

# Esophageal Feeding Tube Passer

## Instructions For Use

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The Esophageal Feeding Tube (E-Tube) Passer is designed to facilitate placement of E-tubes and reduce the risk of bleeding and subsequent skin infections. The Tube Passer is available in 3 different sizes and compatible with all E-tubes as well as Esophageal Balloon Dilation Feeding Tubes (B-tubes) that are used for management of esophageal strictures.

18Fr Tube Passer: Use with 14Fr E-tubes and 10Fr B-tubes - MILA Item #BE18MI

22Fr Tube Passer: Use with 18Fr E-tubes and 14Fr B-tubes - MILA Item #BE22MI

26Fr Tube Passer: Use with..... 18Fr B-tubes - MILA Item #BE26MI

### COMPONENTS:

The Tube Passer device has two major components.

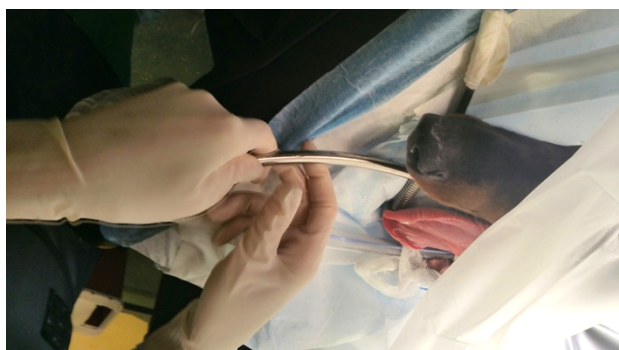
- 1) An **inner rigid stainless-steel stylet** with curved ball tip. This component can be used alone with the E-tube attached on the barbed end and pulled into place through the mouth. Preferably, this stylet is passed through the second component outer sheath.
- 2) The **outer stainless-steel sheath** is designed to snugly fit the inner stylet and provide protection during feeding tube placement by limiting the dragging of oral bacteria through the subcutaneous tract.



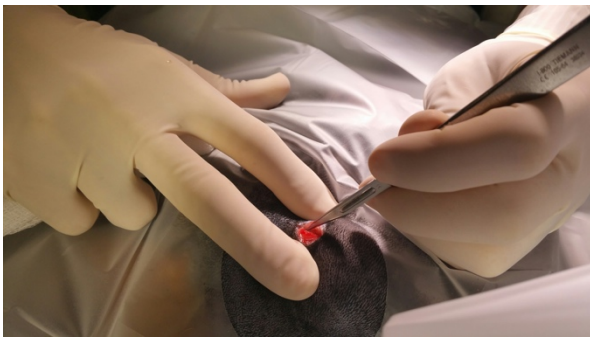
### PLACEMENT TECHNIQUE



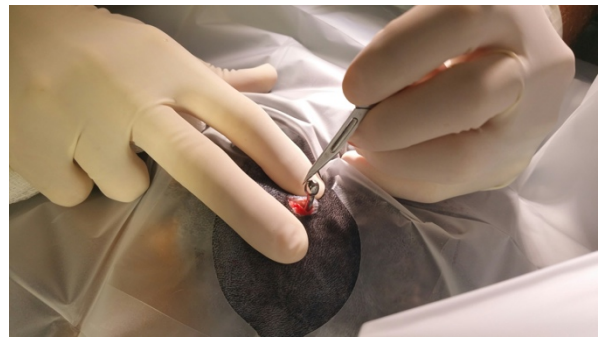
1) The anesthetized patient is placed in right lateral recumbency and the left cervical region is clipped, prepped, and draped. Placement is directed between the angle of the mandible and thoracic inlet, avoiding the jugular vein.



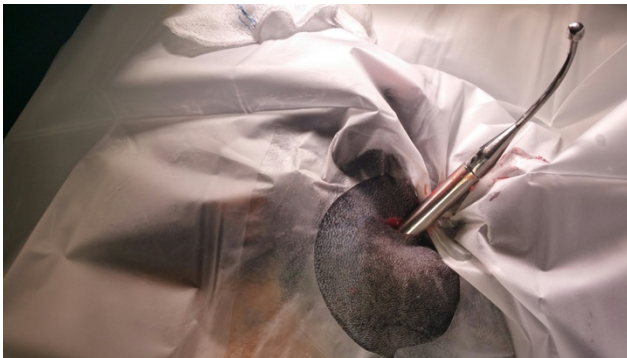
2) The appropriate Tube Passer size is assembled, passed through the mouth, and the ball tip is directed into the esophagus. The device is raised to tent the area of expected tube placement.



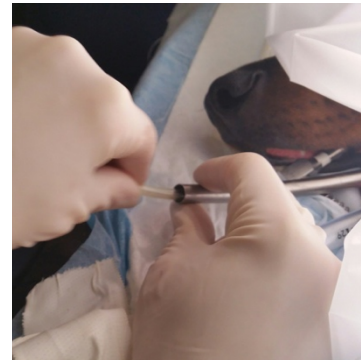
3) A scalpel is used to cut directly over the tented area of skin, cutting down to the stainless-steel ball. The skin incision should be short to allow the tube passer to dilate the tract.



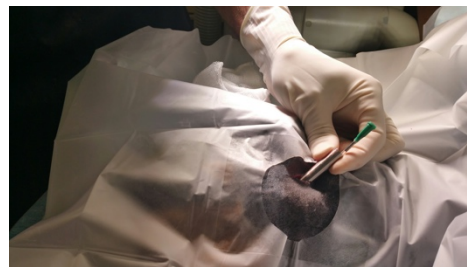
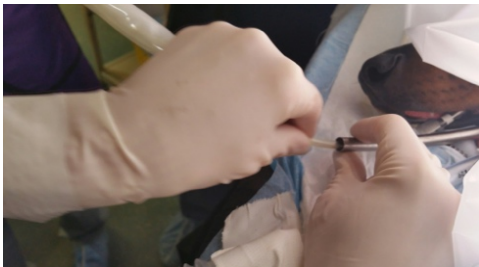
4) Once the tube passer is identified and all the overlying tissue has been transected, the entire device is advanced through the mouth until the sheath component is identified coming through the incision.



5) Once the entire device is advanced through the incision, the inner stylet is grasped with a sterile gauze sponge and removed from the outer sheath. The E-tube is then advanced down the sheath.



6) The E-tube is captured, and the outer sheath is withdrawn through the mouth to limit the exposure of the subcutaneous tissues to oral bacteria. The E-tube is then advanced down the esophagus.



7) **For B-tube placement** - the balloon is too large to pass through the outer sheath. Therefore, the proximal (hub ends) are passed side-by-side through the sheath from the mouth outwards in order to exit on the incision side, as seen above. The sheath is then removed out the incision side.



8) Whether an E-tube or B-tube is placed, suture is used to gently secure the tubes in place with a finger-trap technique.