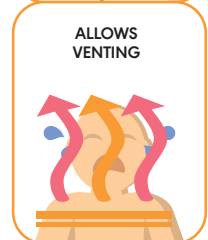
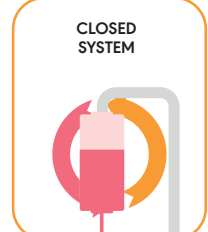
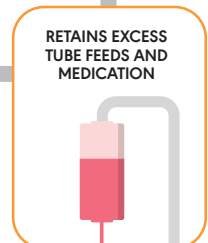
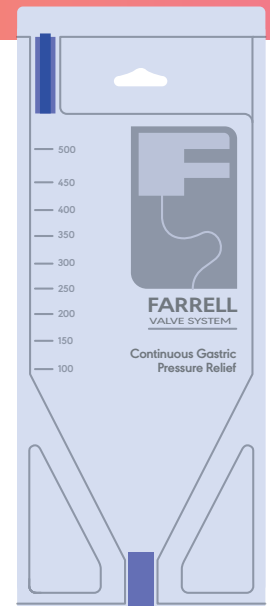
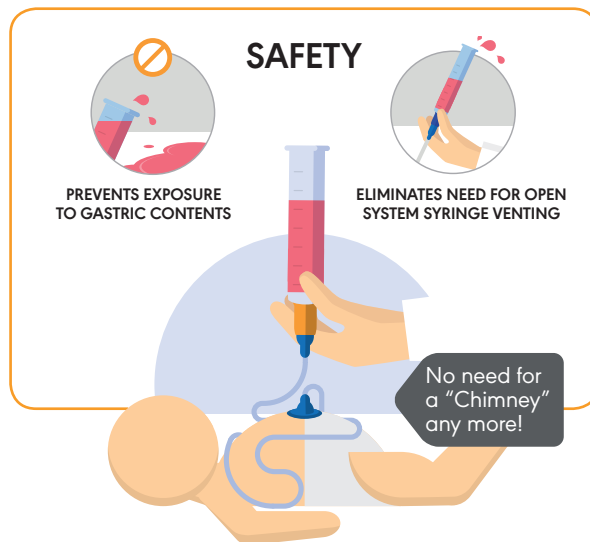


# AVANOS

## The FARRELL\* Decompression System

# ARE YOU SENDING YOUR PATIENTS HOME WITH CONFIDENCE?

The FARRELL\* Decompression System is the **ONLY** closed system designed to continuously relieve gastric pressure and collect enteral feeding and gastrointestinal contents from patients utilizing an enteral feeding tube.



The FARRELL\* Decompression System can prevent spills that could cause the skin to be irritated from exposure to gastric fluids, and the loss of gastric contents, electrolytes and medications.

*Karen Bonner, RN*

Intolerance to gastric feeding has been reported in up to

**60%**

of patients in the ICU.<sup>11</sup>

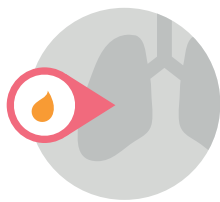


More than

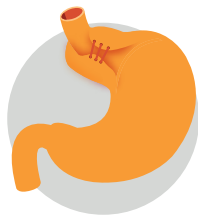
**25%**

of patients continue to lose weight after starting enteral nutrition due to gastrointestinal side effects, such as fullness, bloating, diarrhea, and constipation.<sup>8,12</sup>

## BENEFITS OF REDUCED GASTRIC PRESSURE



REDUCES RISK OF PULMONARY ASPIRATION<sup>1,7</sup>



RELIEVES PRESSURE ON RECENT GASTRIC SURGERIES E.G. FUNDOPLICATION<sup>2,3</sup>



FACILITATES ENTERAL FEEDING TOLERANCE AND HELPS PATIENTS REACH CALORIC GOALS<sup>1,10</sup>



IMPROVES PATIENT COMFORT AND REDUCES PAIN<sup>5,6</sup>

## MEDICAL CONDITIONS AND THERAPIES THAT MAY BENEFIT FROM THE FARRELL\* DECOMPRESSION SYSTEM



GASTROESOPHAGEAL REFLUX (GER)<sup>2,3,4</sup>



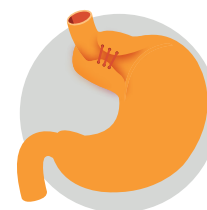
CPAP, VENTILATOR OR HIGH FLOW O<sub>2</sub> THERAPY<sup>9,10</sup>



DELAYED GASTRIC EMPTYING (DGE)<sup>12,3</sup>



NEUROLOGICALLY IMPAIRED PATIENTS<sup>2,3</sup>



POST-OP FUNDOPLICATION<sup>2,3,4</sup>

NAME	PRODUCT	CODE	PACKAGING
FARRELL*	Decompression system	44-4100	30 pieces/carton



References: 1. Kazi N et al. Enteral feeding associated gastroesophageal reflux and aspiration pneumonia: a review. *Nutrition Review*. 1996;54(10):324-328. 2. Dunn et al. Long-term quantitative results following fundoplication and antroplasty for gastroesophageal reflux and delayed gastric emptying in children. *Am J Surg*.1998;175:27-29. 3. Fonkalsrud E et al. Surgical treatment of gastroesophageal reflux in children: acombined hospital study of 7467 patients. *Pediatrics*. 1998;101(3):419-422. 4. Orr WC. CPAP and Things that Go "Burp" in the Night. *J Clin Sleep Med*. 2008; 4(5): 439-440. 5. Solet G et al. Responses to gastric distension in functional dyspepsia. *Gut*. 1998; 42(6):823-829). 6. Ladabaum U et al. Gastric distension correlates with activation of multiple cortical and subcortical regions. *Gastroenterology*.Feb 2001; 2:369-376. 7. Reese Parish C. Enter al Feeding: The Art and the Science. *Nutrition in Clinical Practice*. 2003;18:76-85. 8. Zhang M, Hubbard J, Rudnicki SA, et al. Survey of current enteral nutrition practices in treatment of amyotrophic lateral sclerosis. *Espen J* 2013;8:e25-e28. 9. Parker CM et al. Aspiration and the risk of ventilator-associated pneumonia. *Nutrition in Clinical Practice*. 2004; 19:597-608. 10. Singer P et al. To eat or to breathe? The answer is both! Nutritional management during noninvasive ventilation. *Critical Care*. 2018;22:27. 11. Ukleja A. Altered GI motility in critically ill patients:Current understanding of pathophysiology, clinical impact, and diagnostic approach. *Nutrition in Clinical Practice*. Feb. 2010; 25(1):16-25. 12. Bastow, M.D. Complications of enteral nutrition. *Gut*. 1986; 27(S1): 51-55.

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fax 028 9070 5623 or send an email to Hospital@sangersaah.co.uk

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