

FLOCARE[®] MINISOFT BUTTON CARE GUIDE

AN INFORMATION FOR PARENTS OF SMALL PATIENTS



NUTRICIA
flocare[®]

DEAR PARENTS,

Your child has received a small, inconspicuous "button probe" for tube feeding, the so-called Flocare® MiniSoft Button.

At Nutricia, we are concerned that your child receives optimal care. The Flocare® MiniSoft Button is particularly easy to integrate into everyday life: It hardly restricts movement, is easy to clean and can also be worn during showering and bathing without any problems.

In addition, the Flocare® MiniSoft Button can be easily switched out at home after appropriate training – without any surgical intervention.

With this brochure, we would like to support you in handling the Flocare® MiniSoft Button in everyday life with confidence. We therefore show you how to care for and use the Flocare® MiniSoft Button correctly to ensure a long service life for the probe.

However, should any uncertainties arise, please always consult your attending physician.

THE FLOCARE
JUNIOR TEAM

INHALT

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THE FLOCARE® MINISOFT BUTTON.

PRODUCT INFORMATION

The button is a so-called **exchange tube** and can, for example, replace a PEG tube as soon as the gastric stoma (artificially created channel between the stomach and the abdominal wall) has healed. This is usually possible about 4 – 6 weeks after PEG placement or direct puncture. The button is simply pushed into the existing gastric stoma from the outside and held in place by a fluid-filled balloon in the stomach.

The button is cosmetically inconspicuous. Due to its particularly small outer retaining plate, the button hardly impedes freedom of movement. In addition, after initial placement and appropriate training by the physician, the exchange probe can be easily switched out at home – without surgical intervention.

The button is available in different sizes and lengths. Your doctor has selected exactly the button that fits your child optimally, based on the previously measured stoma length and the suitable diameter.

NOTICE

To ensure a long life of the button, proper care and correct handling is of utmost importance. The following information is intended to support you in handling the button in everyday life and to give you reassurance. However, should any uncertainties arise, please always consult your attending physician.

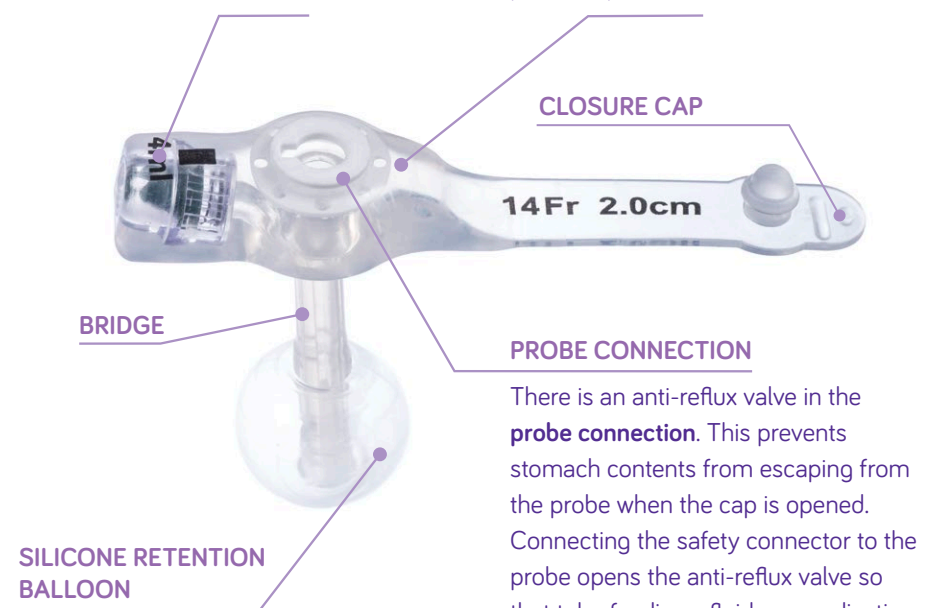


BALLOON VALVE

The button is held in place inside the stomach with a balloon. This was filled with water when the tube was placed. The balloon is filled and deflated using a syringe with a Luer attachment, which is connected to the **balloon valve**. This connector should only be used to check the balloon volume or to deflate the balloon before changing the button. Never apply food or medication into this valve.

EXTERNAL RETAINING PLATE

The purpose of the **external retaining plate** is to ensure that the button is securely fixed to the abdominal wall and does not move. The underside of the retaining plate should be just above the skin surface to prevent stomach contents from leaking out. At the same time, it should not be under too much tension to prevent pressure points.



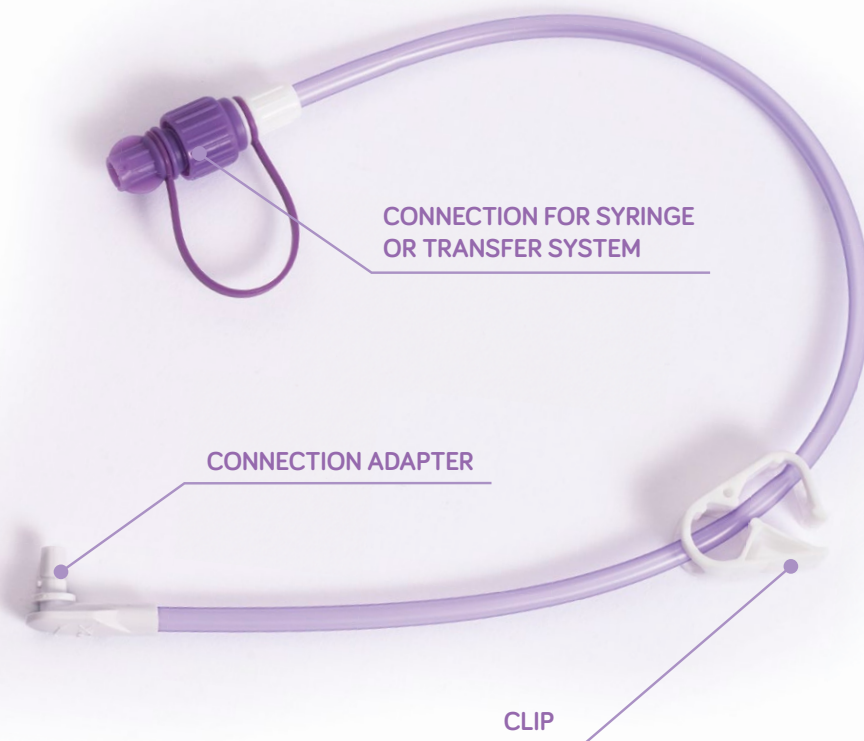
PROBE CONNECTION

There is an anti-reflux valve in the **probe connection**. This prevents stomach contents from escaping from the probe when the cap is opened. Connecting the safety connector to the probe opens the anti-reflux valve so that tube feedings, fluids or medications can be administered. Tube feeding, liquid or medication must never be applied directly into the tube connector without the safety connector.

THE FLOCARE® SAFETY CONNECTOR.

PRODUCT INFORMATION

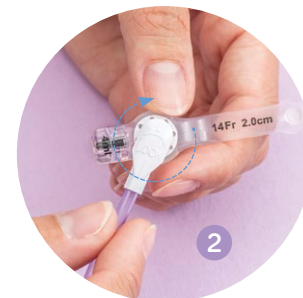
The **safety connector** is a connecting piece between a button and a syringe or a transfer system for the administration of tube feedings, fluids or medications.



FASTENING THE SAFETY CONNECTOR TO THE BUTTON

Wash your hands thoroughly with soap and dry them with a fresh towel or with paper towels or, if possible, perform hygienic hand disinfection.

- 1 To attach the safety connector to the button, the connection adapter of the safety connector must be inserted into the probe connection. Align the line on the button connection of the safety connector with the line on the probe connection on the button. If necessary, this must be pressed into the button with a little pressure.
- 2 Turn the safety connector clockwise by approx. 180° (Caution: Do not overtighten the safety connector) until a slight resistance is felt. The safety connector is now firmly attached to the button.
- 3 Now close the clip on the safety connector to prevent stomach contents from leaking out of the button if necessary.
- 4 Open the cap of the safety connector and screw the ENFit syringe or the transfer system connected to the tube feeding onto the safety connector. Now you can start administering tube feedings, fluids or medications



CARE.

DAILY CARE OF THE BUTTON

For a long life of the button, proper care is of utmost importance. You should therefore carry out the following care measures **DAILY**:

- 1 To prevent ingrowth of the exchange probe, we recommend that you ideally **rotate it by 180° once a day (A)**.
- 2 Check the **skin condition** around the gastric stoma (artificially created channel from the stomach through the abdominal wall to the body surface). This allows to detect inflammation, swelling or redness at an early stage. Always keep the skin in the immediate vicinity of the tube clean and dry and observe for leaking stomach contents after feeding.
- 3 **Clean the skin around the gastric stoma.** Rotate the exchange tube and clean it again. Clean with circular movements from the probe to the outside. Use cotton swabs or a soft cloth as well as mild soap and warm water (B, C). If the soap irritates the skin, use only water or a different soap. Remove soap residues thoroughly and dry the skin well.
- 4 A closed bandage is not recommended. The use of a slit compress for padding as a carpet pad between the button and the skin is sufficient. If you still want a bandage, the same procedure applies as for a PEG tube. Please also see our video: <https://www.nutricia.de/services/produktservices/videos/>
- 5 **Flush the probe:** To prevent clogging of the probe, the probe must be flushed with 20 – 50 ml of body-warm liquid before and after each administration of food and medication in adults; in children, this may vary depending on body weight and is at the discretion of the attending physician in this case (tap water that has been boiled and cooled to body temperature is particularly suitable for flushing, alternatively still mineral water, fresh tap water of drinking water quality). If the probe is not used for a longer period of time, you should still rinse it every 8 hours.



CARE OF THE SAFETY CONNECTOR

You should disconnect the **safety connector** from the button after each use, clean it with warm soapy water and rinse it thoroughly with clean water, otherwise food or medication residues may clog the hose.

Until the **next use**, the safety connector should be protected from contamination. According to our experience, you can use the safety connector for up to 7 days with optimal care and water only.

For hygienic reasons and to ensure the safety of your child, you should **switch out** the safety connector **after 3 days** if it is used for anything other than water administration (medication, tube feeds, tea, etc.).

WEEKLY MAINTENANCE OF THE BUTTON

Wash your hands thoroughly with soap and dry them with a fresh towel or with kitchen paper or perform hygienic hand disinfection if possible.

- 1 The **balloon volume** of the button should be **unblocked 1x a week** to see if the balloon is damaged.
- 2 To do this, **first empty the balloon completely** with a syringe, **then refill it**.

If the amount is less than the recommended quantity, refill the balloon with the previously aspirated water. Then draw up and inject the required residual amount to fill the balloon volume to the required amount of water.

Recommended filling quantity:

CH 12: 3 ml | CH 14: 4 ml | CH 16/18: 5 ml | CH 20/24: 8 ml



NOTICE

Never fill the balloon with air or other substances! Air quickly escapes from the balloon and the balloon then can change its position. Never overfill the balloon with water! It can otherwise burst.



BOLUS APPLICATION. NUTRITION IN PORTIONS.

In bolus application, several portions of tube feeds, known as boluses, are administered via the feeding tube using a syringe.

HAVE THE FOLLOWING MATERIALS READY:



• Tube feed



• Bolus adapter

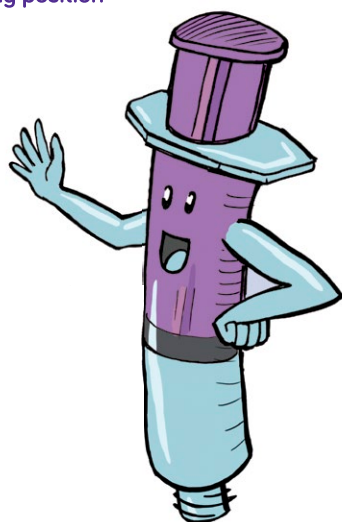


• EnFit syringe
100 ml



• Irrigation fluid

During feeding and at least 30 min after finishing feeding, the **upper body should be elevated (30°)** or the **sitting position** should be adopted.



THIS IS HOW YOU PERFORM THE BOLUS DISPENSING.

- 1 Wash your hands thoroughly with soap and dry them with a fresh towel or with kitchen paper or, if possible, perform **hygienic hand disinfection**.
- 2 **Close the clamp** on the safety connector and **open the sealing cap**.
- 3 Draw up 20 – 40 ml of **rinsing liquid**. Now **screw the ENFit syringe** to the **safety connector**.
- 4 Then **open the clamp** on the safety connector and slowly **administer** the liquid. Finally, you should **close the clamp** again and **remove the ENFit syringe**.
- 5 Carefully shake or **swivel** the tube feed. Be sure to **avoid the formation of bubbles**.
- 6 **Open** the cap of the tube feed and **screw** the bolus adapter **to the tube feed**. To do this, simply connect the plus-shaped connection on the transfer device to the plus-shaped connection on the tube feed and **pierce the foil inside**.
- 7 Next, draw up the **tube feed** using the **ENFit syringe**.
- 8 Now **screw the ENFit syringe** to the **connector of the safety connector**.
- 9 **Open the clamp and administer** the food slowly by pressing lightly on the plunger of the ENFit syringe.
- 10 Then close the **clamp and remove the ENFit syringe**. **Repeat** the process until the desired amount of food has been administered.
- 11 **Rinse with 20 – 50 ml of liquid** at the end.
Note: For children, the amount of flushing liquid may vary and is at the discretion of the treating physician.



PUMP APPLICATION. NUTRITION VIA THE PUMP.

HAVE THE FOLLOWING MATERIALS READY:



Flocare® Infinity feeding pump



Flushing liquid



Infusion or table stand



Adapter Z-stand



Tube feeding



Transfer device



EnFit syringe
20 ml or 60 ml

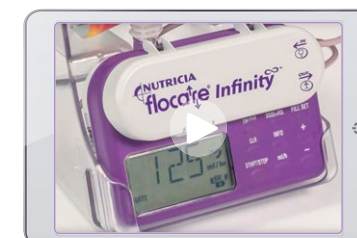


TO CONNECT THE FEED TO THE PUMP.

- 1 Wash your hands thoroughly with soap and dry them or perform hygienic hand disinfection if possible.
- 2 Rinse the probe with 20 – 50 ml of water. **Note:** For children, the amount of flushing may vary and is at the discretion of the attending physician.
- 3 Carefully shake or swirl the tube feed. Be sure to avoid the formation of bubbles.
- 4 Open the cap of the tube feed.
- 5 Remove the transfer device from the package and screw it firmly onto the tube feed. To do this, simply connect the plus-shaped connection on the transfer device to the plus-shaped connection on the tube feed and pierce the inner foil.
- 6 Unfold the suspension device and then hook the tube feed on the table/infusion stand. When using the Z-stand for the first time, please attach adapters for the tube feeding to the Z-stand.
- 7 Insert the loop of the transfer device into the pump.
- 8 Now set the Flocare® Infinity feeding pump as instructed.
- 9 Remove the cap from the lower end of the transfer device and connect the transfer device to the safety connector (screw connection).
- 10 Now open the clamp on the safety connector in case it is closed. Now start the feeding process.
- 11 After feeding, rinse the gastric tube with 20 – 50 ml of liquid. **Note:** For children, the amount of flushing liquid may vary and is at the discretion of the attending physician.

TIP

On www.nutricia.de/services/produktservices/videos we show you step by step how to program the pump, insert the system and start the pump.



THE BUTTON CHANGE.

IS ALSO POSSIBLE AT HOME

The **average lifespan** of a button depends on a number of factors, such as the administration of medication or the care of the button and can therefore not be accurately predicted.

To maintain optimal results, necessary hygiene and a healthy gastric stoma, we recommend that you **switch out the probe at least every 3 months**. You can also change your child's feeding tube yourself at home after receiving appropriate instructions from your doctor.

NOTE

The stoma length should be checked regularly to prevent leaks, skin irritation or pressure points. Especially in case of weight gain or loss, an adjustment of the bar length may be necessary and particularly important.



A FEW SIMPLE QUESTIONS WILL GIVE YOU CLUES AS TO WHEN STOMA LENGTH SHOULD BE CHECKED.

CHECKING THE STOMA LENGTH

If you can answer YES to any of the following questions, consult your treating physician and ask for verification of the stoma length.

Significant weight gain or loss? YES NO

The probe pinches or fits tightly. YES NO

The tube feels loose and/or the gastric stoma is leaking. YES NO

The gastric stoma feels uncomfortable and/or is irritated. YES NO

The tube cannot be turned regularly (is stuck or has sunk in). YES NO



REPLACEMENT OF THE BUTTON.

HAVE THE FOLLOWING MATERIALS READY:



● Luer syringe 10 ml



● Matching replacement button



● Sterile or distilled water
to block the balloon

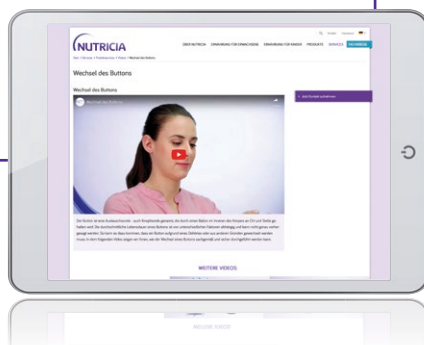


● Hand disinfectant

TIP

See also our video:

<https://www.nutricia.de/services/produktservices/videos/>



HOW TO CHANGE THE BUTTON.

- 1 **Wash your hands thoroughly** with soap and dry them or perform hygienic hand disinfection if possible.
- 2 **Fill the new button** with the Luer syringe with the recommended amount of distilled or sterile water. The balloon of most CH sizes is filled with 5 ml of sterile water (exception: CH 12 with 3 ml). If you are unsure about the quantity of liquid to block the balloon with, consult your attending physician or refer to the button's operating instructions for information.
- 3 **The balloon should be symmetrical.** Check the balloon for leaks and then remove the water from the balloon again.
- 4 **Connect the Luer syringe** to the balloon valve of the button located in the patient's stomach and remove the water.
- 5 **Slowly remove the button from the child's stomach.**
- 6 **For the placement of the new button, it is recommended** to lubricate the tip of the button with water-soluble lubricant and, if necessary, to insert the guide rod into the button so that insertion into the gastric stoma is facilitated. Do not use oil or Vaseline for this purpose.
- 7 **Now slowly place the new button inside the stoma** until it lies flat on the skin/abdominal wall.
- 8 **Hold the button firmly** and fill the balloon with the specified amount of distilled or sterile water.
- 9 **Place the balloon against the stomach wall** by gently pulling the button up as far as it will go.
- 10 **Wipe fluid and lubricant residues** from the probe and skin surrounding the gastric stoma.

NOTICE

Since the balloon of the replacement probe may burst unexpectedly, it is recommended to always have a spare probe at home in case of emergency. If the exchange tube slips out of the abdominal wall, reinsert it into the existing gastric stoma if possible. Otherwise, there is a risk that the opening in the abdominal wall will close and the tube can no longer be placed.

FREQUENTLY ASKED QUESTIONS

NUTRITION VIA BUTTON



?! Can I shower, bathe or swim with a button?

Yes, showering, bathing and swimming is possible with a button without any problems after the gastric stoma has healed. The skin around the button should be dried well afterwards.

?! Can I give homemade food or pureed food through the button?

In addition to the use of easily usable, balanced ready-made tube feeds, tube feeds can theoretically also be prepared by yourself. However, this homemade tube feed is not recommended from a nutritional point of view and is associated with risks in its practical use.

An adequate tube feed must be absolutely particle-free and have good flow properties (not too thick) to avoid tube blockage. It is particularly important for sick people that the food is hygienically impeccable so that gastrointestinal infections are prevented. In addition, an adequate supply of all essential nutrients should be ensured without restriction via the tube feed. Particularly in growing children, it can have a negative effect if an adequate supply of energy and nutrients is not guaranteed. Industrially manufactured tube feeds were developed specifically for this purpose and also offer easy practical handling.

?! The balloon of the button cannot be deflated. What can I do?

If you cannot draw water out of the balloon with the syringe, first check that the depression of the balloon valve is clean. Occasionally, leaked probe food or other substances settle here.

Make sure that the valve is not clogged with food residues. Clean the depression and then insert the Luer syringe under slight pressure with a quarter turn. Try to retract the plunger again. If the balloon still does not deflate, press the valve in with the end of a paper clip so that the water can flow out. Make sure you have a spare tube handy at home that you can insert into the gastrostomy tube for the defective button.

?! The gastric stoma looks conspicuous and appears inflamed. What can I do?

If the following problems occur, please contact your attending physician immediately:

- The gastric stoma is bleeding or ulcerating.
- Blood has mixed in with the stomach contents.
- The gastric stoma is sore or persistently reddened and the reddened area is more than 2.5 cm in diameter.
- The gastric stoma has an unpleasant odor.
- The skin around the gastric stoma is swollen.
- The patient has a fever.
- The patient has persisting pain associated with the button.

Remember that the button must be mobilized daily (rotated 180°) to provide the necessary air circulation. Reddened or sore skin around the gastric stoma may indicate inappropriate tube size or leaking gastric contents (e.g. after weight gain or loss). Clean the area as needed and keep it dry.

?! The balloon of the button bursts very often. What can be the reason?

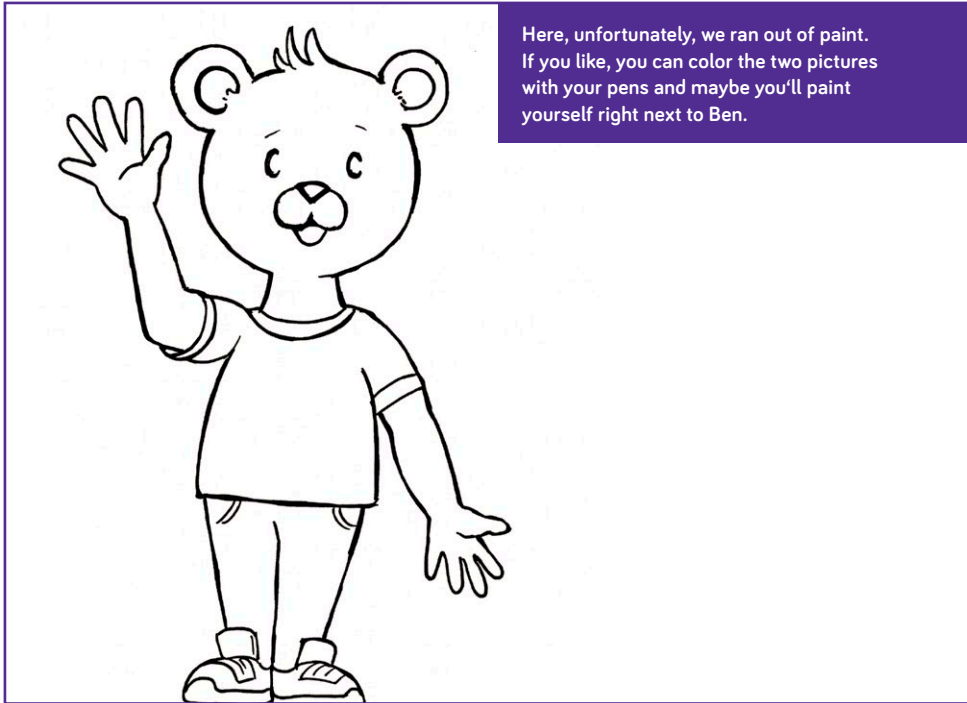
There are many factors that can influence the durability of the balloon:

- pH value of the stomach and its fluctuations as well as certain individual enzyme activities
- Mobility of the patient
- Unsuitable fluid for blocking the balloon
- Exceeding the recommended blocking volume (overfilling the balloon)
- Blocking the balloon with air
- Application of certain medications or the use of care products in the area of the probe (e.g., antiepileptic drugs containing valproic acid or sodium valproate such as in Depakine or Convulex in combination with other medications).

The recommendation in this context is to avoid drug combinations and to strictly separate the administration of individual drugs to prevent interactions.



NOTES



Here, unfortunately, we ran out of paint. If you like, you can color the two pictures with your pens and maybe you'll paint yourself right next to Ben.



Ben the bear with his button. Learn the story of Ben. Ideal for joining in, coloring and reading aloud.

Order explainer book or watch the short story online at:
<https://www.nutricia.de/produkte/kinder/applikationstechnik/erklaerbuecher/>



Here is space for your patient pass.

NUTRICIA
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