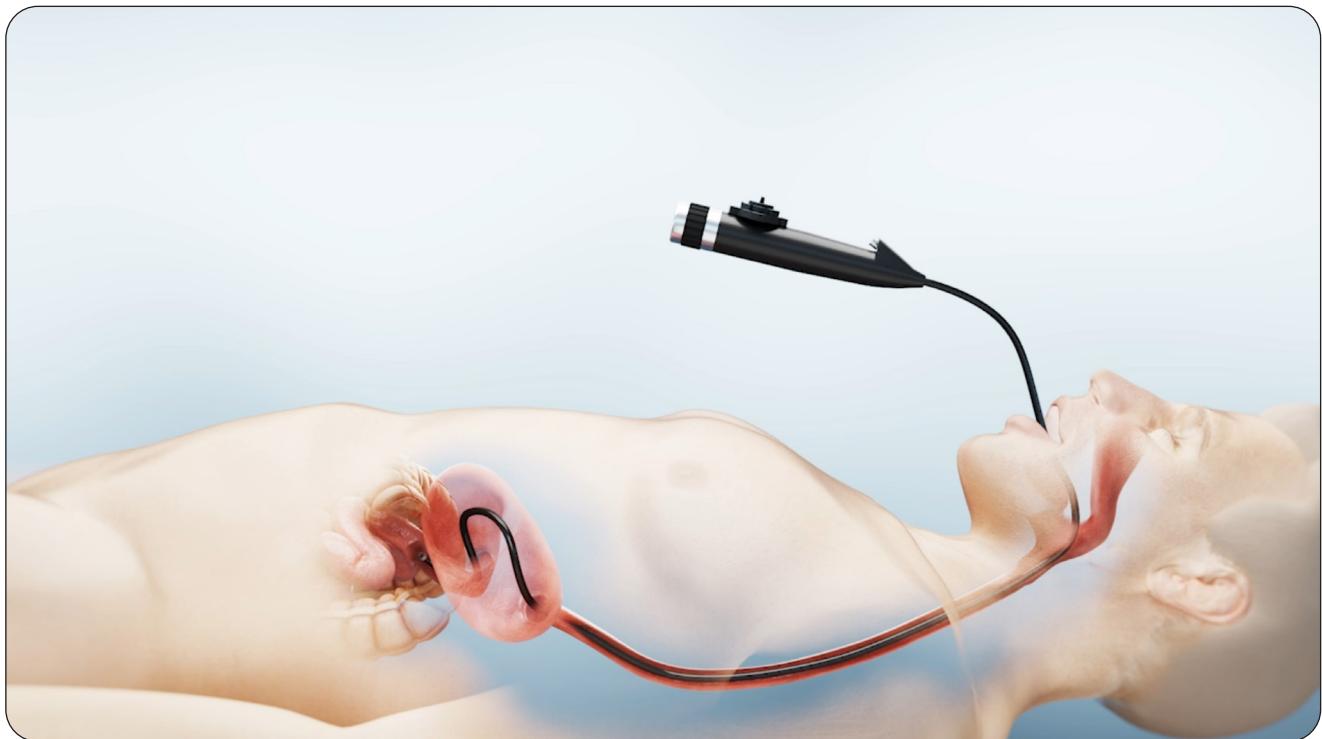


The Freka EasyIn is placed into position through the 2.8 mm working channel of a standard endoscope.

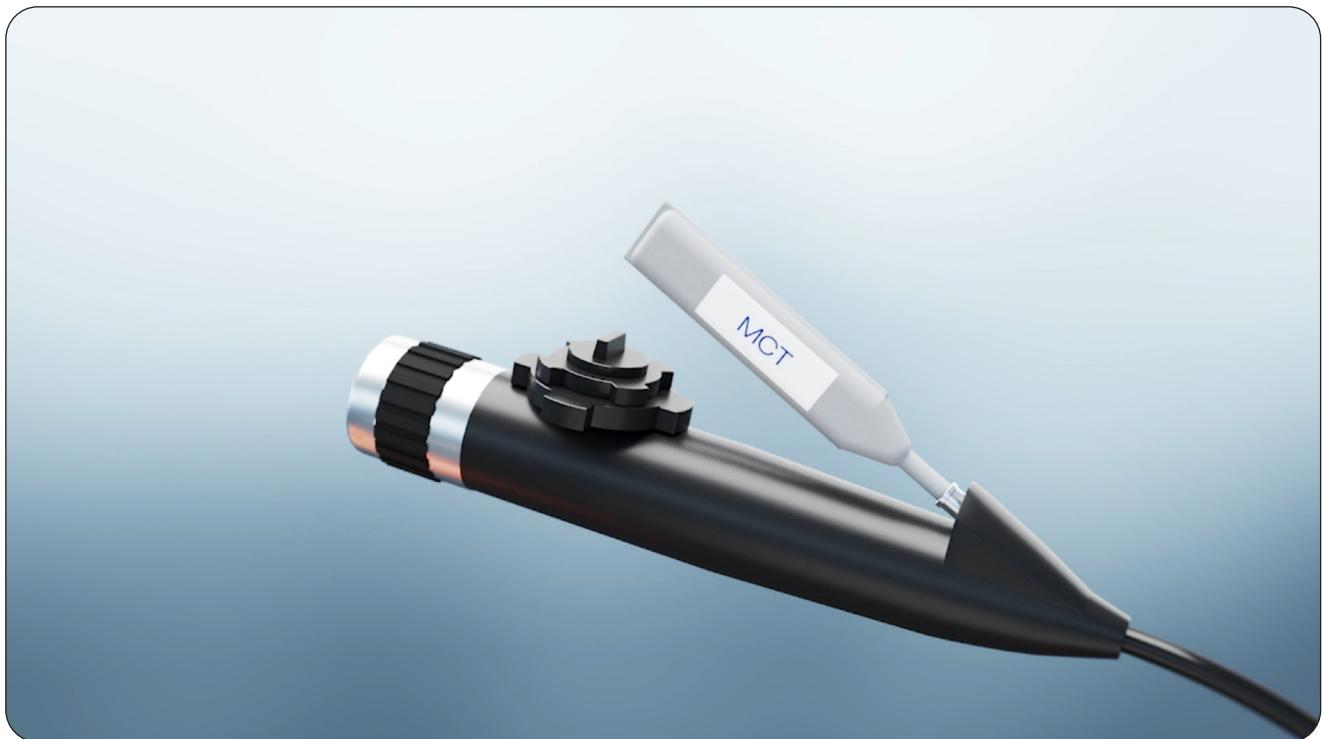


Insert the endoscope into the stomach and insufflate with air.

Application via endoscope, oral re-routed to nasal insertion

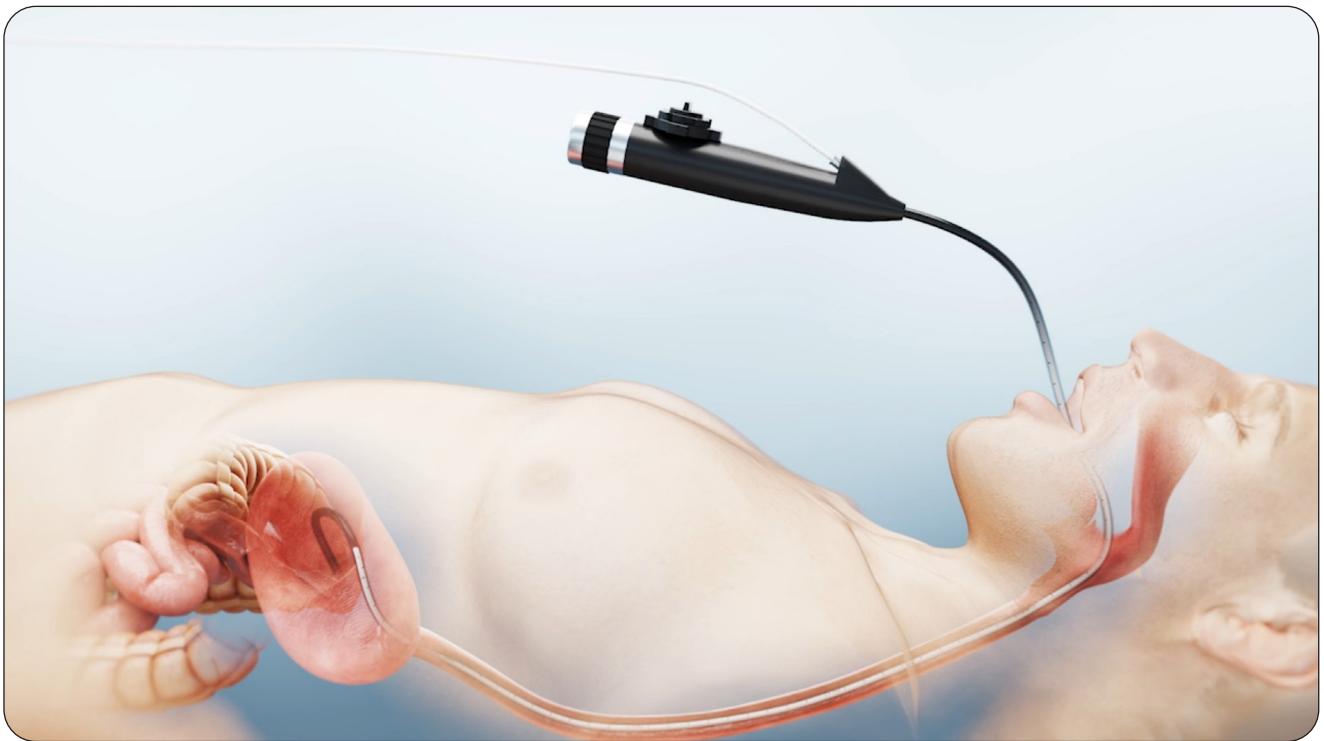


Advance the endoscope through the pylorus as far as the ligament of Treitz which indicates the transition of the duodenum to the jejunum.

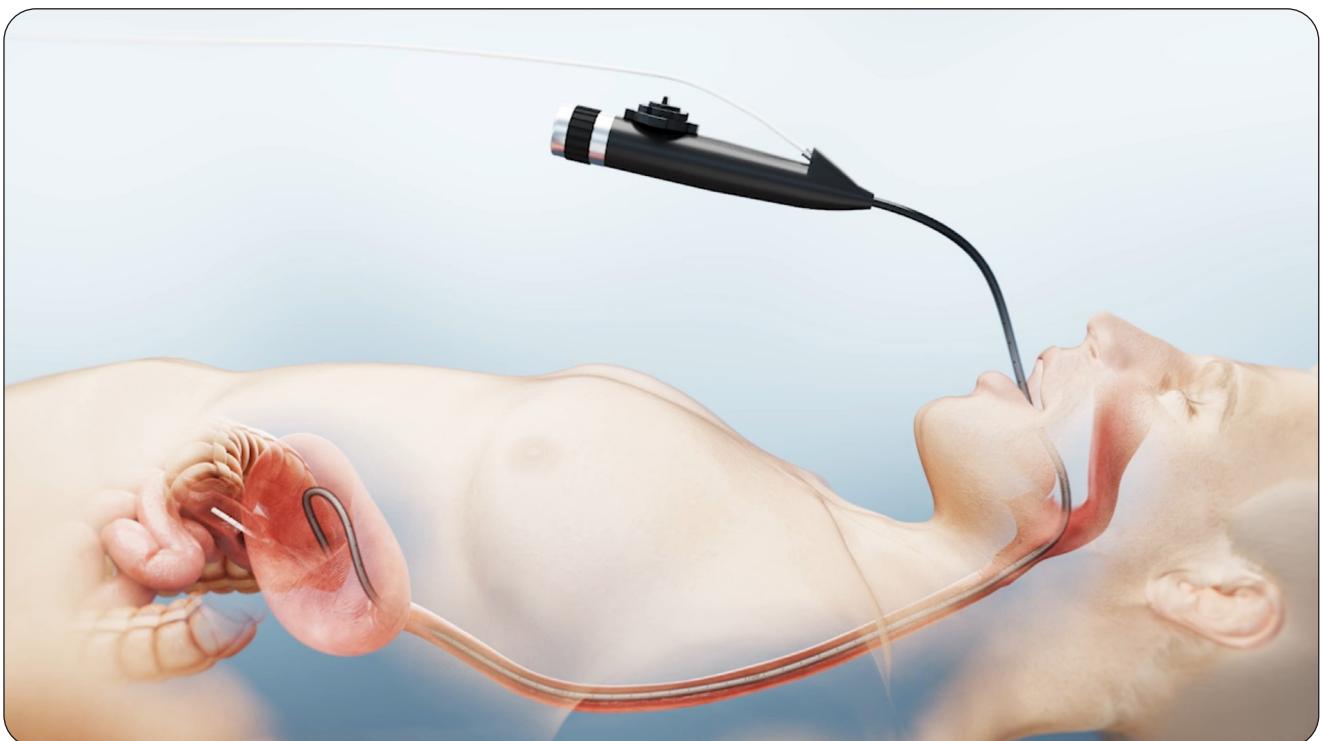


Lubricate the working channel and the feeding tube well using one ampoule of MCT oil.

Application via endoscope, oral re-routed to nasal insertion

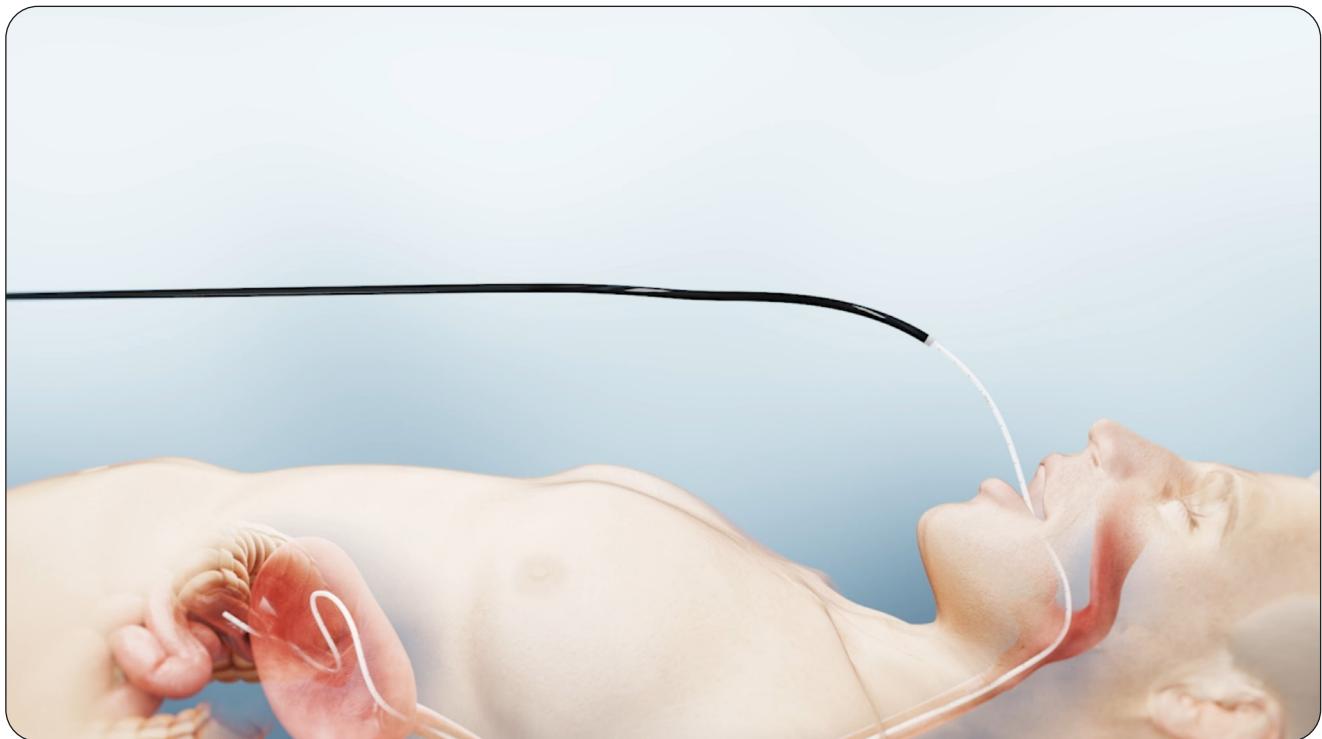


Insert the intestinal tube into the working channel of the endoscope.

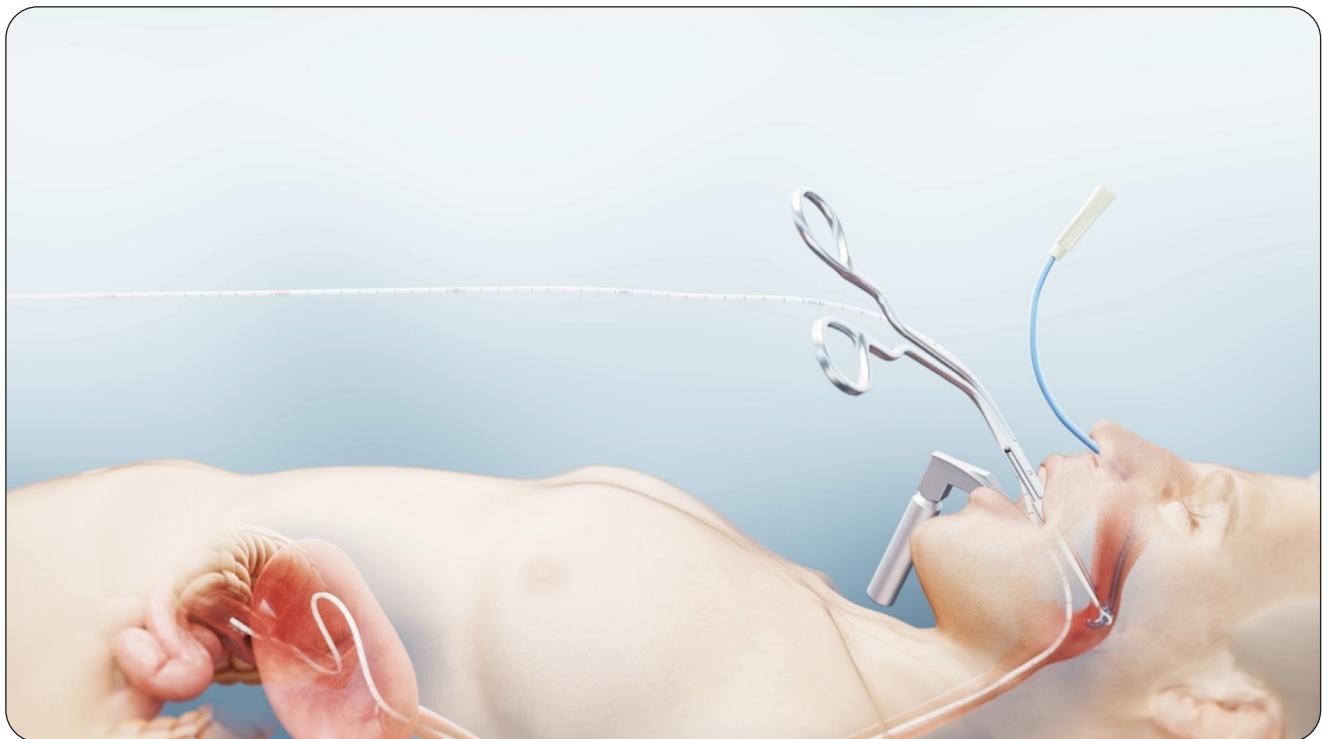


The tube tip should be positioned as far as the ligament of Treitz which indicates the transition of the duodenum to the jejunum.

Application via endoscope, oral re-routed to nasal insertion



Withdraw the endoscope while pushing the tube carefully in the opposite direction ensuring it remains in place. The tube should be fixed manually as soon as the endoscope emerges.



Insert the blue re-routing catheter into the patients nose and pull it out of the mouth using a laryngoscope and Magill forceps.

Application via endoscope, oral re-routed to nasal insertion

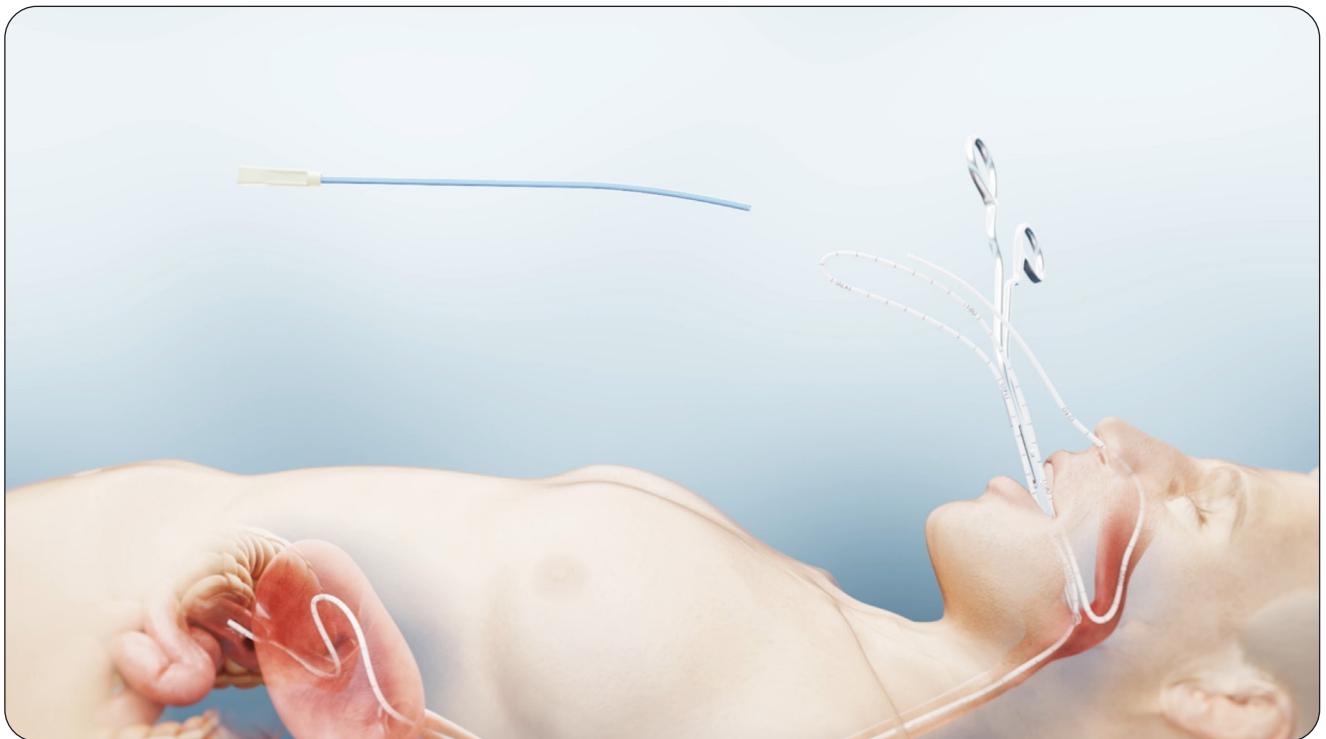


Insert the feeding tube into the oral end of the re-routing catheter.

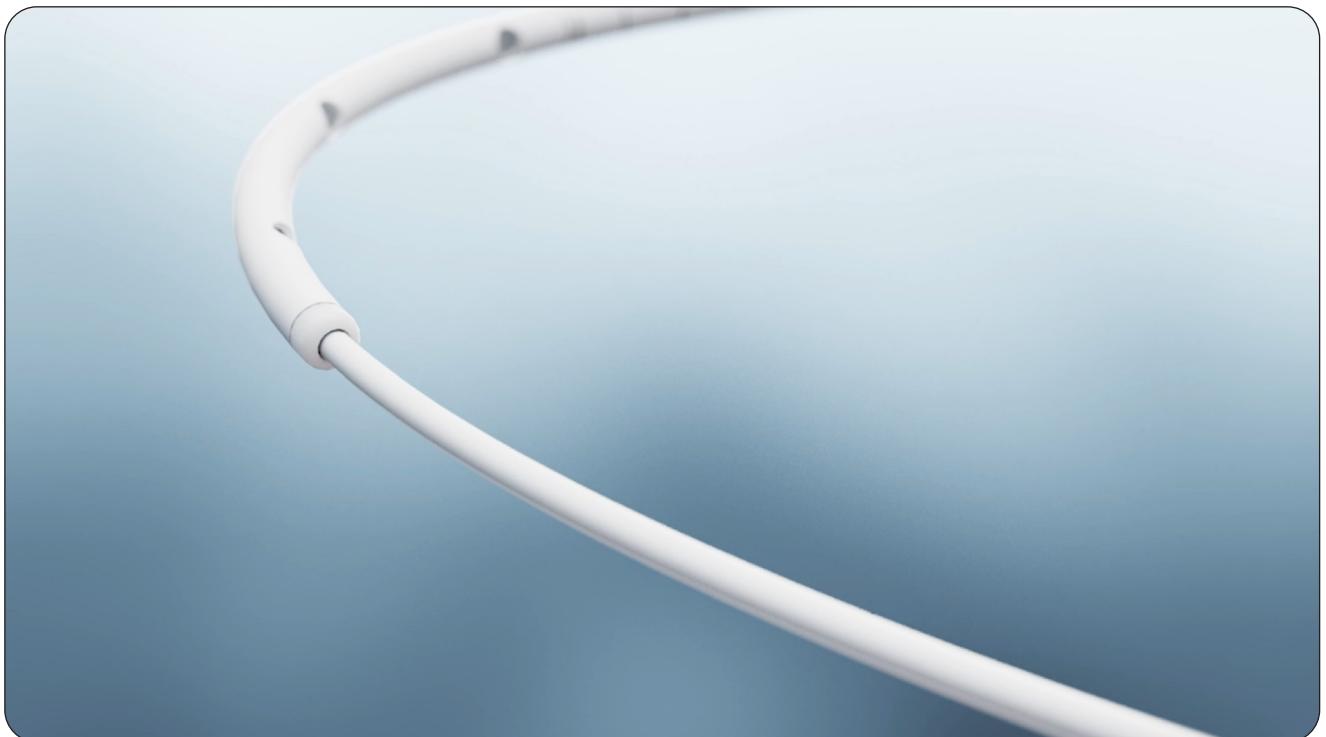


Re-route the feeding tube from oral to nasal through the re-routing catheter.

Application via endoscope, oral re-routed to nasal insertion

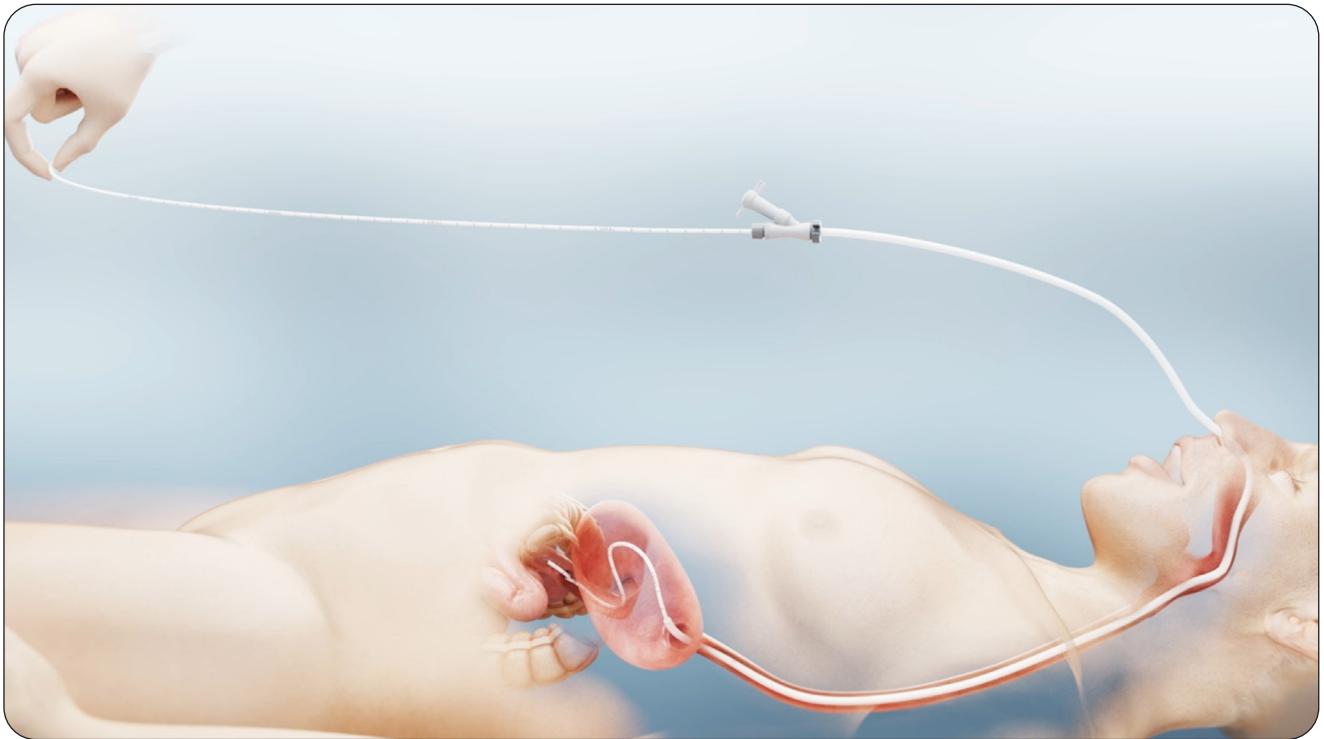


Remove the re-routing catheter. To avoid dislocation during this procedure the tube should be fixed in the throat using the Magill forceps.

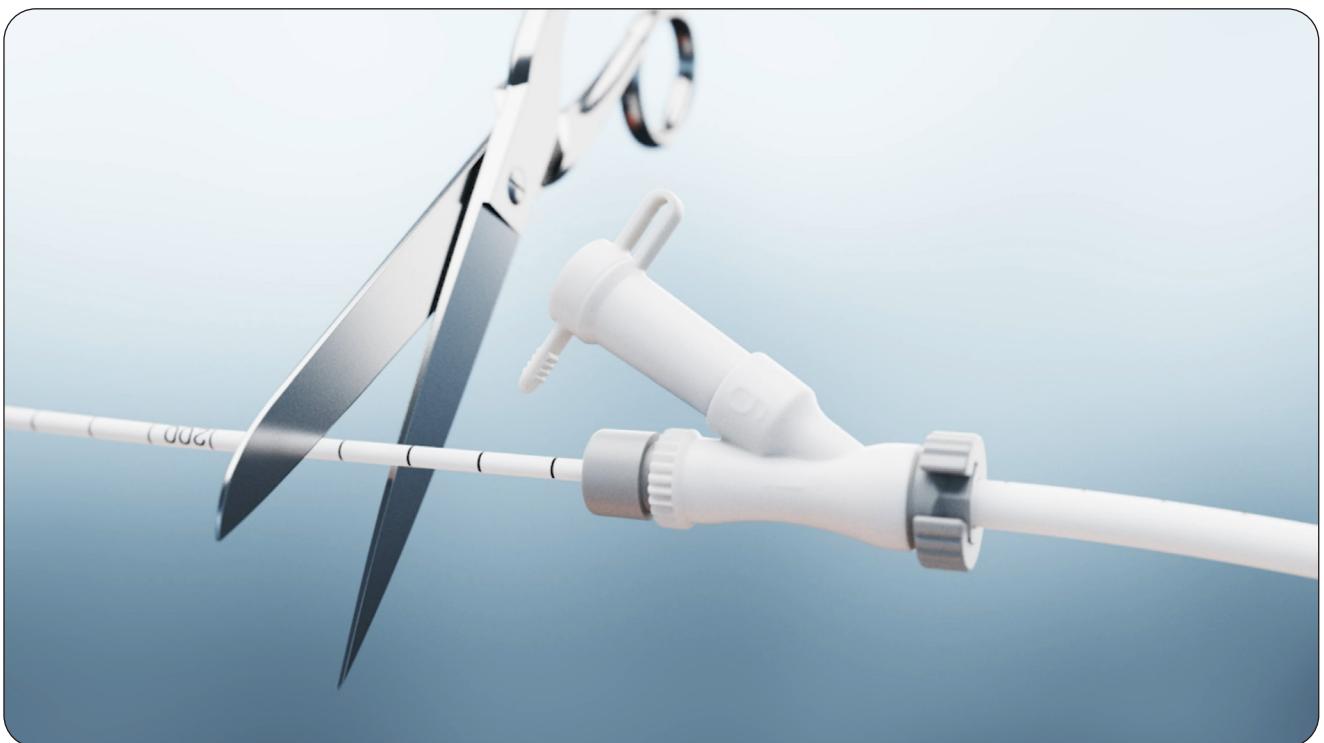


Advance the gastric tube over the end of the intestinal tube.

Application via endoscope, oral re-routed to nasal insertion

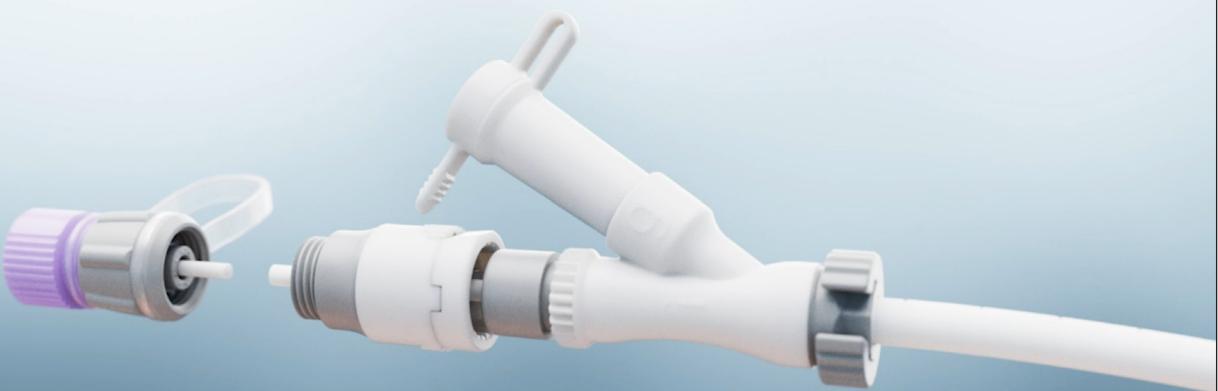


Advance the gastric tube into the stomach. The intestinal tube should be fixed manually to avoid movement.



Cut off the intestinal tube approx. 3-4 cm beyond the funnel connector from the gastric tube.

Application via endoscope, oral re-routed to nasal insertion

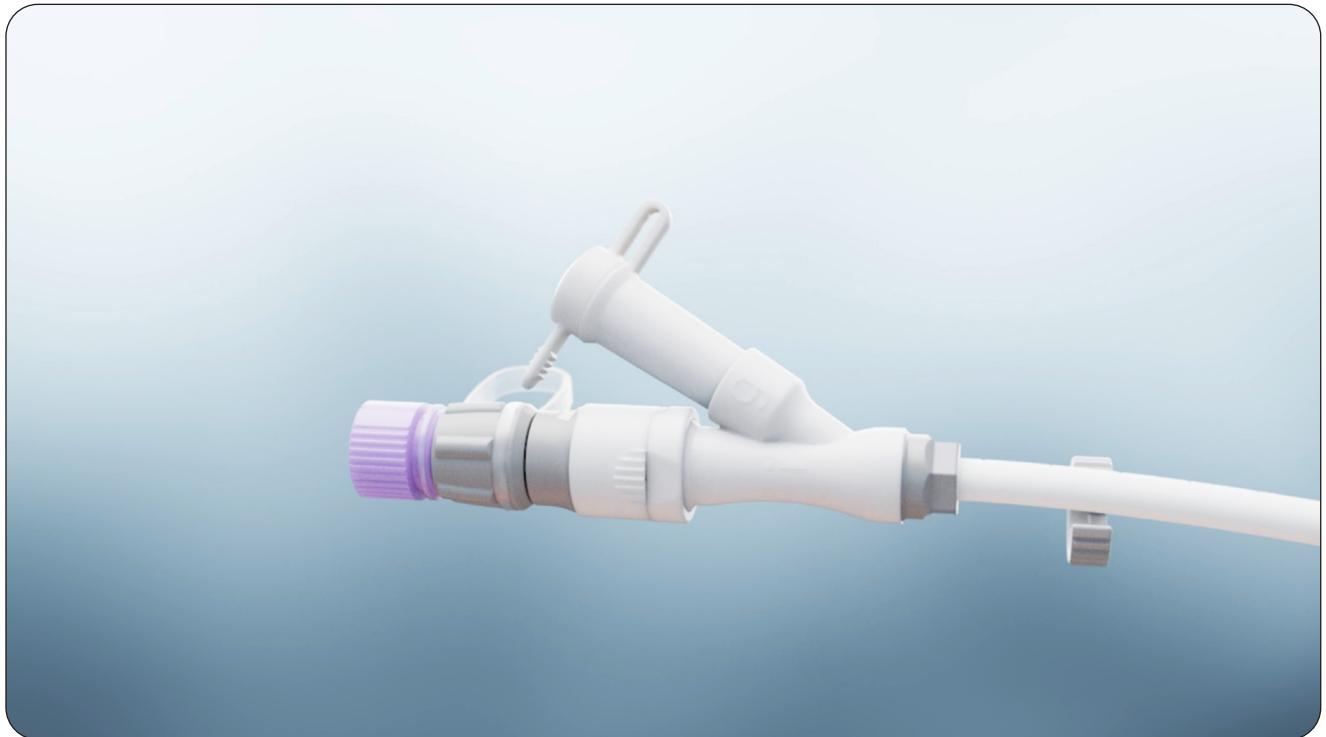


Advance the Click connector, with the grey end first, over the intestinal tube.



Insert the metal pin of the ENFit connector as far as possible into the intestinal tube and screw the Click connector tightly into the stop. A double click should be heard.

Application via endoscope, oral re-routed to nasal insertion



Remove the grey distal securing clip.

Fix the Freka EasyIn in place with a suitable plaster.

The position of the tube should be confirmed radiologically.

While it has been the objective of Fresenius Kabi to develop accurate, easy-to-follow insertion suggestions, each healthcare professional inserting this enteral product must evaluate the appropriateness of the following technique based on his or her medical training, experience and patient evaluation.

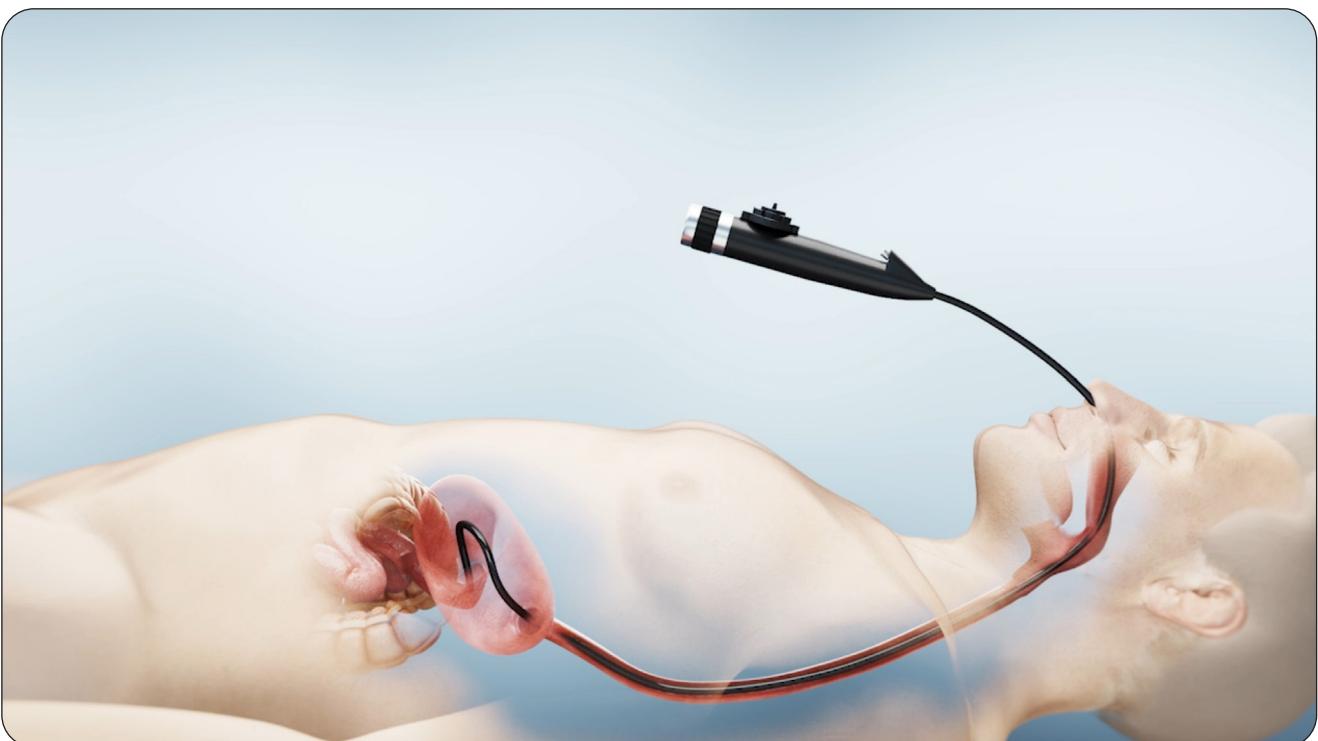
Insertion technique

N.B. The following images may not reflect recommended patient positioning. Please defer to operator instructions.

Application via endoscope using Seldinger technique

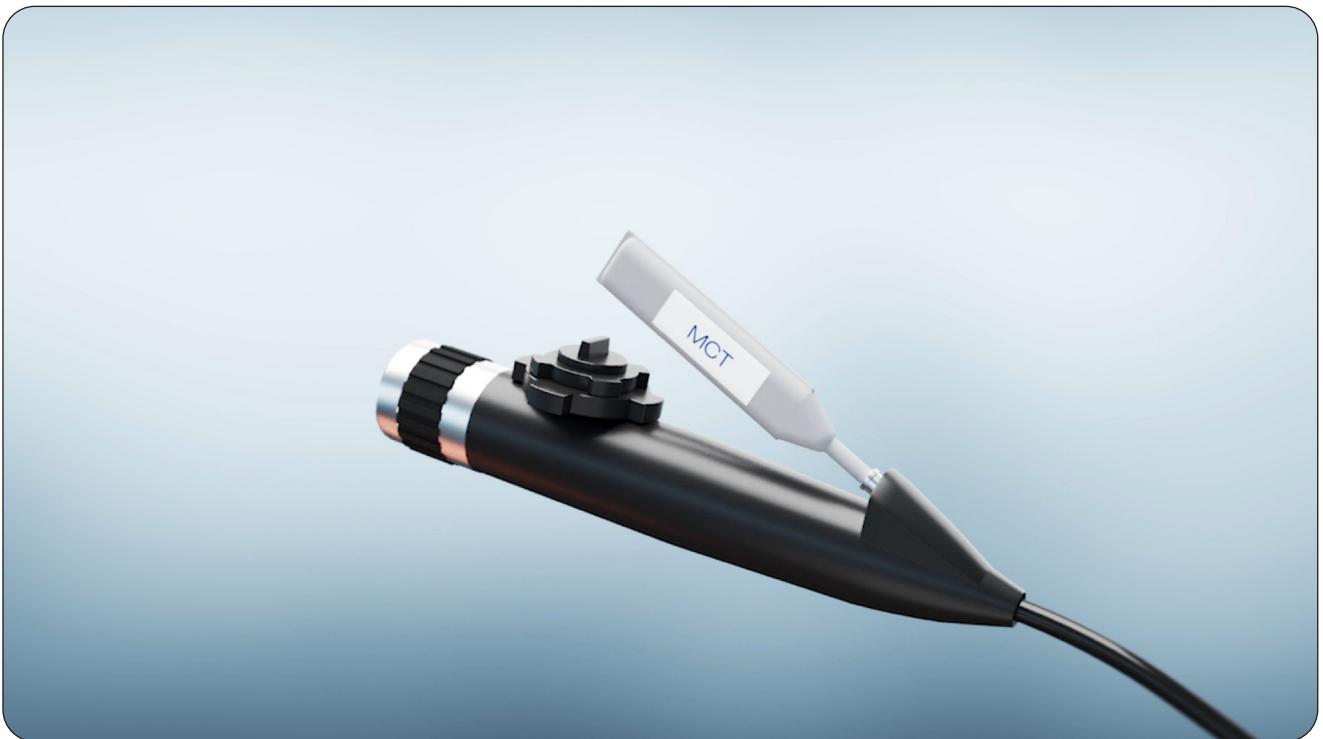


For placement of the Freka EasyIn using the Seldinger technique a 3.5 metre Seldinger wire is required (not part of kit). Insert the endoscope through the nose and advance it to the stomach.

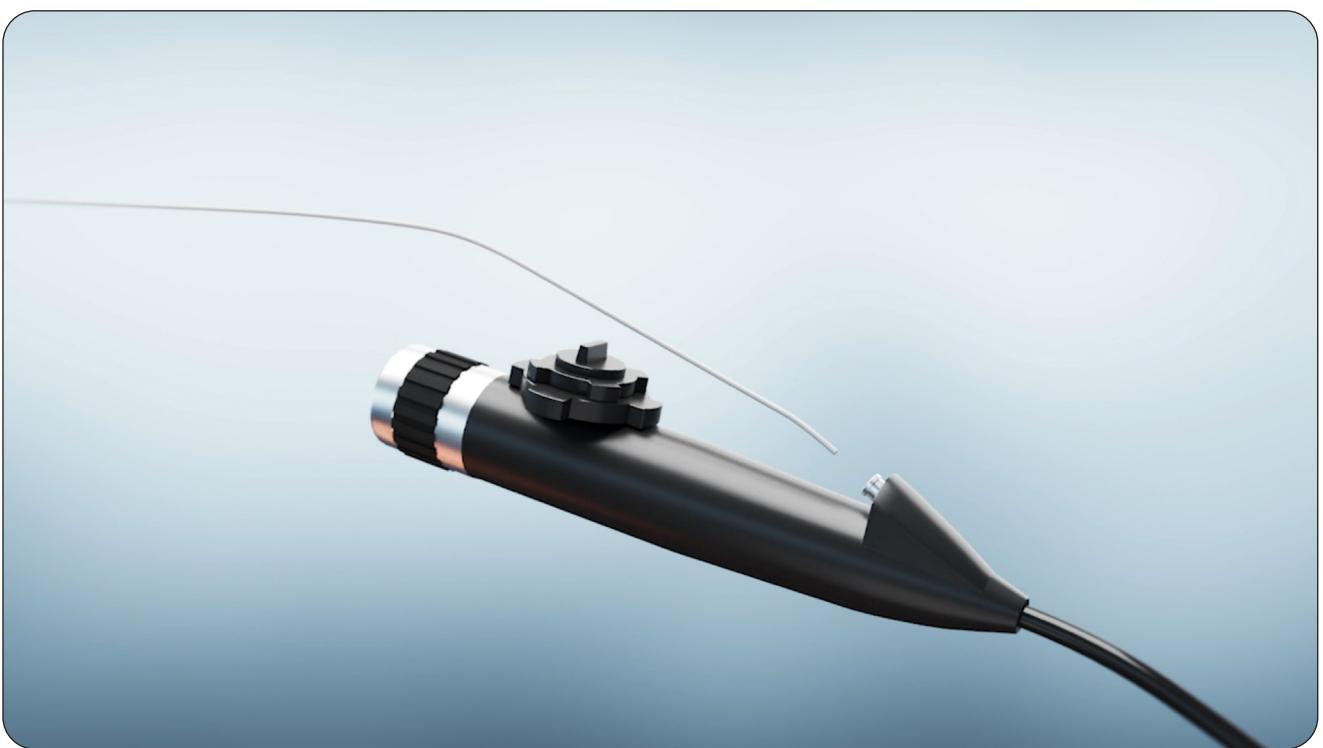


Insufflate the stomach with air and advance the endoscope through the pylorus as far as the ligament of Treitz which indicates the transition of the duodenum to the jejunum.

Application via endoscope using Seldinger technique



Lubricate the working channel and the feeding tube well using one ampoule of MCT oil.

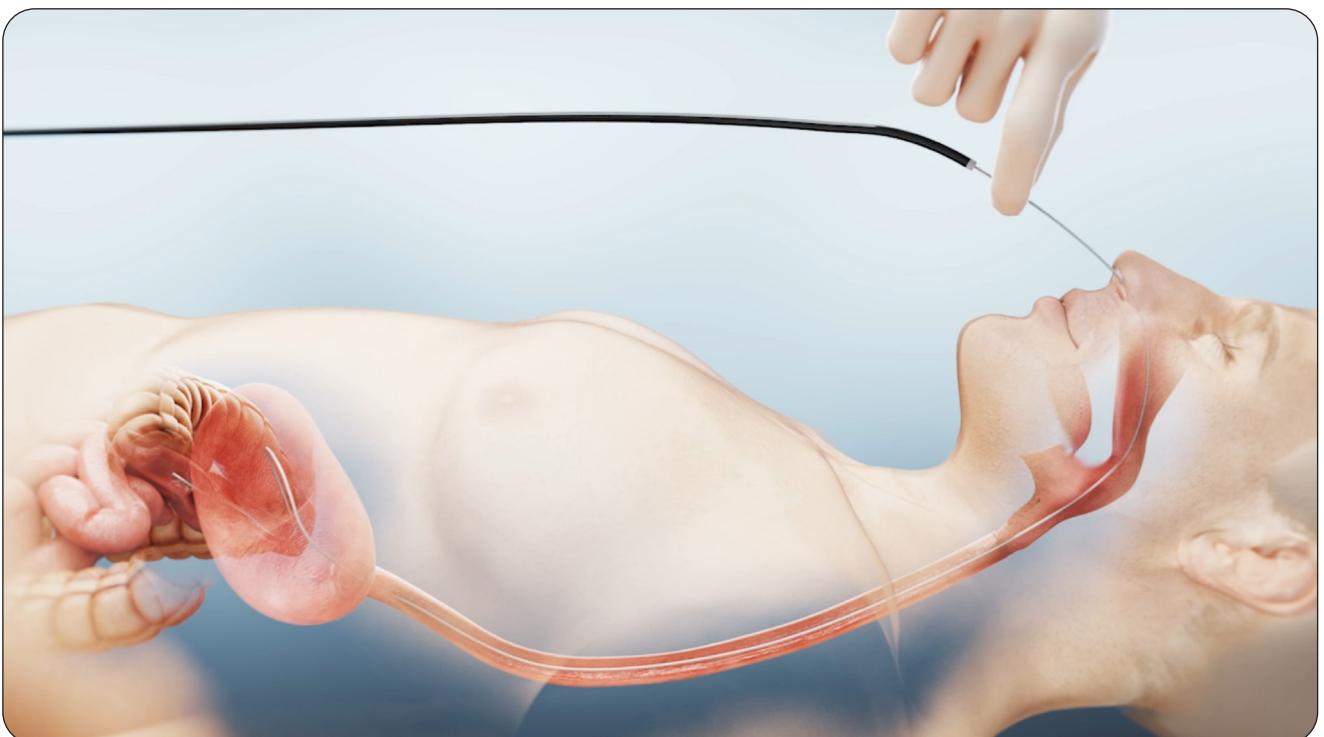


After lubricating, insert the Seldinger wire through the working channel of the endoscope.

Application via endoscope using Seldinger technique

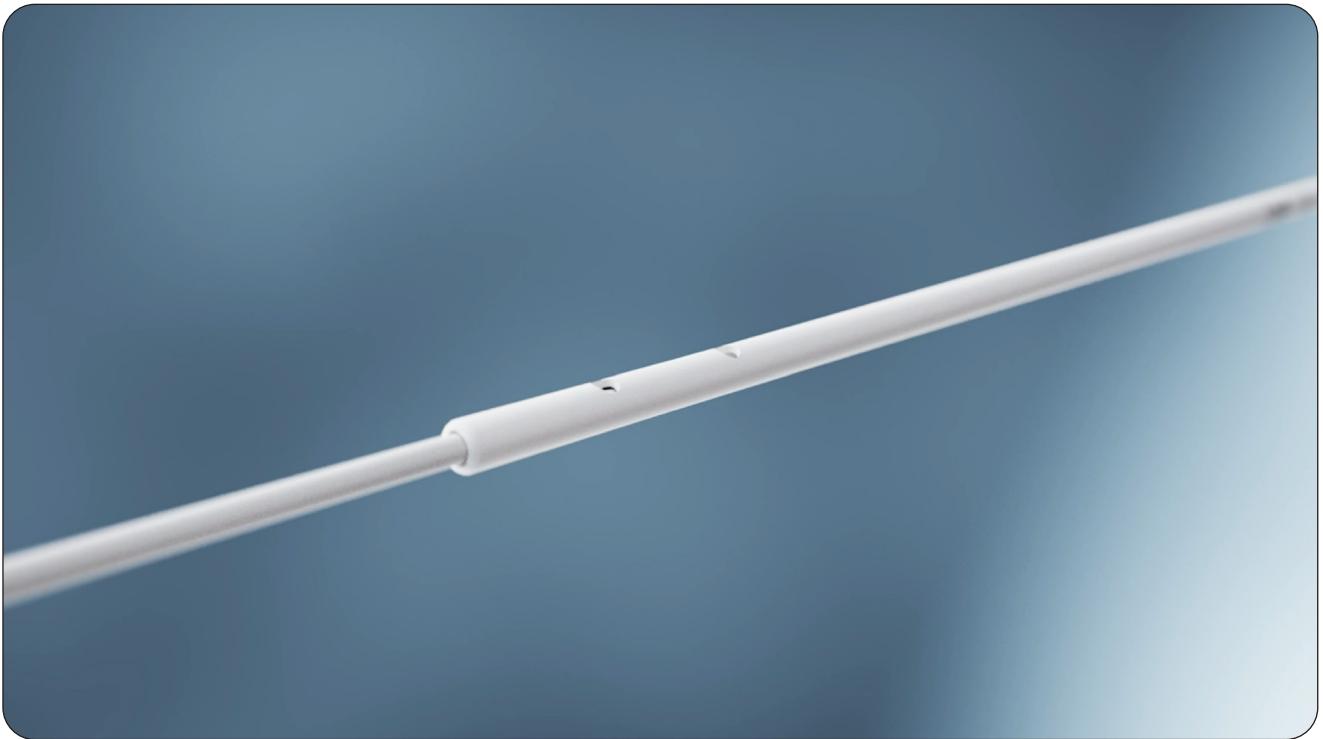


The wire should be advanced as far as possible under visual control to the ligament of Treitz which indicates the transition of the duodenum to the jejunum.

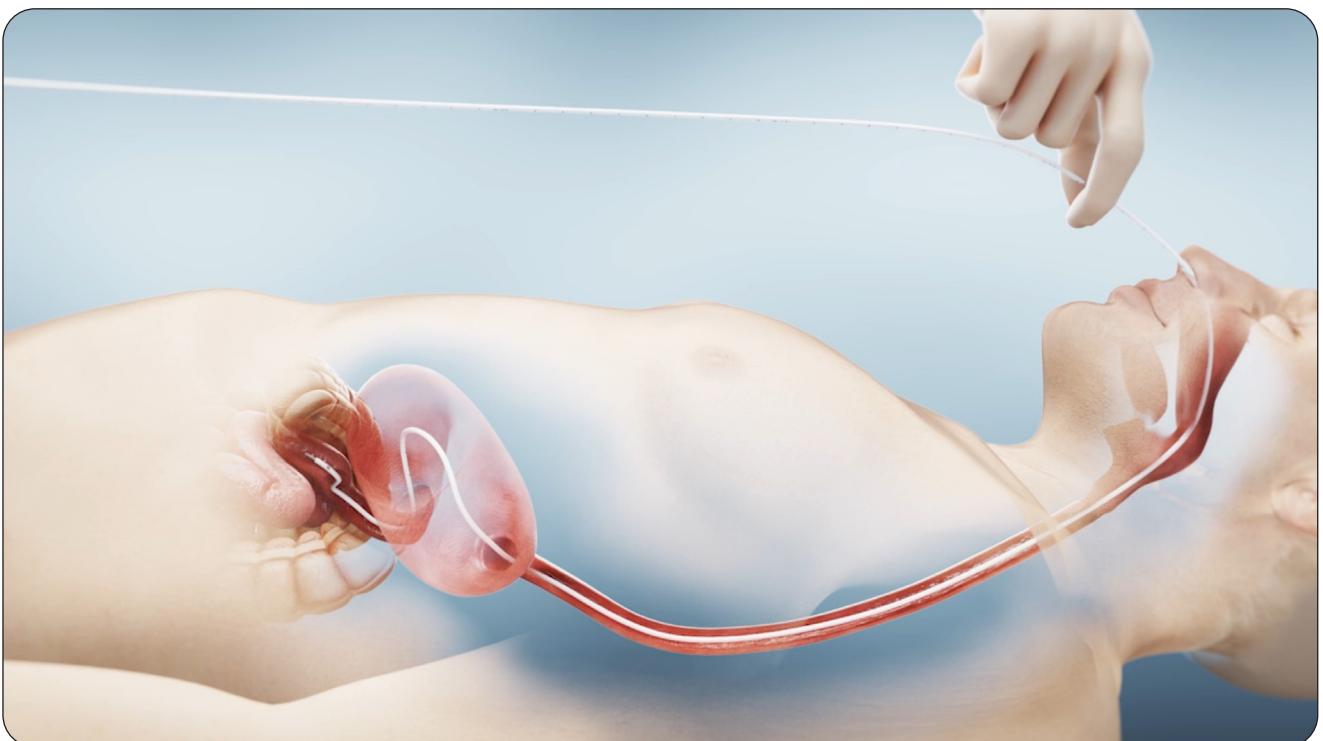


Withdraw the endoscope while pushing the Seldinger wire gently in the opposite direction. The wire should be fixed manually as soon as the endoscope emerges.

Application via endoscope using Seldinger technique

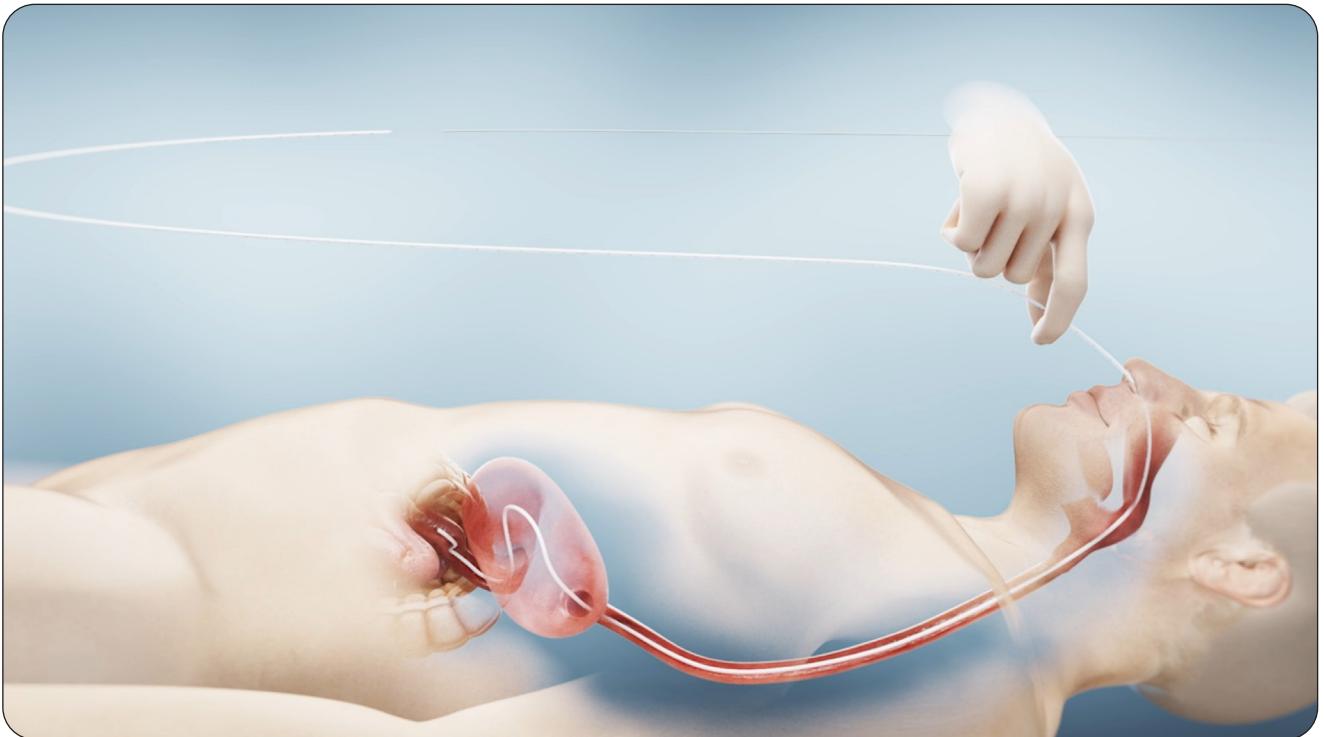


Advance the intestinal tube over the end of the Seldinger wire.

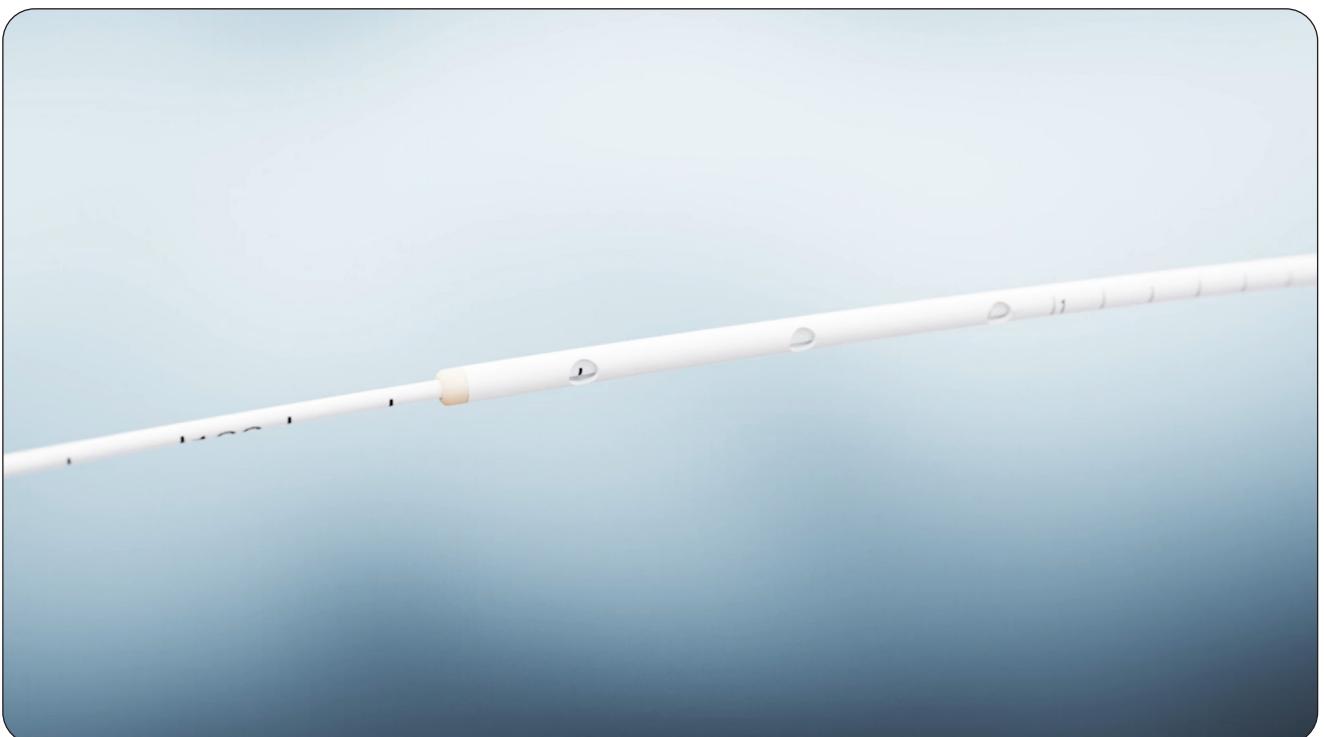


Advance the intestinal tube until it reaches the end of the Seldinger wire at the ligament of Treitz.

Application via endoscope using Seldinger technique

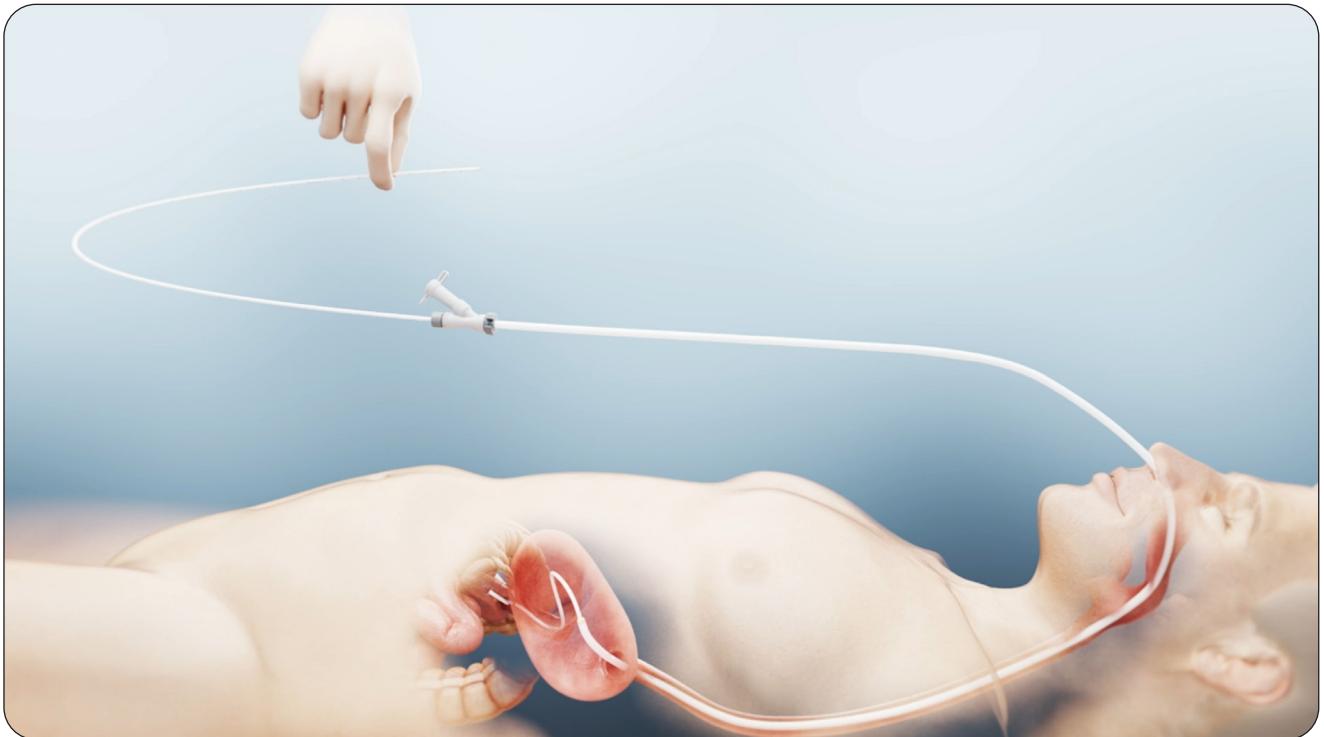


Once the intestinal tube has been fully inserted the Seldinger wire can be gently removed.

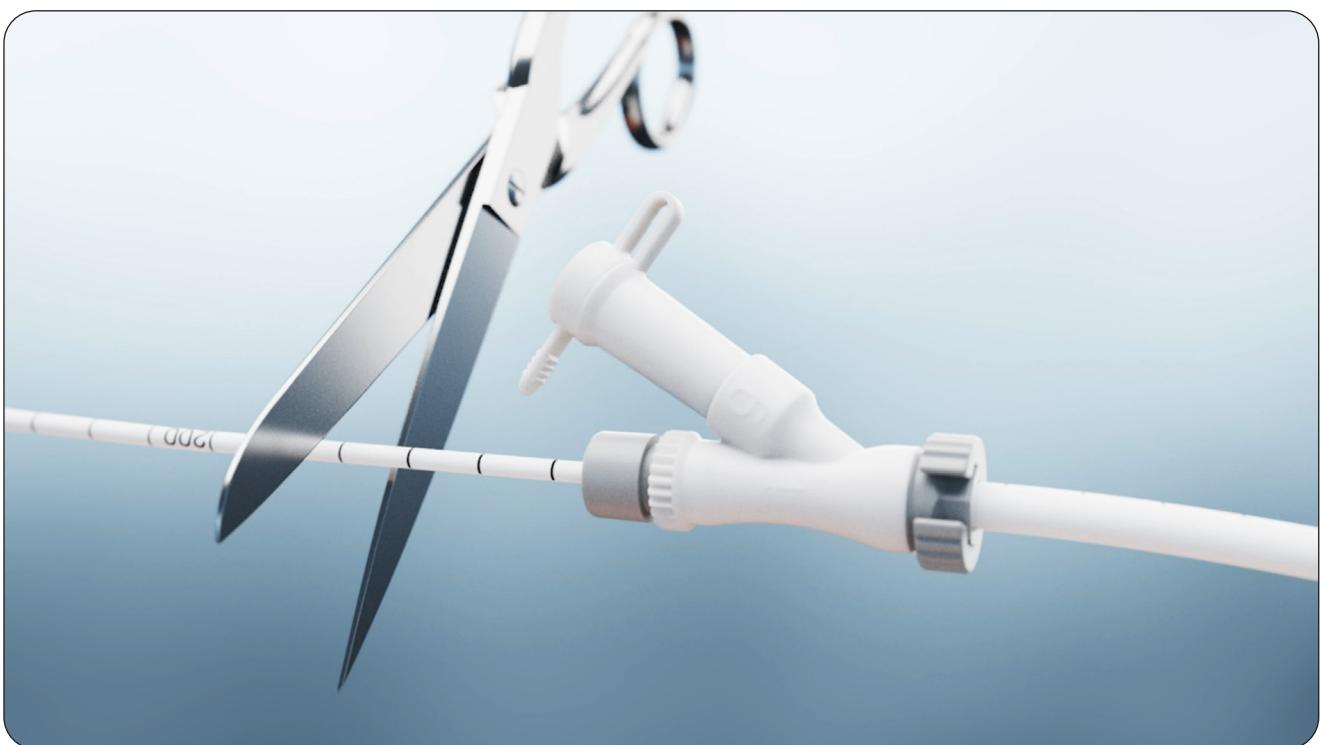


Advance the gastric tube over the end of the intestinal tube.

Application via endoscope using Seldinger technique

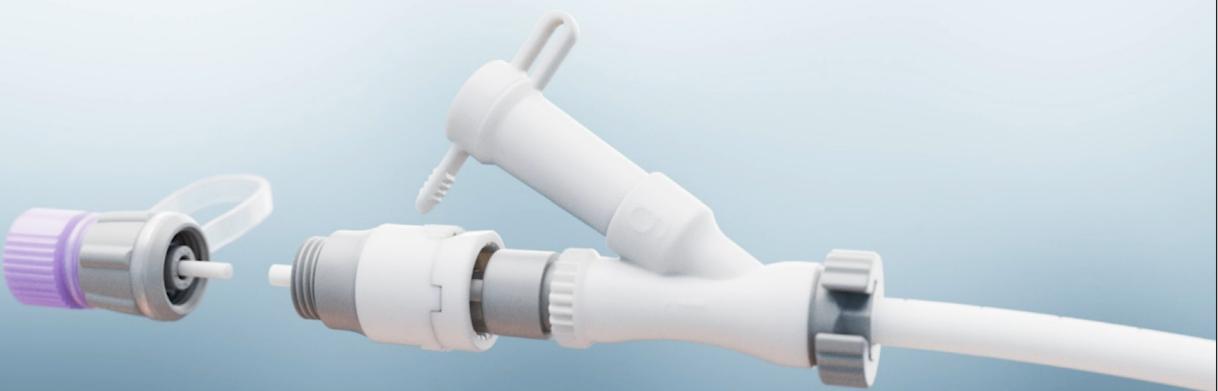


Advance the gastric tube until it reaches the stomach. The intestinal tube should be fixed manually.

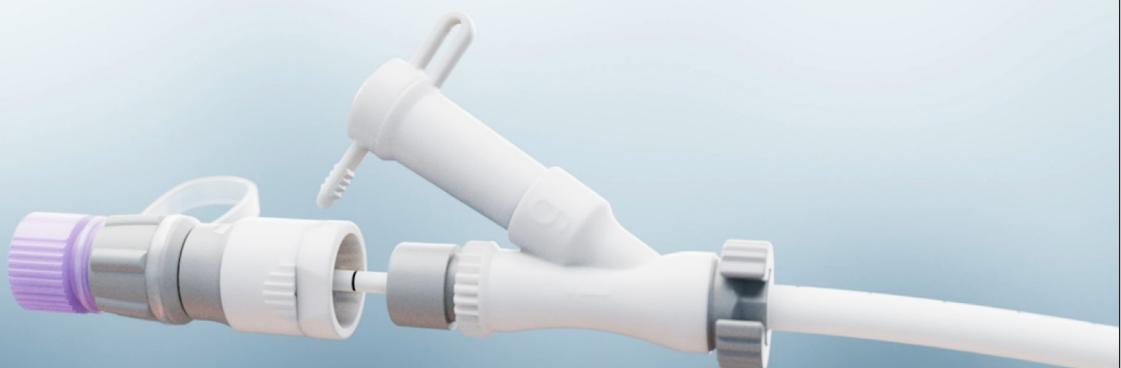


Cut off the intestinal tube approx. 3-4 cm beyond the funnel connector from the gastric tube.

Application via endoscope using Seldinger technique

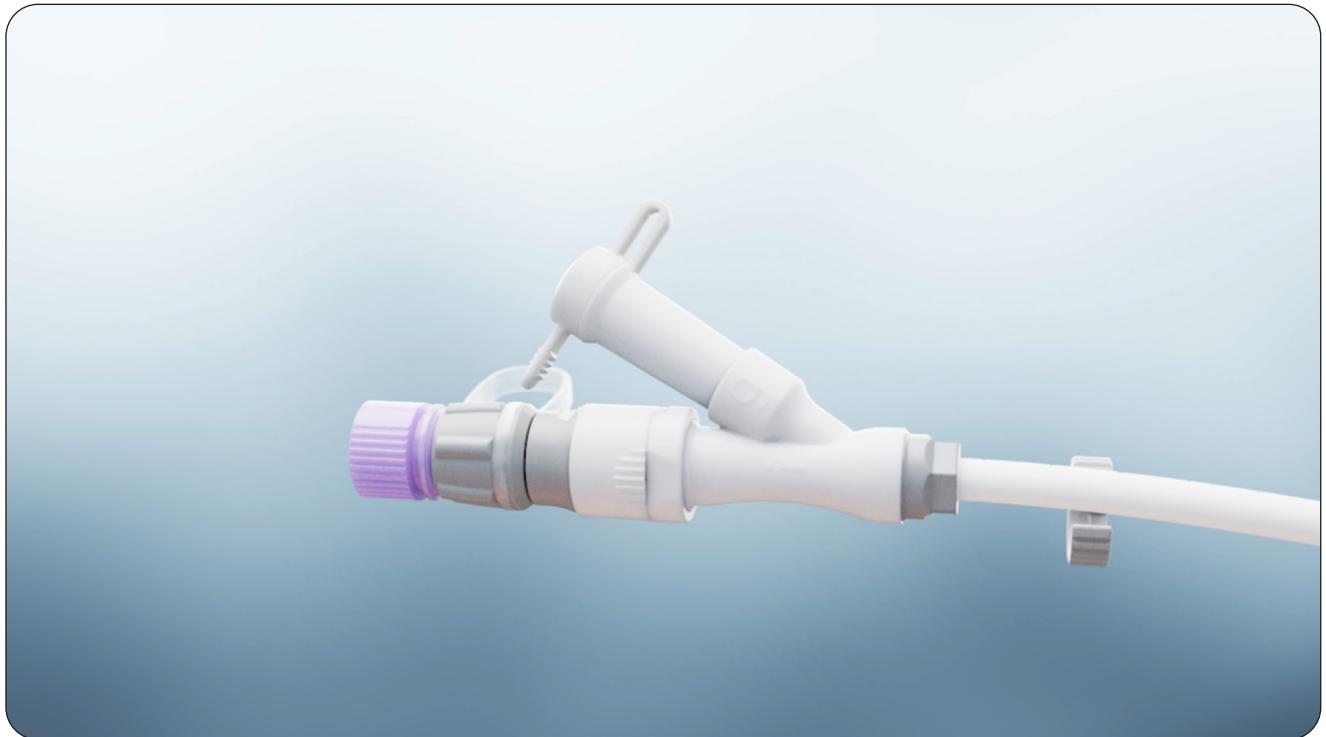


Advance the Click connector, with the grey end first, over the intestinal tube.



Insert the metal pin of the ENFit connector as far as possible into the intestinal tube and screw the Click connector tightly into the stop. A double click should be heard.

Application via endoscope using Seldinger technique



Remove the grey distal securing clip.

Fix the Freka EasyIn in place with a suitable plaster.

The position of the tube should be confirmed radiologically.

While it has been the objective of Fresenius Kabi to develop accurate, easy-to-follow insertion suggestions, each healthcare professional inserting this enteral product must evaluate the appropriateness of the following technique based on his or her medical training, experience and patient evaluation.

Instructions for use

Placement of feeding tube

Two different options exist for feeding tube placement.

Application via endoscope, oral re-routed to nasal insertion (using radiological confirmation)

1. Select oral opening and clean oral passage.
2. Bring the patient's upper body into an upright or semi-upright position of approximately 45°.
3. Moisten endoscopic working channel with gel (or water or MCT oil).
4. Insert tip of endoscope and cautiously push into the back wall of the pharynx using slight rotating movements.
5. In unconscious patients, bend the head significantly forwards and slowly push the endoscope into the oesophagus.
6. Push the endoscope further forwards into the stomach. Insufflate with air if required.
7. Advance the endoscope through the pylorus into the duodenum then into the jejunum.
8. Insert and advance the feeding tube through the endoscopic working channel until it reaches the jejunum.
9. Remove the endoscope from the patient while ensuring the feeding tube remains in place.

Re-routing the tube from oral to nasal position

10. Select nasal opening and clean nasal passages.
11. Moisten the blue re-routing catheter with a local anaesthetic gel and carefully introduce it through the nose and out through the mouth.
12. Now insert the intestinal tube through the opening of the re-routing catheter which exits the patient's mouth, and withdraw it via the nose. Ensure that the tube is in position against the rear wall of the pharynx without any loops.
13. Remove the re-routing catheter. The intestinal tube is now in a transnasal position.

Positioning the gastric tube

14. Before installing the gastric tube, moisten the probe with water or MCT oil.
15. Advance the gastric tube, tip first, over the intestinal tube as far as the desired position in the stomach making sure that the intestinal tube remains in place.
16. Fix tube with adhesive tape.
17. Confirm correct position of feeding tube and gastric tube radiologically.
18. The feeding tube marking at the nostril must be documented.

Application via endoscope (Seldinger technique)

1. The patient undergoes endoscopy in a lateral or supine position. Push the endoscope forward as far as possible through the nasal passage into the pylorus then into the jejunum.
2. A Seldinger wire should initially be wetted with water. This improves gliding ability.
3. The wire is then placed in the jejunum through the working channel of the endoscope under visual observation.
4. The endoscope is removed via the wire. The wire is kept in position using counter movements.

Instructions for use

5. The feeding tube is (starting from the distal open end of the feeding tube) pushed over the Seldinger wire until the desired position is attained.

Important information

To facilitate the threading of the feeding tube onto the Seldinger wire apply water into the feeding tube using the provided ENFit syringe. Keep the Seldinger wire tense when pushing the feeding tube forward.

6. Remove the wire in a slow and controlled manner.

Important information

Do not forcibly remove the Seldinger wire as this may alter the position of the feeding tube and damage it.

7. Before installing the gastric tube, moisten with water or MCT oil.
8. Advance the gastric tube, tip first, over the intestinal tube as far as the desired position in the stomach making sure that the intestinal tube remains in place.
9. Fix tube in place with adhesive tape.
10. Check correct position of feeding tube and gastric tube radiologically.
11. The feeding tube marking at the nostril must be documented.

Connecting the adapters: Applies to all insertion techniques

Cut off the intestinal tube approx. 3-4 cm beyond the funnel connector from the gastric tube and advance the Click connector, with the grey end first, over the intestinal tube.

Insert the metal pin of the ENFit connector as far as possible into the intestinal tube and screw the Click connector tightly into the stop. The metal pin of the ENFit connector has to be clean and free of grease. To prevent accidental opening of the Freka Click adapter the screw cannot be opened without destroying it.

Advance the Freka Click adapter onto the funnel connector of the gastric tube until a click is clearly heard. The intestinal tube must not shift its position significantly when the adapter is fixed.

Instructions for use

Important information

Irritations of the mucous membranes can occur during or after implantation of the Freka EasyIn - as is the case for all feeding tubes. In individual cases, gastrointestinal bleeding can also occur, especially in patients with serious coagulation disorders or microcirculation disorders of the mucous membranes e.g. due to high-dose administration of catecholamines. In this case, use of the Freka EasyIn is subject to a risk assessment by the treating physician.

Decompression

Decompression via the gastric lumen can be performed using:

- gravity (e.g. drainage bags)
- catheter tip syringe or
- suction pump.

Duration of use

The Freka EasyIn can remain in place for up to four weeks with careful feeding tube and nasal care. If enteral feeding continues to be necessary, the implantation of a percutaneous endoscopically controlled gastrostomy (PEG) is recommended.

Aftercare of feeding tube

The jejunal lumen of the feeding tube must be flushed before and after every application of nutrition - at least 1 x daily with 20 mL lukewarm water, preferably with a 10-60 mL Freka Connect ENFit (enteral syringe).

The gastric decompression lumen must be flushed with water at least once daily.

Important information

No acidic fluids, especially fruit teas or fruit juices, must be used as they can cause coagulation of nutrition constituents. The feeding tube must be replaced if blocked. The feeding tube lumen must not under any circumstances be forcibly unblocked under high pressure (i.e. using a small volume syringe) or using a mandrin. Otherwise, there is the risk of perforation of the feeding tube and injury to the patient.

Application of medication

Medicinal products should preferably be administered through the feeding tube in a dissolved form. Medicinal products in liquid form are preferable.

Important Information

The feeding tube must be carefully flushed before and after every administration of medicinal product. Under no circumstances must medicinal products be administered with nutrition. The pharmacist should be consulted if in doubt.

Instructions for use

Application of nutrition

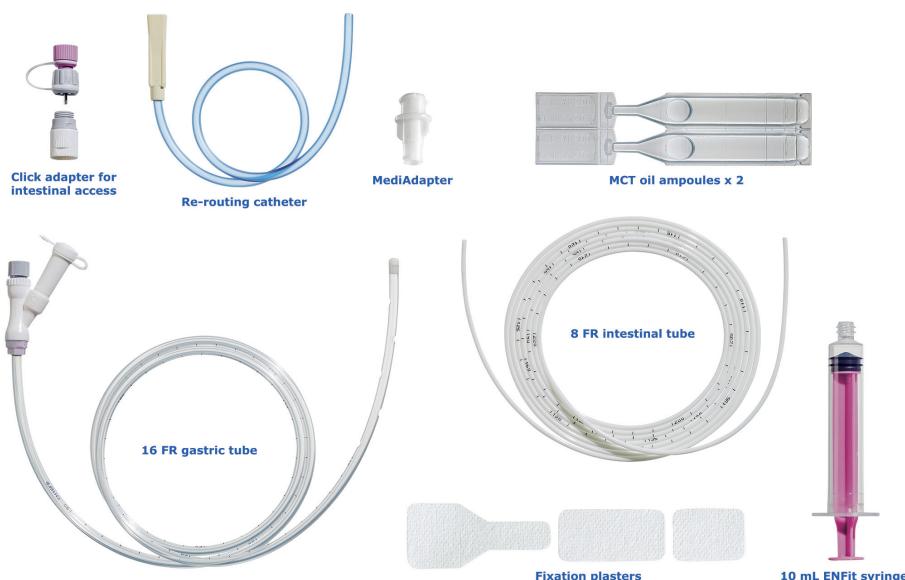
Feeding into the small intestine can commence immediately after implantation of the feeding tube. High-molecule nutrition or low-molecule oligopeptide diets can be used for jejunal tube feeding dependent on digestion and resorption performance. In any case, nutrition intake must be increased gradually. The nutrition supply must be continually pump-controlled.

Important information

Do not use an infusion pump designed for parenteral application under any circumstances (risk of route confusion).

Notes

Ordering information



Freka Easyln with Insertion Kit

Double lumen transnasal tube

Article code: 7981833

Sales Unit: 5 x 1



Freka Cone Adapter, ENFit

Adaptor for connection of a female ENFit connector with a funnel feeding tube or connection of an ENFit syringe for aspiration of the gastric lumen on the Freka Easyln.

Article code: 7751562

Sales Unit: 15 x 1

Freka Universal Funnel Adapter, ENFit

For compatibility of:

- ENLock sets to ENFit feeding tubes
- ENLock syringes to ENFit feeding tubes
- For decompression with drainage bags

Article Code: 7755695

Sales Unit: 1 x 15



Freka Connect ENFit 60mL Syringe

Administration of nutrition and liquids. Compatible to male ENFit connectors. Sterile, single packed.

Article code: 90007865

Sales Unit: 30 x 1



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KABI**
caring for life

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