CORFLO® - MAX PEG TUBE
POST-INSERTION MAINTENANCE

DRESSING—DO NOT apply a dressing around or over the tube fixation device. It is not necessary and only leads to moisture buildup, skin maceration and infection. DO NOT use alcohol or acetone.

SKIN CARE—A povidone-iodine ointment should only be used for 24-48 hours post-insertion. Thereafter, soap and water on a daily basis is sufficient. It is important that the area is dried gently but thoroughly.

TUBE FIXATION DEVICE—The tube fixation device is composed of 2 sections. It is made of an inert material that will not cause skin irritation. The tube is held at a 90° angle with no obstruction or kinking. The tube fixation device may be rotated for ease of cleaning.

NOTE: An optional silicone fixation bar may be used.

TAPING—If required, tape can be used to secure the tube in a specific position.

CORLOCK®-CORPORT® Y-ADAPTOR—The Y-adaptor allows for tube feeding administration and irrigation, as well as medication administration, without disconnecting the tube feeding line. The PEG tube utilizes a Y-adaptor, as shown here.

For gastric access through the Y-adaptor:
A. To use a Luer slip or Luer lock 50 ml syringe: Remove cap from access port and insert Luer syringe tip into port.
B. To use a cath tip 50-60 ml syringe: Remove syringe adaptor from cath tip access port and insert cath syringe tip into port.

If a jejunal tube has been placed through the PEG tube, it will have a CORLOCK-Twoomey Y-adaptor, as shown here.

For gastric access through the Twoomey Y-adaptor:
A. To use a Luer slip or Luer lock syringe, remove the smaller (orange) cap.
B. To use a cath tip syringe, remove the larger (clear) cap.

NOTE: DO NOT CUT THE PEG TUBE unless you have a repair kit with a replacement adaptor, or the PEG is to be removed.

SEE REVERSE FOR REPAIR AND REMOVAL INSTRUCTIONS.

SITE CHANGES—The site should be inspected daily during routine skin care. If anything unusual (i.e. redness, swelling or drainage) occurs, notify the physician. Patient changes, such as weight gain/loss, may require adjustment of tube length between bumper and fixation device.

TUBE CARE/IRRIGATION—The feeding tube should be flushed with water before and after medication administration and whenever the feeding is stopped. In addition, follow the policies and procedures established in your institution for feeding tube maintenance.
Sedate patient.

Remove fixation cover.

1. Cut off tube.
   - NOTE: If a jejunal tube is in place, remove prior to cutting PEG tube.
   - DO NOT clamp off tube—may damage inflation lumen channel.

2. Slide retention sleeve and fixation device away from stoma, in order to lubricate tube and skin around stoma. Rotate tube and advance several centimeters through stoma to lubricate tract. Press down on abdominal wall while stabilizing exit site with fingers.

3. Remove tube, using firm, careful traction.
   - *Patient condition and physician preference may indicate endoscopic removal.

   - IMPORTANT: PUSH OVER BARB UNTIL TUBE STOP IS REACHED.

   Twist and push skirt on until skirt stop is reached.

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**CORFLO-MAX PEG TUBE REMOVAL***

1. Sedate patient.
   - Remove fixation cover.

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**CORFLO-DUAL & TRIPLE GT GASTROSTOMY TUBE KITS**

- 9" length
- Sterile

**Kit:** Package with insertion components (prefilled syringe, lube jelly, gauze) and Enteral Y extension set

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**Insertion Components** Provided with all Tubes
- Prefilled syringe to inflate balloon.
- Gauze pad and lubricating jelly to lubricate tube prior to insertion.
- * Enteral Y extension set to provide access for irrigation and medication administration included with all CORFLO-DUAL Gastrostomy Tubes.