Help Prevent Your Patients From Pulling Out Their Feeding Tubes

Unintentional pullouts can lead to emergency room visits, surgical consultations and replacement tubes costing thousands of dollars, valuable time, needless patient anguish and life-threatening events.

"Many of my patients are older and frail. Unfortunately, it’s too easy for them to accidentally pull their feeding tubes out. I need a solution that won’t jeopardize their health nor take me away from other patients who need me."

We Put Feeding Tube Removal In The Right Hands – YOURS.

Kimberly-Clark’s MIC* PEG Feeding Tube design will help eliminate these problems and deliver the security you and your patients expect. Fewer dislodgements mean:

- Less spending on tube replacements and health complications
- Fewer patient emergency room visits
- More time for proactive patient care
- Fewer complications due to accidental dislodgement

Accidental PEG Dislodgement is an estimated $23 Million Problem in the U.S.1
Ventilated SECUR-LOK* retention ring allows air circulation around stoma

Multiple ports accommodate nutrition and medication delivery

Radiopaque stripe and bumper aid catheter visualization

Available In:
PUSH and PULL Placement Methods, Standard & Safety Kits

• According to a recent study, PEG pullouts cost more than $20,000 in additional health care charges not including individual physician charges, hospital days, transportation, and additional time and administrative costs associated with these events.1

• The vast majority of PEG pullouts require an emergency department visit, a level 3 surgical consultation, a replacement gastrostomy tube and a radiographic confirmation of tube positioning.1

• In early tube dislodgement, the stomach may separate from the abdominal wall and the open gastrostomy may leak gastric contents into the peritoneal cavity.1

THE KIMBERLY-CLARK ADVANTAGE*

Knowledge Network* Accredited Education In-Service Training and Technical Support Credentialed Sales Representatives Tools & Best Practices Clinical Research Commitment to Excellence

For more information, please visit:
www.kchealthcare.com/digestivehealth

1 Late accidental dislodgement of a percutaneous endoscopic gastrostomy tube: an underestimated burden on patients and the health care system, by Laura H. Rosenberger, Timothy Newhook, Bruce Schirmer and Robert G. Sawyer. Received: 16 March 2011 / Accepted: 2 April 2011 / Published online: 2 May 2011.