FOR VETERINARY USE ONLY

MILA INTERNATIONAL, INC.
Medical Instrumentation for Animals
7984 Tanners Gate Lane • Florence, Kentucky 41042 • USA
859.957.1722 • 888.645.2468 • www.milaint.com

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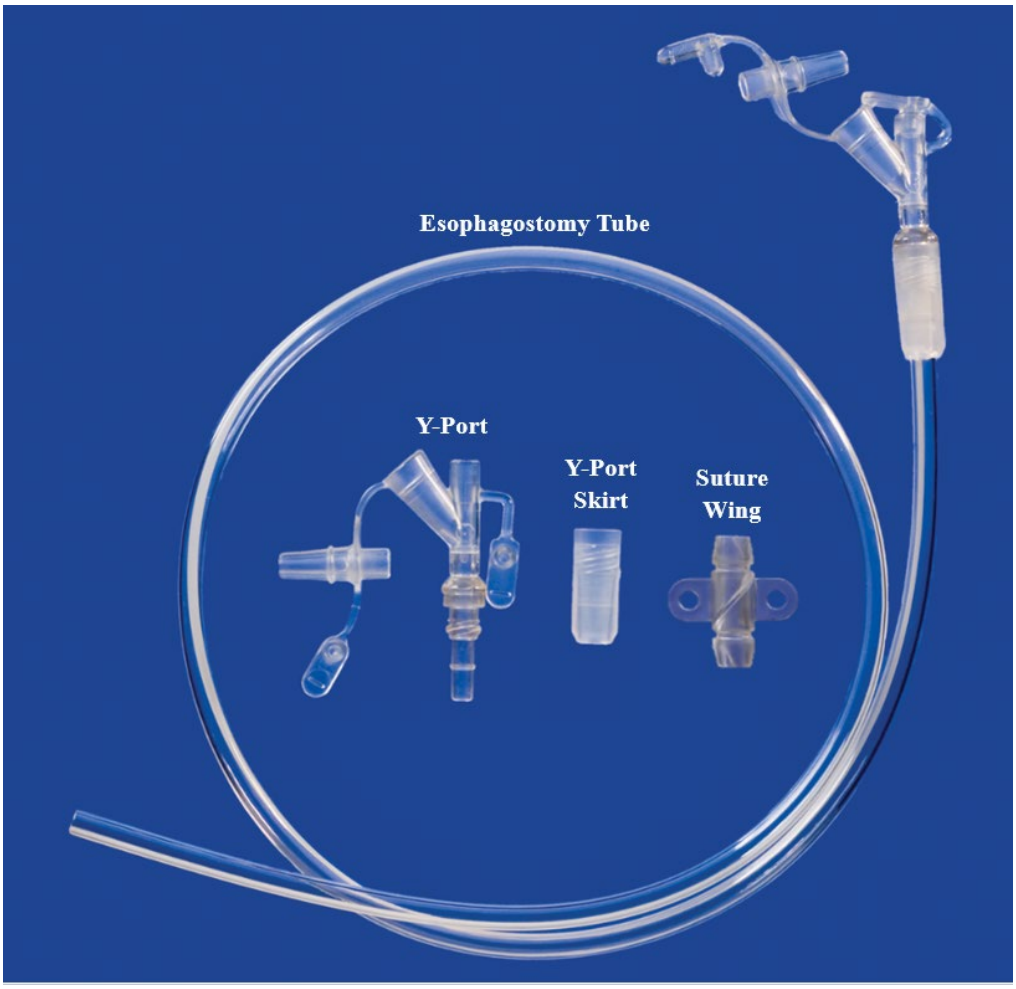
Instructions for Use

Rev. 9/18/2023

Length-Adjustable Esophagostomy Feeding Tube

Kink-resistant, polyurethane tube for long-term enteral feeding via esophagostomy. Features include a tapered open end with multiple side holes, a suture wing, a Y-port for catheter tip or luer-slip syringes, and a radiopaque stripe.

The tube can be cut to the desired length after placement.



Indications for Use

MILA Length-adjustable Esophagostomy Feeding Tubes are indicated for long-term enteral feeding via esophagostomy in small animals with prolonged anorexia, oral, pharyngeal, facial, or nasal trauma, or other masticatory disorders.

Contraindications

Infection or trauma at the intended ostomy site	Preexisting laryngeal hemiparalysis
Recent esophageal surgery	Esophageal injury or stricture
Megaesophagus	Cervical spine disorder or injury
Esophagitis	Coagulopathy
Uncontrolled vomiting	Tumors or other lesions in the neck or esophagus

Potential Complications

Tube malposition	Tube dislodgment
Tube blockage	Esophageal trauma or irritation

Infection, cellulitis, or abscessation at the stoma

Supplies Needed

(not included)

Sterile gauze	#10 or #11 scalpel blade
Clean clippers with size 40 blade	2-0 nylon suture
Surgical scrub supplies	Permanent marker
Right-angled or curved forceps (e.g., Kelly or Carmalt)	Bandage materials
	Scissors

Triple Antibiotic Ointment, Betadine Ointment, or a MILA Guardian Disc (Item DR7)

Optional: Fenestrated drape (such a MILA Item PPD)

Refer to this symbol, ⚠, for additional warnings and precautions throughout the instructions.

Instructions

Read through all steps before the procedure.

These instructions do not include procedures or guidelines for establishing cardiovascular stability or general anesthesia before esophagostomy tube placement.

Preparation

1. Place the patient under general anesthesia and ensure that the endotracheal tube is secure. Position the patient in right lateral recumbency with the head flexed slightly ventrally and downward to stretch the neck for easy access. **TIP**: A rolled towel placed under the neck can help position the head and neck for easier placement.

- The esophagostomy tube can be placed on either side of the neck, but placement on the left side is often easier as the esophagus lies slightly left of the midline. Place the tube on the right side if there are any contraindications present on the left side.

2. Clip and surgically prep the lateral cervical region from the mandible to the thoracic inlet.

   ⚠ A sterile drape may be used but can obstruct the view of the head and mouth during feeding tube insertion. If proceeding without a drape, take care to keep instruments in a sterile field when not in use.

3. Select a tube size appropriate for the patient. Remove the tube from the package and inspect it for any damage or missing components. Do not use it if damaged or incomplete. Remove the Y-port by unscrewing the skirt and then pulling the port out of the tube. Set aside the Y-port and skirt.

4. Measure the feeding tube from the center of the neck (at the intended ostomy site) to the caudal esophagus (approximately at the 7th-8th or 8th-9th intercostal space). Mark the location on the tube with a permanent marker or note the centimeter measurement mark on the tube.
   - *The measurement markings on the tube are in 2cm increments.*

Antegrade Esophagostomy Tube Placement

5. Insert the curved forceps into the mouth to the cervical esophagus. Turn the forceps laterally so that the tip presses toward the skin at the intended ostomy site. Incise the skin and subcutis through the tips of the forceps. Make the incision just large enough to accommodate the feeding tube. Use the forceps to bluntly dissect the esophagus. Incision of the esophagus may be necessary for larger patients. Press the tip of the forceps through the skin.
   ⚠ **Avoid the jugular vein.**

   ⚠ Use of a mouth gag can help to keep the jaws separated during this procedure. However, the use of mouth gags in cats has been associated with post-anesthetic blindness[1]. Use minimally and with caution.

6. Grasp the distal (fenestrated) end of the esophagostomy tube with the forceps and pull it rostrally through the incision and out of the mouth.

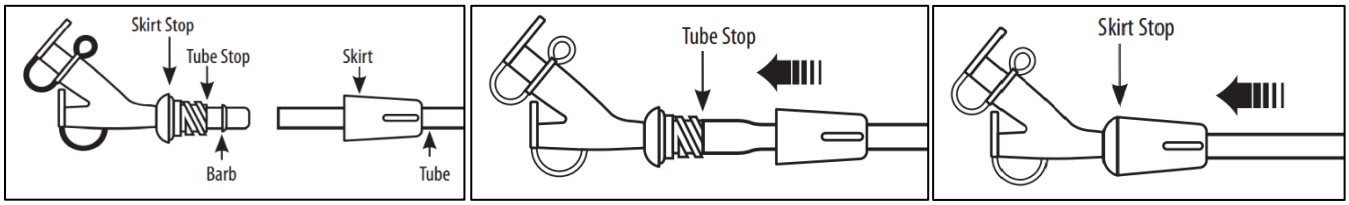
   ⚠ Take care to avoid catching the tongue or other tissue in the mouth in the hinge of the forceps.

7. Remove the forceps then pull enough of the tube through so that it can be bent and fed down caudally into the esophagus. Use water-based lubricant if necessary. When a sufficient length of the distal end of the tube has been fed into the esophagus, push the tube through the incision to the pre-measured point (determined in step 3) so that the proximal end tube will flip to be oriented cranially.

Y-Port Assembly

8. Cut the tube to the desired length. Leave enough of the tube exposed so that the Y-port can be secured to the bandage at the back of the neck.

9. Feed the tube back through the narrow end of the skirt. Firmly seat the tube onto the Y-port over the barb and up to the threads. Screw the skirt into place (up to the skirt stop). Close all ports.



[1] Reiter, A. M. (2014). Open wide: Blindness in cats after the use of mouth gags. *The Veterinary Journal*, *201*(1), 5–6. https://doi.org/10.1016/j.tvjl.2014.05.013

10. Confirm correct tube placement by lateral radiograph. The distal tip should lie in the caudal third of the esophagus.

⚠ ***Do not administer anything or flush water through the tube until proper placement is confirmed.***

⚠ Avoid placing the tube to the depth of the gastroesophageal junction as tube movement can cause irritation and can predispose the patient to gastric reflux.

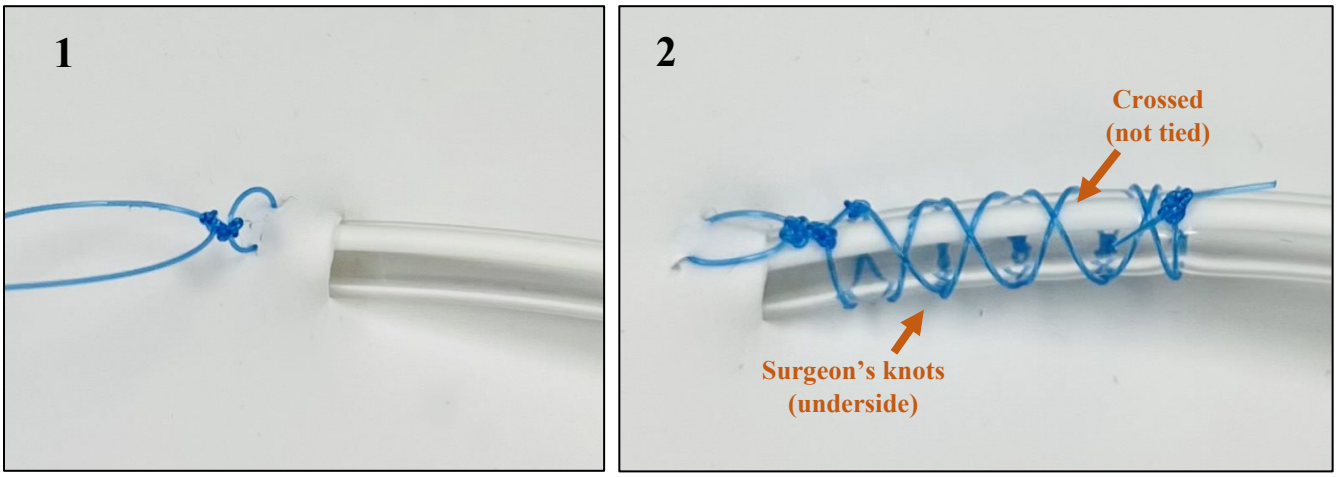
Securement

11. *Optional*: Place a loose purse-string suture around the tube at the stoma site.

12. Secure the tube in place using the included suture wing, anchor and finger trap sutures, or per hospital protocol.
Suture wing:
    1) Tie a surgeon's knot in one of the grooves of the suture wing to secure the wing in place on the tube.
    2) Do not cut the suture – use the loose ends to suture the wing to the skin under the groove.
    3) Repeat on the other side. Suture the wings to the skin through the eyelets. Take care to avoid over-tightening the sutures on the skin.

Anchor and Finger Trap Sutures:

1) Tie an anchor suture close to the exit site. Make sure the loose ends of the suture are the same length. **TIP**: Place the tip of a hemostat or other small cylindrical object between the skin and the surgeon's knot to prevent it from clinching down, thus creating a loop.
2) Cut the needle off the suture. To tie the finger trap suture around the tube, alternate tying surgeon's knots on one side and crisscrossing the suture on the other side. Make sure to pull the knots tightly to cinch down on the tube.



13. Flush the tube with water and close both ports to prevent the intake of air.

- Approximate Priming Volumes
  Y-port: 0.3mL
  10Fr: 0.5ml per 10cm
  14Fr: 1mL per 10cm
  18Fr: 1.5mL per 10cm

14. Apply a small amount of betadine ointment, antibiotic ointment, or a MILA Guardian Disc (Item DR7) to the stoma site. Wrap the neck lightly with bandage material per hospital protocol and tape the Y-port to the wrap.
15. Record tube placement in the patient's medical record (see page 6).

Feeding Recommendations

- Commercially available liquid diets and medications work best.
  - If using a homemade diet, ensure that enough water is added and that it is blended sufficiently to completely liquify the food.
  - If suspensions or liquid medications are not available, pulverize the tablets or capsule contents and mix with enough water to fully dissolve. Note that some tablet coatings do not dissolve well and may clog the tube.
- Flush the tube with 5-10mL of tepid or room-temperature water before and after the administration of food or medications.
- Monitor the patient closely during feeding for any signs of discomfort or nausea (e.g., hypersalivation, lip-licking, etc.).

Stoma Care

- Daily Care
  - Change the neck wrap and monitor the stoma for any signs of swelling, erythema, or infection.
  - Lightly clean the stoma and surrounding skin with a dilute betadine or chlorhexidine solution. Allow sufficient contact time and then wipe with sterile water on sterile gauze. Allow the site to air dry before applying a new dressing and wrap.
  - If a Guardian Disc was placed, monitor the stoma as usual, and change the outer wrap daily.
- Weekly Care
  - The Guardian Disc can be changed once every 7 days or more frequently if the site is exudative.
  - Monitor the sutures to check knot integrity and any signs of skin reaction.

E-Tube Removal

1. Cut and remove the sutures.
2. Make sure both ports are closed.
3. Fold the end of the tube to occlude the lumen to prevent any residual contents from coming out of the tube.
4. Apply gentle pressure to the stoma site with one hand and pull the tube cranially until completely removed.
5. Apply a light bandage. The stoma should close in 1-2 days.

CLICK HERE or scan the QR code to access instructions for
Retrograde Esophagostomy Tube Placement with the **MILA Tunneler**

DISCLAIMER: These instructions are for supplemental education and guidance only and do not substitute professional veterinary medical advice.

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Esophagostomy Feeding Tube Placement Record

Place or transcribe into the patient's medical record.

Date: _____ /_____ /_____ Time: _____ : _____ am pm

Patient Name: _____ ID Number: _____

Owner: _____ Veterinarian: _____

☐ Canine ☐ Feline ☐ Other _____ Weight: _____

Indication or reason for placement: _____

Surgeon: _____

Tube Size: _____ Fr Depth of placement: _____cm MILA Lot number: _____

Placement confirmed by radiograph ☐ Radiograph interpreted by _____

Comments: _____

_____

Prescribed diet: _____

Feeding to begin _____ /_____ /_____ @ _____: _____ am / pm

_____

Date & time of removal: _____ Removed by: _____

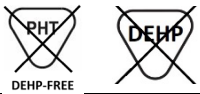
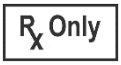
Reason/cause of removal: _____

Questions or comments?

Call us at 859-957-1722 or 888-645-2468
(Monday-Friday 9am-5pm EST)

or email us at ProductSupport@milaint.com

SYMBOL GLOSSARY

	Batch code/ Lot number
	Caution
	Consult instructions for use
	Contains or presence of phthalate DEHP
	Date of Manufacture
	Does not contain natural rubber latex
	Does not contain phthalate DEHP
	Do not re-sterilize
	Do not reuse
	Do not use if package is damaged
	Keep away from sunlight
	Keep dry
	Non-pyrogenic
	Non-sterile
	Not MRI safe
	Prescription only
	Temperature limits
	Sterilized using ethylene oxide
	Sterilized using steam or dry heat
	Use-by Date