



Tiger 2™

SELF-ADVANCING NASAL JEJUNAL FEEDING TUBE

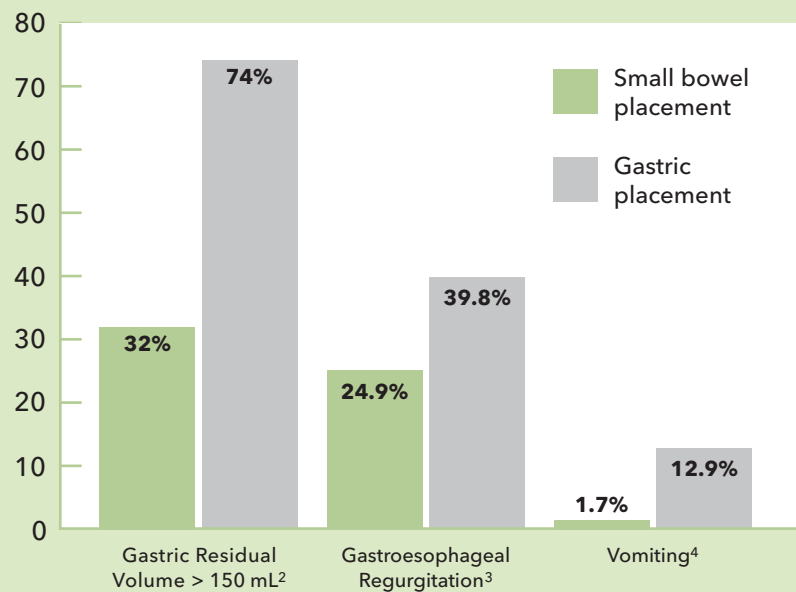


Advance to the next
level of enteral feeding.

Small Bowel vs. Gastric Feeding

Numerous randomized studies indicate that early enteral nutritional support is vital to improving clinical outcomes for patients in the ICU.¹ Although several methods exist for facilitating enteral nutrition delivery, small bowel feeding results in fewer gastrointestinal complications and ensures more efficient achievement of patients' caloric requirements.

Lower Complication Rates



"Furthermore, enteral nutrition delivered via a NJ tube is associated with a significant reduction in GRV and a trend toward improved tolerance of enteral nutrition."²

Improved Nutrition Administration⁴

	Small Bowel	Gastric	P value
Mean daily calorie intake	1658 kcal/day	1426 kcal/day	.02
Mean daily protein intake	67.9 g/day	58.8 g/day	.03
Mean % of daily goal calorie fed	95%	83%	.003
Time to goal rate	32.4 hours	54.5 hours	.004

"...several studies found that patients fed into the small bowel received more protein and energy, and time to reach target amount was shorter, compared with patients fed into the stomach."⁵

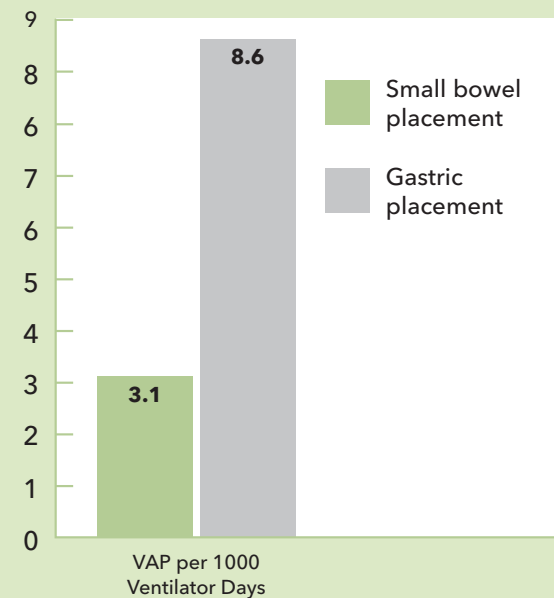
Reduced Risk of Pneumonia

As the most frequent cause of infection in the ICU, pneumonia significantly prolongs affected patients' hospital stays and increases the risk of death. Small bowel feeding reduces the likelihood of complications, like high GRV and regurgitation, that can lead to aspiration—one of the primary causes of ventilator-associated pneumonia (VAP) in the critically ill. Feeding beyond the pylorus is proven to be associated with a trend toward less aspiration.³

Risk Factors for Ventilator-Associated Pneumonia

- Aspiration
- Duration of mechanical ventilation
- Underlying lung disease
- Coma
- Age
- Head trauma
- Tracheostomy
- Certain medications (sedatives, antacids, etc.)

Threefold Reduction in Ventilator-Associated Pneumonia⁴



"There were 7 randomized trials that evaluated the effect of feeding on VAP rates.... When these results were aggregated, there was a significant reduction in VAP associated with small bowel feedings."⁵

Cost Effectiveness

Although small bowel feeding is strongly associated with improved patient outcomes, it may have been underutilized due to traditional placement methods such as fluoroscopy, endoscopy and surgery, that are both costly and time-consuming. A far better solution is blind bedside placement which is not only safer and less invasive than other methods, but is also the most cost-effective.¹ The Tiger 2 facilitates **self-advancing enteral feeding (SAEF)**, a significant improvement in blind placement technique.

Potential Cost Savings

Estimated Cost of KUB	Potential Savings with SAEF	Estimated Cost of Upper GI with KUB	Potential Savings with SAEF	Estimated Cost of Fluoroscopy	Potential Savings with SAEF*
\$125	\$0	\$125	\$0	\$400	\$0
\$150	\$50	\$150	\$50	\$450	\$50
\$200	\$150	\$200	\$150	\$500	\$100
\$250	\$250	\$250	\$250	\$550	\$150
\$300	\$350	\$300	\$350	\$600	\$200

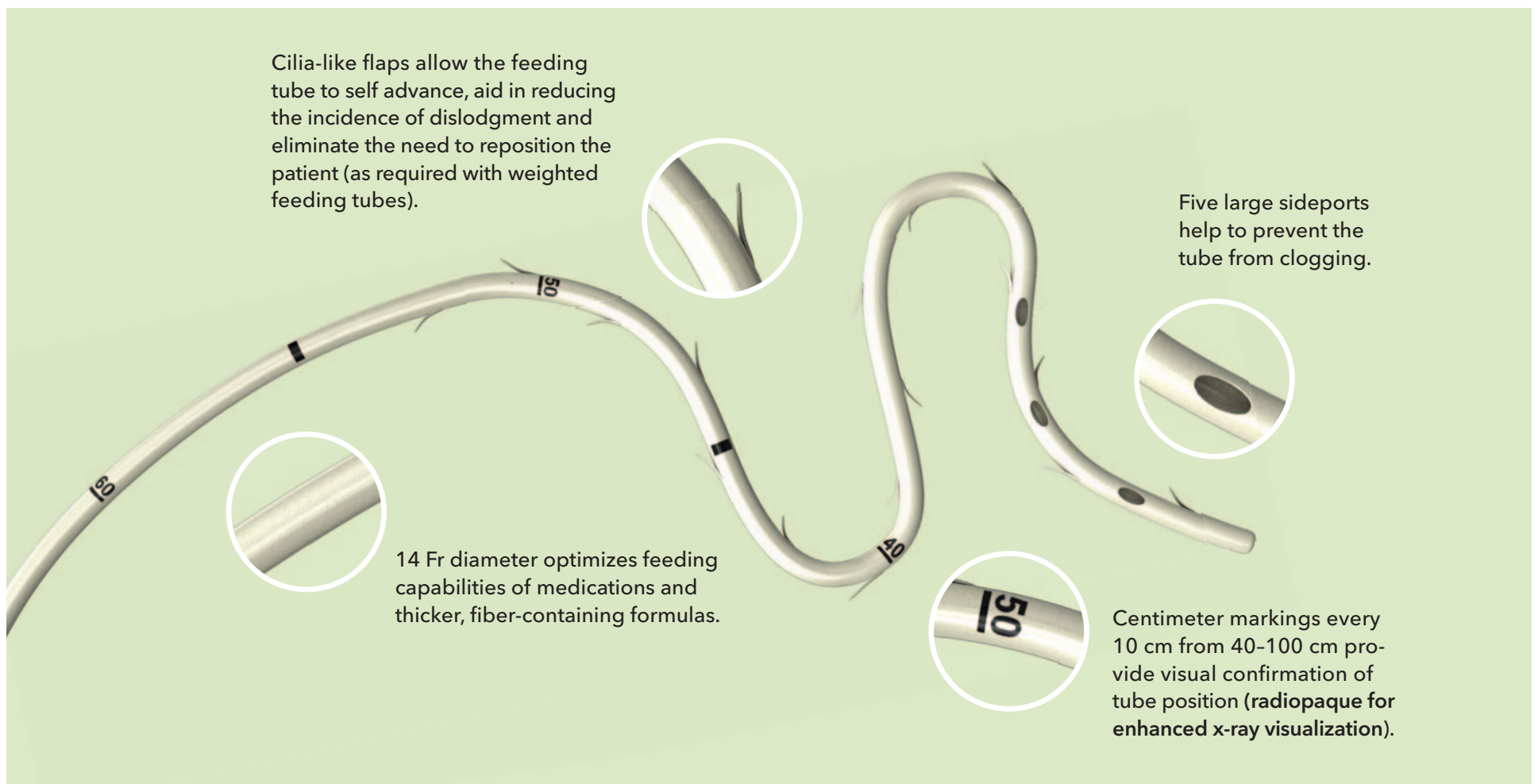
Cost calculations based on the following assumptions:

- 3 films required for standard small bowel tube placement; 1 film required for SAEF (Tiger 2)⁶
- Standard small bowel tube list price=\$10; Tiger 2=\$260

* Fluoroscopy not required with SAEF (potential savings calculation assumes 1 KUB with SAEF instead of fluoroscopy)

Tiger 2 Product Features

The Tiger 2 is an innovative, self-advancing feeding tube that allows peristalsis to pull it directly and safely into the small bowel, providing quick enteral access for delivery of nutrition and/or medication. It can be placed by nurses at the bedside, avoiding costly endoscopy and fluoroscopy procedures. In a recent clinical trial, the Tiger 2 was found to have a postpyloric placement success rate of 90%, and the average physician time required to place each tube was 60% less than with a leading competitor's feeding tube assisted by an external magnet.⁷



References

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