Nasal/Gastrostomy Tubes  (continued on next page)

Mark IV Nasal Tube
The triple-lumen Moss™ Nasal Tube provides 12 to 14 times more effective decompression while simultaneously feeding enterally. The suction channel supplements the inefficient aspiration within the distal esophagus and proximal duodenum. Patented “Suction Buster™” holes prevent mucosal occlusion. The second bore delivers an elemental diet three inches farther downstream into the distal duodenum. Refluxing excess is automatically and safely removed while still within the proximal duodenum. The third lumen inflates a gastric retention balloon.

Mark IV Nasal (SIL) Tube
Stock Number  #AF-6-87168
Size/Length  #18 FR/44"
Individually packaged, sterile (ETO). Sold separately. Minimum order quantity 2, or 10/box.

Mark IV Nasal Tube Details

The Moss Nasal Tube is an occlusion resistant nasogastric tube indicated for decompression and simultaneous enteral feeding. Features patented “Suction-Buster” orifices to permit uninterrupted function over the entire suction range. Multiple aspiration sites ensure highly efficient removal of air and liquids. Distal esophagus orifice aids in removal of swallowed air and permits “sham” drinking. Stomach orifice (permits removal of air and liquids. Distal esophagus orifice aids in removal of the inefficient aspiration within the close confines of the distal esophagus and/or proximal duodenum. This results in efficiency improvements of 12x to 14x over conventional devices which rely exclusively on gastric suction.

Moss tubes were first introduced at the 1963 Clinical Congress of the American College of Surgeons. The initial generation of prototype devices has been followed by four successive generations of improved products which were more “user friendly,” more efficient and less traumatic to patients. These products have been manufactured exclusively by Moss Tubes, Inc., West Sand Lake, NY, since 1986. To provide maximum absorption and safety, Moss tubes are designed for simultaneous feeding into the distal duodenum, rather than the stomach. The highest and earliest rates of nutrient absorption are achieved with this regimen.

With Moss tubes, decompression is so much more effective that GI function is maintained and can be exploited immediately after surgery. Extensive case histories demonstrate that within the first 24 hours after surgery, patients are able to absorb 300 kcal to 5000 kcal of an elemental diet, able to consume a general diet and may be discharged safely at this time. These studies also demonstrate increased rates of wound healing and resistance to sepsis. Substantial hospital and post-hospital cost savings are reported.

G-Tube PEG Kit
The Moss™ Percutaneous Endoscopic Gastrostomy (PEG) regimen minimizes patient trauma and maximizes physician efficiency. The kit was specifically developed to deliver the patented Moss “Suction Buster™” G-Tube, which provides the most efficient gastro-duodenal decompression for safest enteral feeding. Exclusive features include a rigid steel “Break-Away™” introducer and a T-Anchor Introducer Gun™.

Tray Components

Moss Gastrostomy Tube, #18 Fr.
Needle, Seldinger, 18 Ga. x 3-1/2”
Field Drape
Surgical Gloves
Gauze Sponges, 3” x 3”
Syringe, 3 ml
Lubricating Jelly
Moss Anchor Gun

PEG Kit
Stock Number  #AF-PEG-18
Individually packaged, sterile (ETO). Sold separately. 10/box.
Nasal/Gastrostomy Tubes (continued from previous page)

**Moss™ advanced technology permits early enteral feeding for quicker patient recovery**

Patented Moss Gastrostomy Tubes ensure maximum nutritional absorption. Within the first 24 hours after surgery, patients fed with Moss Tubes can absorb 3,000 to 5,000 kcal of an elemental diet.

Moss Tubes aspirate within the confines of the distal esophagus and/or proximal duodenum, providing 12x to 14x more effective decompression than conventional gastric suction devices.

Improving on “peel-away” plastic introducers that often lack sufficient rigidity, Moss developed a unique steel “break-away™” introducer, making tube placement easier.

Administration of enteral feeding immediately after surgery has been proven to speed patient recovery and shorten hospital stays. The original and still the leading technology for early post-operative feeding is the Moss Gastrostomy Tube. Updating of the basic patent-protected design has made the tube more “user friendly” while increasing efficiency and patient comfort. Feeding with Moss Tubes can begin in the recovery room, quickly providing the nutrition needed to enhance sepsis resistance and accelerate wound healing. In addition, by delivering nourishment directly to the distal duodenum and not the stomach, the risk and discomfort of distention is avoided.

**Gastrostomy Tube Details**

**Moss™ Gastrostomy Tube**

Moss Suction Buster™

For gastric and proximal duodenal decompression plus distal duodenal feeding.

This device has an x-ray tip, three lumens and a gastric balloon. The suction channel has multiple openings in both the stomach and proximal duodenum for efficient removal of swallowed air and liquid. The feeding channel opens at the distal tip to deliver enteral nutrition. The tube is induced surgically through the abdominal and gastric walls within a serosa lined tunnel (Stamm or Witzel technique). The tip is manipulated through the pylorus and into the distal duodenum. The gastric balloon is inflated with 20 ml of sterile water and secured in position by a retainer gently resting against the skin. The patient is kept N.P.O.

1. Pull the tube through the abdominal wall by its leading tip, then excise the solid traction tip.
2. Introduce the tube through a gastric puncture and deliver into the distal duodenum. Remove the obturator.
3. Use Stamm or Witzel technique to produce a serosa lined tunnel. Secure the stomach to the abdominal wall.
4. Inflate the balloon with 20 ml of sterile water.
5. Slide retainer gently against the abdominal wall and secure with monofilament skin suture. Loosen after 24 hours PRN.
6. Apply continuous H₂O suction at 35-70 mm Hg (50-100 cm).
7. Irrigate suction channel with 60 ml warm saline 02H and PRN.
8. Return filtered aspirate via feeding channel or provide comparable volumes of appropriate IV replacement.
9. Feed full strength Vivonex™ T.E.N. @ 100-500 ml/hour via the feeding channel.
10. Monitor blood/urine glucose to guide insulin therapy.

**Gastrostomy (SIL) Tube**

The triple-lumen Moss™ G-Tube provides 12 to 14 times more effective decompression while simultaneously feeding enterally. The suction channel supplements the inefficient gastric site with more efficient aspiration within the proximal duodenum. Patented “Suction Buster” holes prevent mucosal occlusion. The second bore delivers an elemental diet three inches farther downstream into the distal duodenum. Refluxing excess is automatically and safely removed while still within the proximal duodenum. The third lumen inflates a gastric retention balloon.

Gastrostomy Tube Details

**Anchors and Introducer**

1. Direct Guide Wire Placement
2. Completing Procedure
3. Duodenal Suction & Safe Feeding

**G-Tube PEG Kit Details**

Percutaneous Endoscopic Gastrostomy Techniques...Step by Step

**G-Tube PEG Kit Details**

Percutaneous Endoscopic Gastrostomy Techniques...Step by Step

1. Direct Guide Wire Placement
2. Completing Procedure
3. Duodenal Suction & Safe Feeding