

single lumen transnasal intestinal tube



What is Endolumina?

Design and suitability

The Freka Endolumina is a single lumen ENFit transnasal polyurethane tube suitable for intestinal feeding of critically ill patients suffering from gastric stasis, gastric emptying disorders and pyloric stenosis.

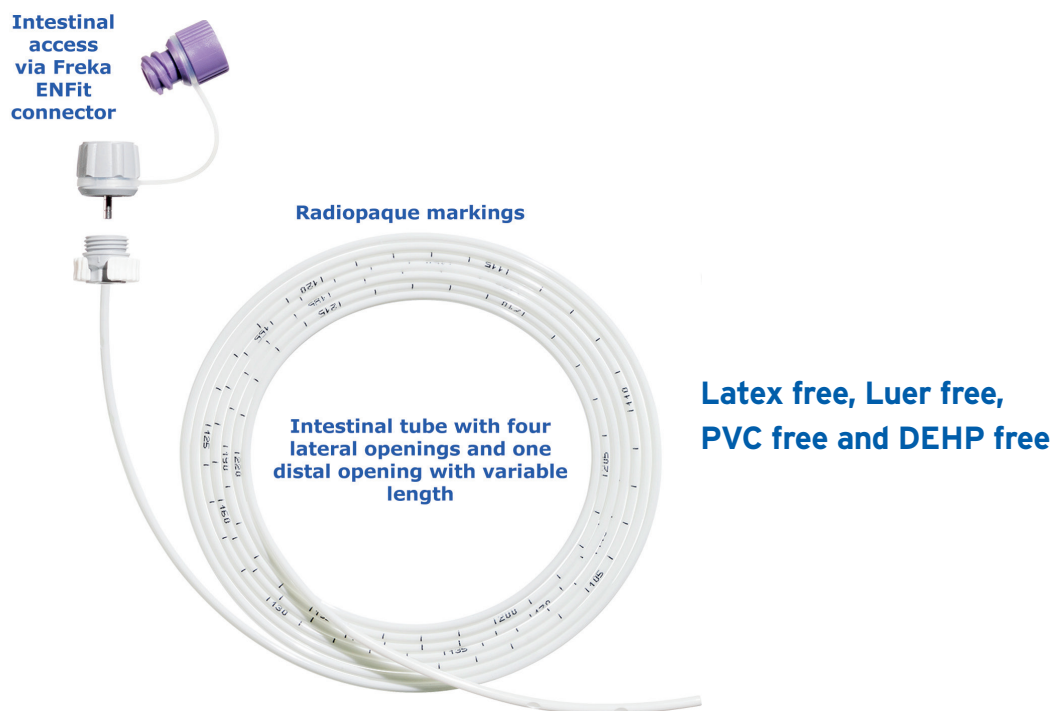
One tube one lumen for jejunal feeding

Feeding lumen

8 FR, 270 cm lumen with ENFit connector.

Radiopaque markings

Radiopaque strip (barium sulphate) along tube length. Numbered every 5 cm with markings every 1 cm from 100 cm to 220 cm of length.



Important information

Irritations of the mucous membranes can occur during or after implantation of the Freka Endolumina - as is the case for all other feeding tubes.

Follow the instructions as detailed in this aftercare guide in addition to any information provided by your healthcare professional.

This medical device must have been inserted by a healthcare professional.

Aftercare

Initial Care

- Ongoing confirmation of tube position should be carried out as per local/hospital policy.
- Secure to face with appropriate dressing (as per local/hospital policy). This should be replaced as required. Take care not to disturb the tube positioning.
- Mark exit site and record measurement as this can be used to provide a visual check of tube position.
- Water/feeding is usually commenced 6-12 hours after placement or can be commenced after tube placement is confirmed. Refer to individual feeding regimen.
- If patient complains of pain or there is localised swelling, stop feeding and report to your healthcare professional.
- Flush tube 4-6 hourly with water (as per local/hospital policy). This does not need to be done through the night.

Daily Care

- Hygiene is of the utmost importance as the tube is in the small bowel; here there is no acid barrier as protection.
- Ensure tube is secured and replace as required.
- Flush with water (as per local/hospital policy) before, during and after enteral feed and medications.
- If patient has any feed related problem (e.g. pain, bloating, sickness), inform your healthcare professional.
- Flush tube 4-6 hourly with water (as per local/hospital policy). This does not need to be done through the night.
- If tube becomes blocked use warm/carbonated/soda water and refer to local/hospital policy if applicable.
- Do not flush using force. If tube remains blocked inform your healthcare professional.
- If tube becomes displaced (moves out of place) do not use tube and inform your healthcare professional.

Frequently asked questions

Administration of medicines

All medicines should be administered in liquid form. The same applies to self administered medication (e.g. for a headache) and your Pharmacist can recommend a liquid form of pain relief.

Do not crush sustained-release tablets/capsules. They are unsuitable for crushing because the whole dose is released at once.

Always check that your medicine can be given via the jejunal route by contacting the Pharmacist, for the following reasons:

- some medicines are not completely absorbed via the jejunal route
- some medicines may cause adverse local effects
- certain medicines may react with the feeding tube material
- tube blockage may occur due to coagulation.

Do not add medicines to your enteral feed as it may cause physical/chemical instability of the feed and cause a blockage. Flush your tube before and after administration of each medicine.

Medication should be given separately to prevent possible interaction. For further advice, please contact your Pharmacist and/or Nutrition Nurse.

Positioning during feeding

To prevent heartburn and reflux, feed in an upright position. For overnight feeding use supporting pillows or a backrest, if you find this uncomfortable you can raise the mattress at the head of the bed instead.

Avoid lying flat during feed administration, unless your medical condition contraindicates this.

Skincare

It is important that the entry site of your jejunal feeding tube remains clean and dry. Refer to your tube specific aftercare sheet for further advice on your tube care.

Hygiene is of the utmost importance as your tube is in the small bowel. Here there is no acid barrier, as there is in the stomach, to protect against bacteria.

Can I swim, bath or shower?

You can swim, shower or bathe as normal. Ensure the tube is closed and dressing is secure.

Thoroughly dry the area afterwards.

How long will the tube last?

This will depend upon the type of tube you have placed. Your healthcare professional can provide this information. Following the aftercare information will help to prolong the life of the tube.

Who do I contact if the tube gets damaged or I get a problem with the site?

Contact your local healthcare professional. Stop any feeding and do not use the tube until advised by a healthcare professional.

Can I go on holiday?

Enteral feeding does not stop you going on holiday but it is a good idea to have a letter from your doctor and make sure you have the necessary insurance.

Contact your local healthcare professional for advice about replacement tubes and information regarding the supply of your feed.

If I cannot eat what will happen to my mouth?

Plaque can build up very quickly so it is important to brush your teeth at least twice a day. A mouthwash or artificial saliva, such as Glandosane® may help if your mouth is dry.

Are there any patient support groups available?

PINNT - Patients on Intravenous and Nasogastric Nutrition Therapy.

PINNT is a UK based website that provides people with useful enteral and parenteral nutrition information.

www.pinnt.com*

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Fresenius Kabi Australia Pty Limited
Level 2, 2 Woodland Way
Mount Kuring-gai, NSW 2080 Australia
Ph: 1300 732 001
PM2024.1962 Pub. February 2024

Fresenius Kabi New Zealand Limited
The HSBC Tower
Level 14, 188 Quay Street
Auckland 1010, New Zealand
Ph: 0800 144 892
TAPS MR10064