1. Assemble a gastrostomy feeding tube, or use a Pezzar mushroom catheter with a one inch tube anchor. Attach the gastrostomy tube to a 30°-60° length of suture with a cut off, tapered tom cat catheter, as described in the Assembly of a PGF Tube instructions.

2. Extrude the needle from the tip of the ELD Gastrostomy Tube Applicator and place the distal end of the suture through the hole in the needle. Allow six inches of suture to extend through the needle. This can be done prior to anesthetizing the patient.

3. Anesthetize and place the patient in the right lateral recumbency. Shave and prepare the left abdominal wall for surgery.

4. Measure the distance from the nose to the last rib and note that length on the ELD Gastrostomy Tube Applicator.

5. Pass the lubricated tip of the ELD Gastrostomy Tube Applicator, with the suture attached, through the esophagus and into the stomach.
6 Position the curved end of the applicator so that it can be palpated inside the stomach against the left abdominal wall.

7 While pressing the index and middle fingers of the right hand on opposite sides of the palpated tip, push the plunger with the left thumb, exiting the needle, with suture, from inside the stomach through the abdominal wall. **Extreme care needs to be taken to assure the needle is not pushed into your finger!**

8 Grasp the suture with thumb forceps and pull it free from the needle. Remove the ELD Gastrostomy Tube Applicator.

9 Pull the lubricated gastrostomy tube with the tapered Tom Cat catheter through the mouth, Esophagus, stomach and through the abdominal wall.

10 Enlarge the skin incision with a #10 Bard-Parker blade to accommodate the tube. Pull the tube out until the anchor inside the stomach brings the stomach wall against the abdominal wall.
Cut the tube off at the desired length and place the second anchor over the end of the gastrostomy tube and slide it down to the abdominal wall.

Fix the anchor at the abdominal wall with an orthodontic rubberband. Do not over-tighten. Do not suture or bandage the PGF tube to the skin!

After 10 days, the PGF tube may be removed by placing the thumb and index finger on opposite sides of the tube and pulling it out. The internal anchor and rubberband will fall into the stomach and pass through the digestive tract. In 2-3 days the abdominal lesion will granulate and heal over.

COMMENTS:

Gastrostomy tubes are not recommended in vomiting patients.
Place an E collar or bandage over the tube to prevent the patient from removing the tube.

If the tube is accidentally removed before 10 days, replace it with another tube using the Eld Gastrostomy Tube Applicator and the same procedure. The new tube can be placed in or near the existing gastrostomy tube incision. This will provide a seal for the gastrostomy incision and prevent peritonitis.

Prophylactic antibiotics are recommended for 10 days after the placement of a PGF tube.

PGF tubes should be left in place at least 10 days but can be left in as long as necessary.

To assure continued smooth action of this instrument, dismantle and clean after each use.

Unscrew the trocar tip and remove the plunger from the tube.
Wash, dry, and lubricate the plunger with mineral oil before reassembly.
Eld Gastrostomy Tube Applicator Placing an Esophagostomy Tube

1. Demonstrating the use of the Eld Gastrostomy Tube Applicator to place an esophagostomy tube.

2. Placing the Eld Gastrostomy Tube Applicator into the esophagus.

3. Palpating the tip of the Eld Gastrostomy Tube Applicator in the mid esophagus.

4. The needle exiting the skin from inside the esophagus.

5. Placing the suture through the orifice in the needle.

6. Bringing the suture out of the mouth.

7. Pulling the tom cat catheter and esophagostomy tube into the incision.

8. Enlarging the skin incision with a scalpel blade.

9. Pulling the esophagostomy tube into the esophagus and out of the mouth.

10. Measuring the distance from the incision to the ninth rib.
Measuring the same distance from the incision to the tube exiting the mouth and cutting the tube.

Placing a wire into the esophagostomy tube to make it rigid.

Wire positioned into tube with the end just inside the tube.

Retracting the esophagostomy tube from the mouth.

Turning the tube from a retrograde to a normograde position inside the esophagus.

Demonstrating the normograde position.

Esophagostomy tube in place with stabilizing wire removed.

Esophagostomy tube sutured into place and capped.

Esophagostomy tube in place.
CLINICAL ASSEMBLY OF A PERCUTANEOUS GASTROSTOMY FEEDING TUBE

A PGF tube can be easily assembled in the clinic with the use of a 14 french, or larger, rubber or vinyl feeding tube and two orthodontic rubberbands. A 14 french tube is used in cats and small dogs and an 18 french in medium to large dogs.

1. Cut off and discard the flanged tip.

2. Cut two one-inch long pieces from the end of the feeding tube. These will be used as anchors.

3. With a #11 Bard-Parker blade, pierce a slit in the center of each anchor. The slit is made parallel to the anchor. (Refer to Photo A)

4. Push a mosquito hemostat through the slit and grasp the cut end of the feeding tube through the slit. Allow one inch of the feeding tube to extend through the anchor. (Refer to Photo B)

5. Wrap an orthodontic rubberband around the feeding tube 3-4 times to form a collar to stabilize the anchor on the feeding tube. Do not over-tighten the rubberband because it may occlude the lumen of the feeding tube. (Refer to Photo C)

6. Attach a 30" - 60" length of suture to the round end of the feeding tube. Thread the suture through a cut off tapered Tom Cat or other tapered catheter, with the large end placed over the end of the feeding tube. (Refer to photo D)