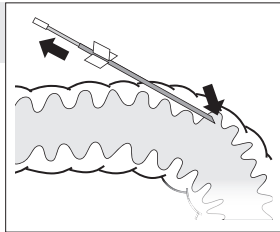
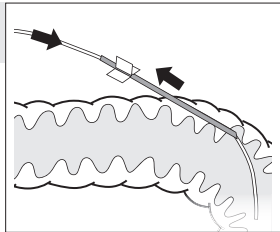
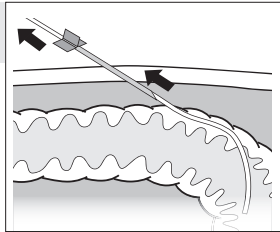
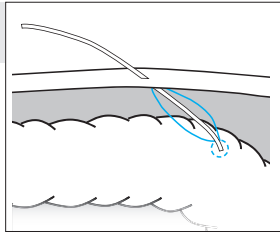


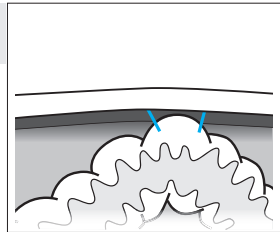
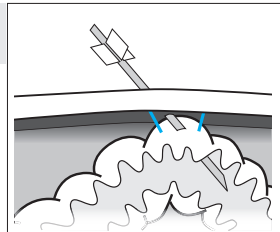
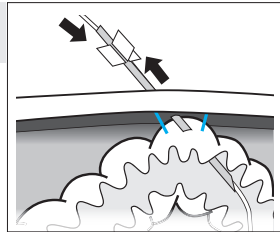
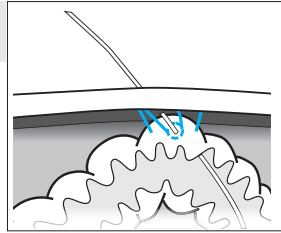
Flexible insertion techniques

Freka® FCJ Set, ENFit

Laparotomy (open method)

-  Remove mandrin and penetrate into intestinal lumen with cannula.
-  Push tube forwards through the cannula until the tube extends about 10 - 20 cm into the lumen. Then withdraw the cannula over the tube and remove it.
-  Guide the tube from the inside towards the outside through the cannula. Withdraw the cannula and remove it.
-  Using purse-string sutures, which are first knotted around the puncture point as invaginated sutures and then furnish a temporary fastening to the parietal peritoneum using the same needle, close the tube entry point in the intestinal wall and attach the intestinal loop to the parietal peritoneum.

Laparoscopy (minimally invasive)

-  Affix the intestinal loop to the abdominal wall on two sides.
-  Penetrate through the abdominal wall using the longer cannula.
-  Puncture further into the intestine. Push the tube about 10 - 20 cm through the cannula, withdraw the cannula.
-  Affix the intestinal loop to the abdominal wall with purse-string sutures until the tube is no longer visible.

Freka® FCJ, ENFit

	Packaging	Art.No.
Freka® FCJ Set FR 9, ENFit	1 x 1	7755645
Freka® Repair Set for Freka FCJ Set FR 9, ENFit	1 x 40	7981388

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7347991 (09/17/AC)

Freka® FCJ Set, ENFit

Fine Needle Catheter Jejunostomy
for direct postoperative enteral nutrition



Freka® FCJ ENFit Set¹

Fine Needle Catheter Jejunostomy

Early postoperative nutrition despite atonic stomach

Postoperative atony ▶ Stomach 1 – 4 days
Small intestine 1 – 3 hours ▶ Large intestine 1 – 5 days

Start feeding procedure 4 – 24 hours post surgery at max. 20 ml/h

Practical intraoperative insertion

- Stable positioning in jejunum prevents dislocation
- Flexible insertion techniques: laparotomy or laparoscopy



A proven principle
– always up-to-date!

¹ For placement of Freka® FCJ Set refer to the instruction manual.

- Safe enteral connector ENFit, according to the new international safety standard ISO 80369-3
- Application also possible without splitting the cannula
- Tissue-friendly, polyurethane tube with radio-contrast strips and distal opening according to ISO 10993
- Latex-free
- Enteral connector ENFit for a secure and tight connection of Giving Sets
- Fixing plate with pre-stamped holes and white clip closure for secure attachment of tube
- Position control: tube is numbered at 5 cm steps

Indications for an FCJ

Laparotomy:

- Major upper abdominal surgery (oesophagus, stomach, pancreas)
- Multiple trauma patients with abdominal operations
- As an alternative for situations in which less invasive intubation procedures are not possible

Laparoscopy:

- Neoadjuvant chemotherapy in stenosed oesophageal tumours
- Tumour recidivations following oesophageal resection or gastrectomy
- Tumours of the upper gastrointestinal tract that no longer allow an endoscope to pass