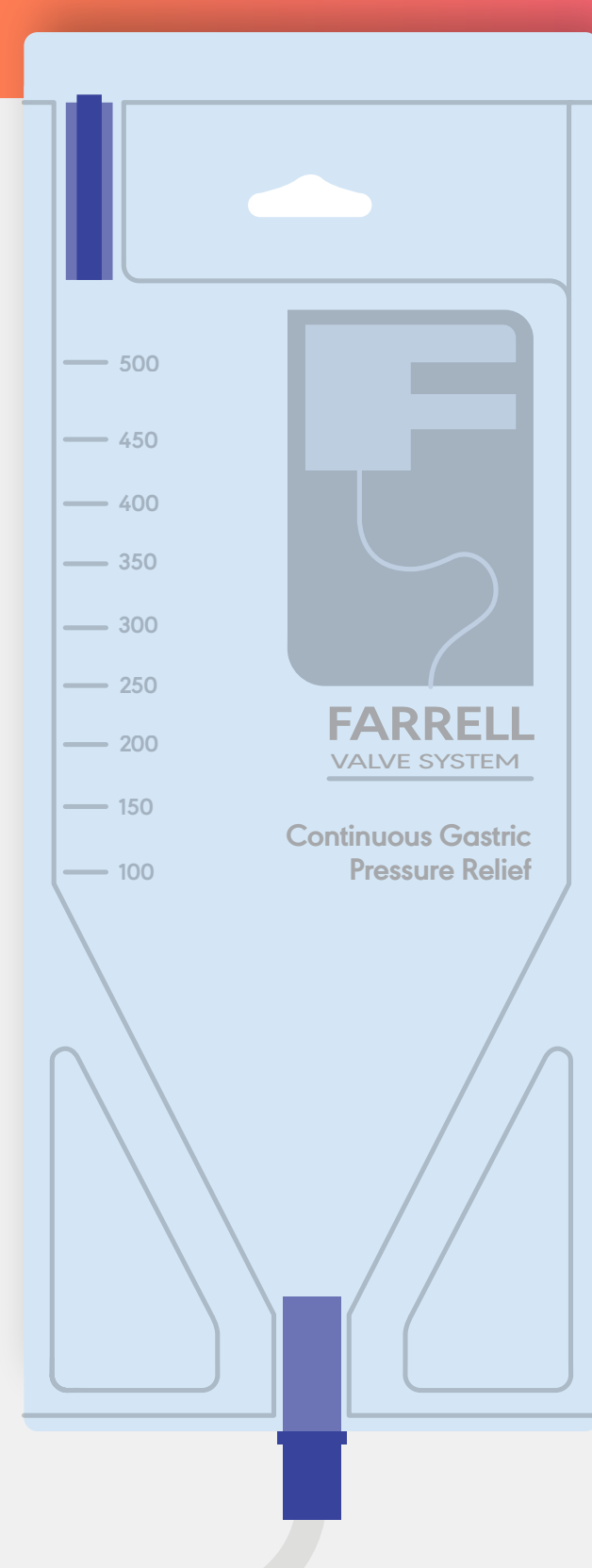
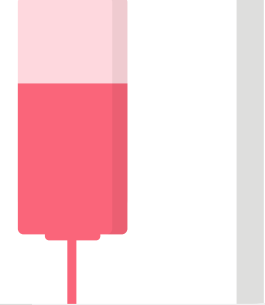


# ARE YOU SENDING YOUR PATIENTS HOME WITH CONFIDENCE?

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



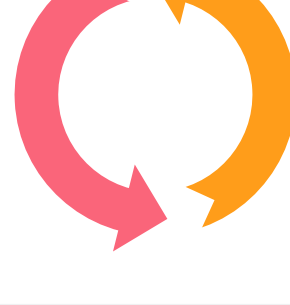
RETAINS EXCESS MEDICATION AND ENTERAL FORMULA



REDUCE GASTRIC PRESSURE



CLOSED SYSTEM



ALLOWS VENTING



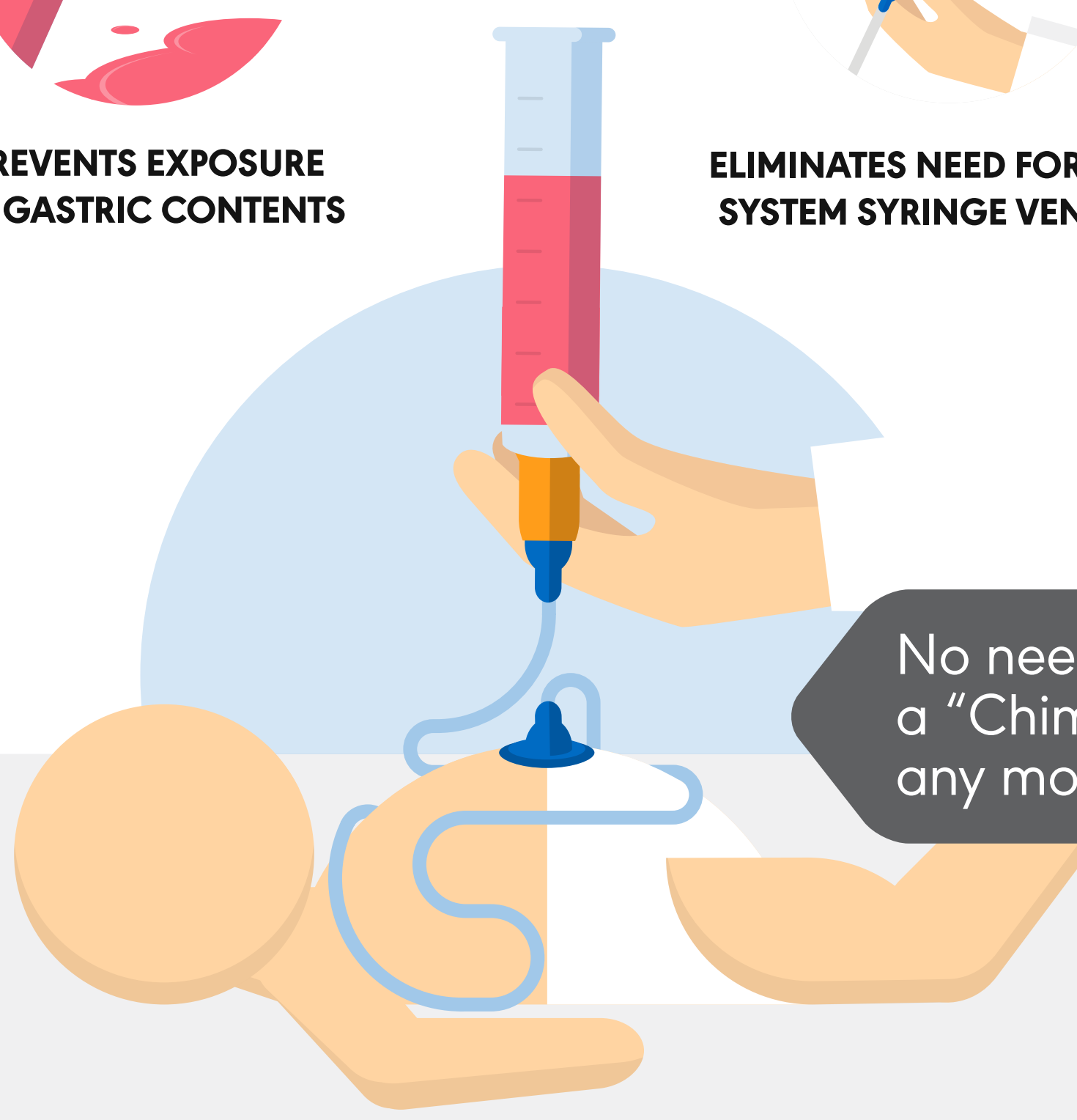
## SAFETY



PREVENTS EXPOSURE TO GASTRIC CONTENTS



ELIMINATES NEED FOR OPEN SYSTEM SYRINGE VENTING



No need for a "Chimney" any more!

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

Karen Bonner, RN

Intolerance to gastric feeding has been reported in up to

60%

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

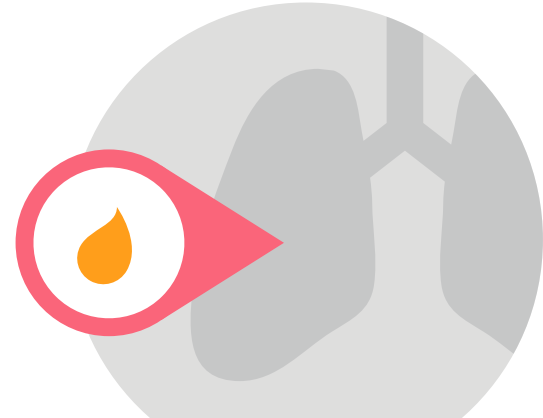


More than

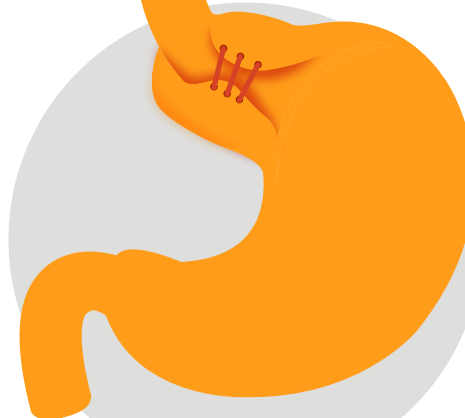
25%

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\* VALVE SYSTEM



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



CPAP, VENTILATOR OR HIGH FLOW O<sub>2</sub> THERAPY<sup>4,9,10</sup>



DELAYED GASTRIC EMPTYING (DGE)<sup>1,2,3</sup>



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



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

NOURISH FROM HOSPITAL TO HOME



NON-ENFit Product Code - 20-4100 :: ENFit Product Code - 43-4100

[CLICK HERE >](#)

to watch a video to learn more about FARRELL\* Valve

1. Katz 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 antireflux for gastroesophageal reflux and delayed gastric emptying in children. *Am J Surg*. 1998;175:27-29.  
3. Forslund E et al. Surgical treatment of gastroesophageal reflux in children: combined hospital study of 765 patients. *Pediatrics*. 1998;101(3):419-422.  
4. Orr WC. CPAP and Things that Go "Bump" in the Night. *J Clin Sleep Med*. 2008;4(5):439-440.  
5. Soler G et al. Responses to gastric distension in functional dyspepsia. *Gut*. 1998;42(6):823-829.  
6. Lodderbaum U et al. Gastric distension correlates with activation of multiple cortical and subcortical regions. *Gastroenterology*. 2001;234:369-376.  
7. Reeve Parish C. *Enter of 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 anorectic lateral sclerosis. *Eigen J*. 2013;8:e25-e28.  
9. Parker CH et al. Aspiration and the risk of ventilator-associated pneumonia. *Nutrition in Clinical Practice*. 2006;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): S1-S5.