

# FeedRite Feeding Tube

Alex Heilman  
Graham Husband  
Katherine Jones  
Ying Lin



# Problem Statement

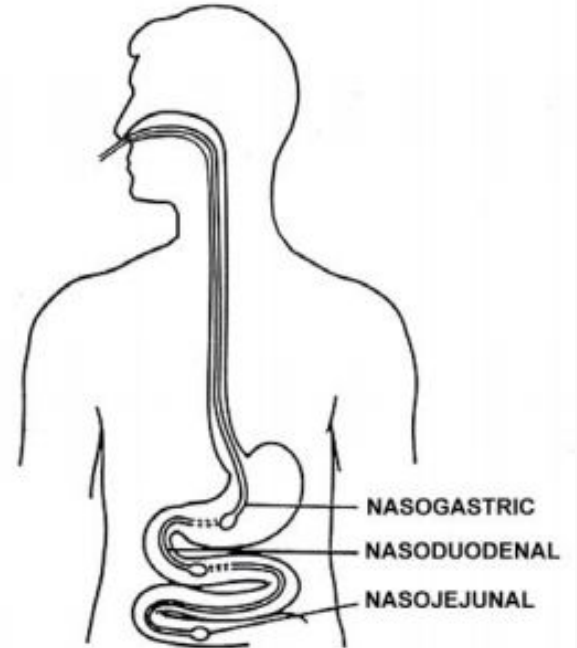
Gastric bypass is an invasive procedure that requires up to 5 days of hospitalization and has a narrow patient population (those with a BMI greater than 40 or greater than 35 with obesity-related conditions; roughly 18 million Americans) in comparison with the rate of obesity in America (78.6 million Americans; defined as BMI > 30). In addition, gastric bypass can cost ~\$25,000 (depending on state of residence), reducing the number of patients who receive the procedure to 1% of those who qualify. Current analogs to gastric bypass use naso-duodenal feeding tubes that rely on repeated fluoroscopic procedures and several hours for proper tube placement.

# Needs Assessment

- Device must be radiation-free
- Device must integrate a second method that ensures proper tube positioning
- Feeding tube must require 1 outpatient appointment for placement
- Tubing must be biocompatible
- Must be portable such that it can be used throughout a hospital
- Primary placement tool must be detachable from tube after placement
- Device must verify differences between stomach and duodenum
- Device must provide real-time updates of tube position

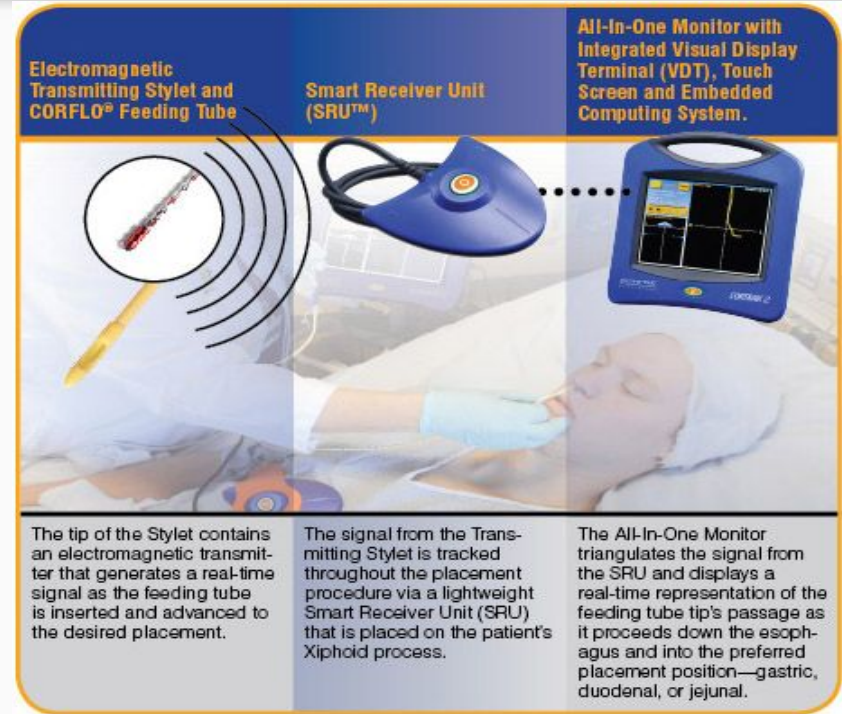
# Background

- Problems: Obesity, Type II Diabetes
- Solution: Gastric Bypass Surgery
  - Lose weight, may reverse diabetes
  - Invasive, risky and expensive
  - For patients with BMI > 40, or BMI > 35 with obesity-related conditions



# Background

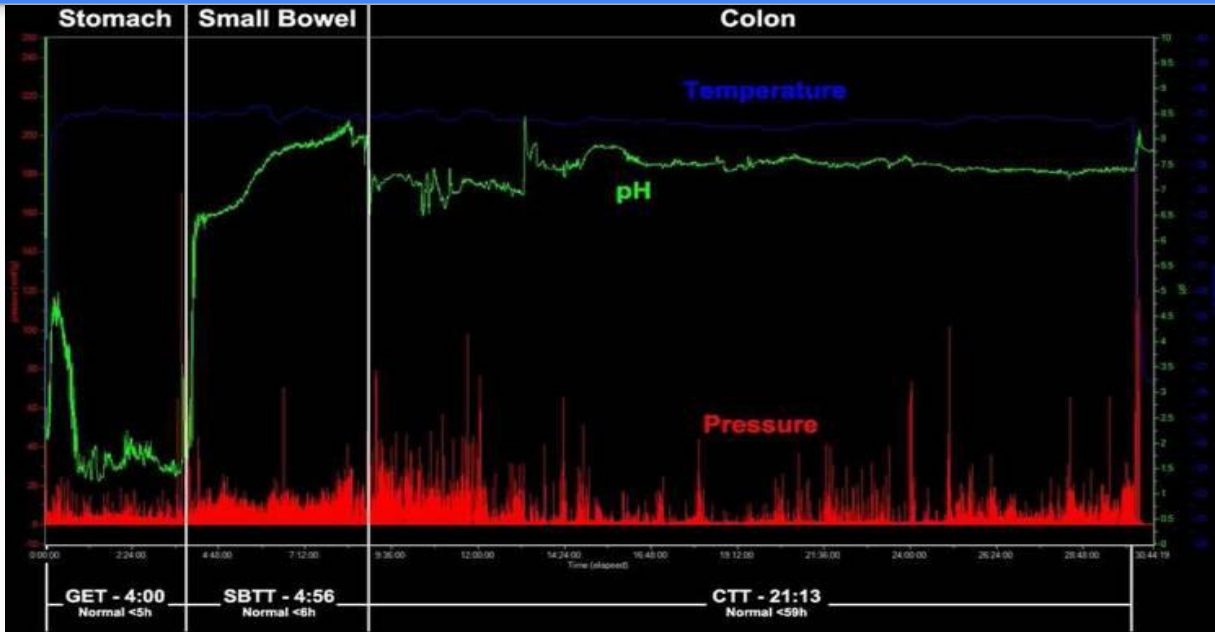
- Alternative Solution: Naso-duodenal Feeding Tube
  - For patients with BMI > 30, or unqualified for gastric bypass surgery because of age or physical conditions
  - Existing device - Cortrak EAS
  - Our design - less expensive, confident placement, placement detection will not interfere with feeding



# Potential Market

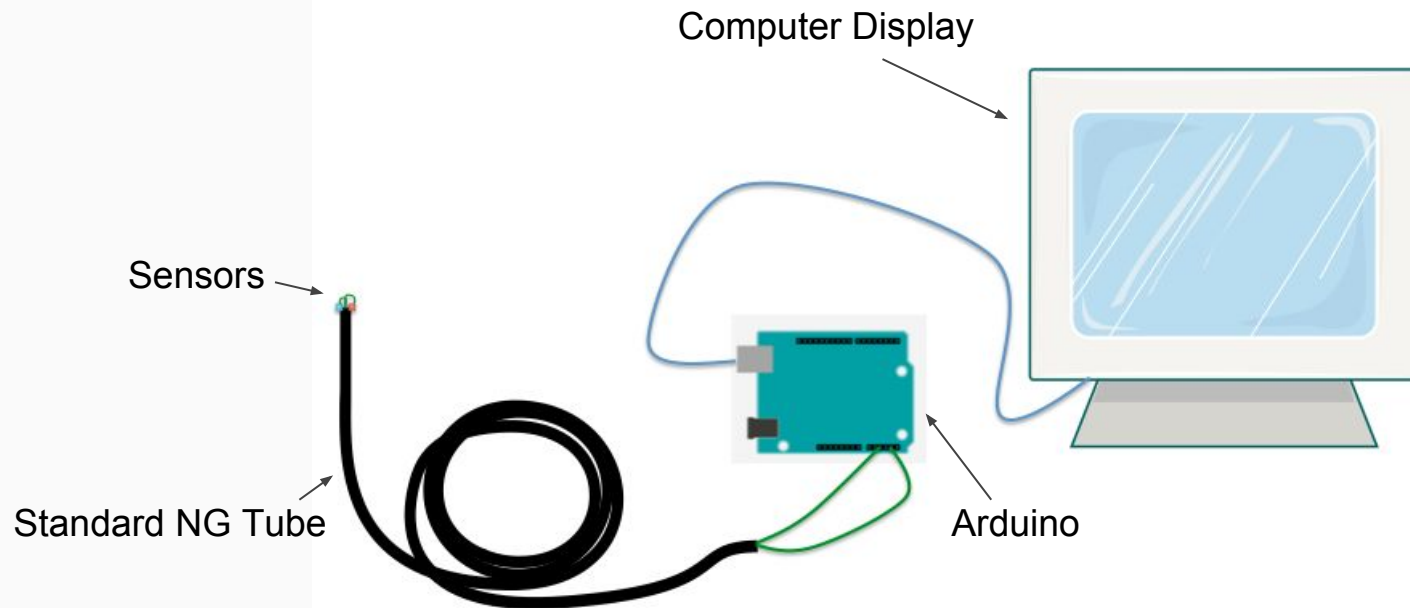
- Obesity and Type II Diabetes - 9 % of American adults
- Gastric Bypass Procedures - 180,000 per year
- Marketing:
  - Medical professionals at hospitals
  - Individual patients at home

# Evidence



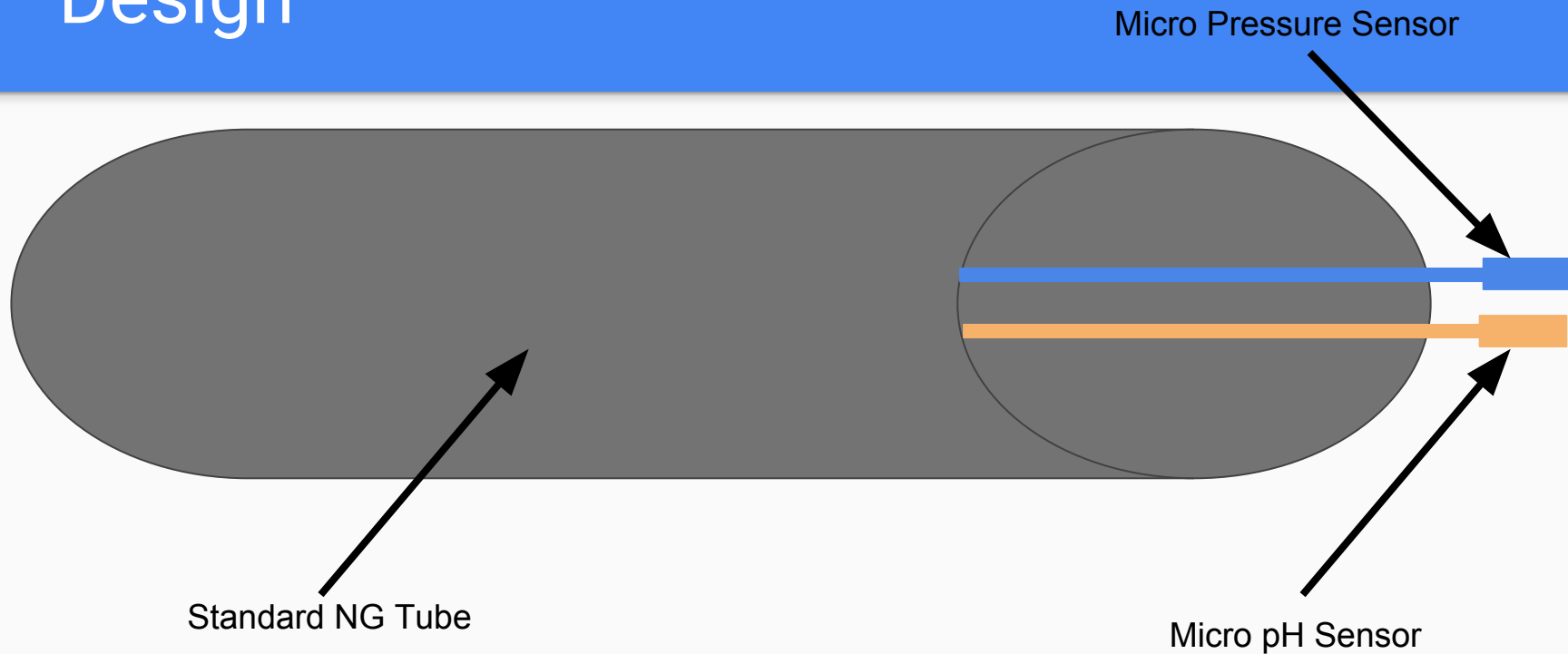
Tran K, Brun R, Kuo B. Evaluation of regional and whole gut motility using the wireless motility capsule: Relevance in clinical practice. *Therap Adv Gastroenterol.* 2012; 5: 249-60.

# Design

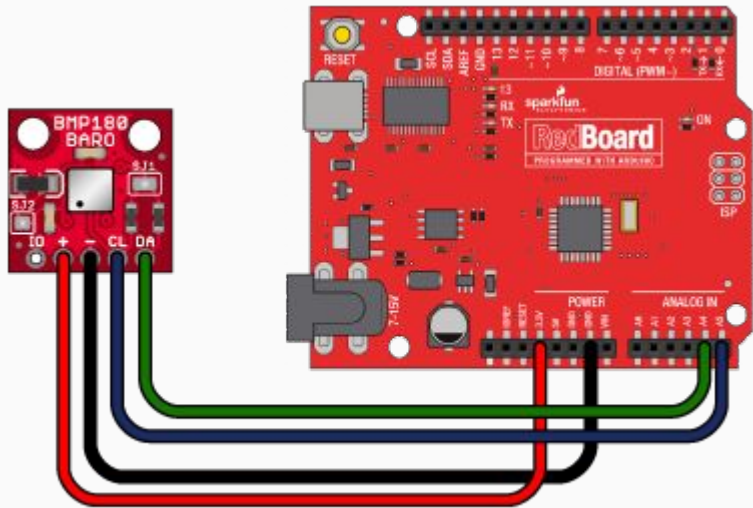




# Design



# Pressure Probe Setup

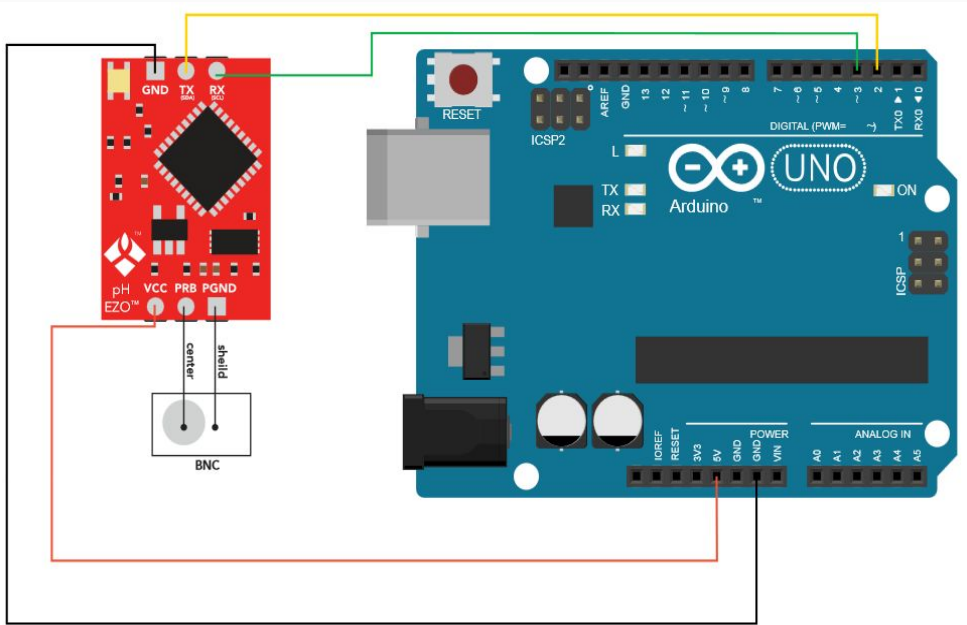


```
status = pressure.getPressure(P,T);
if (status != 0)
{
  Serial.print("absolute pressure: ");
  Serial.print(P,2);
  Serial.print(" mb, ");
  Serial.print(P*0.0295333727,2);
  Serial.println(" inHg");

  p0 = pressure.sealevel(P,ALTITUDE);
  Serial.print("relative (sea-level) pressure: ");
  Serial.print(p0,2);
  Serial.print(" mb, ");
  Serial.print(p0*0.0295333727,2);
  Serial.println(" inHg");
}
else Serial.println("error retrieving pressure measurement\n");
}
else Serial.println("error starting pressure measurement\n");
}
else Serial.println("error retrieving temperature measurement\n");
}
else Serial.println("error starting temperature measurement\n");

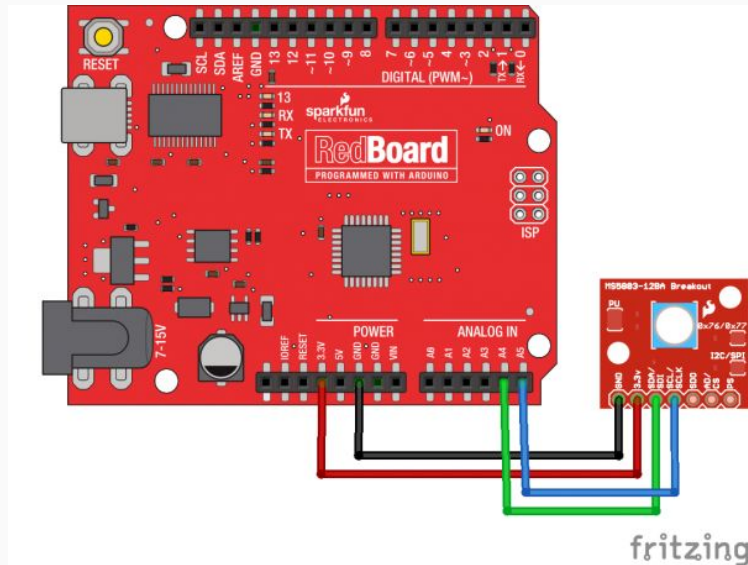
delay(5000);
}
```

# pH Probe Setup



```
void loop() {  
  
    if (input_string_complete) {  
        myserial.print(inputstring);  
        myserial.print('\r');  
        inputstring = "";  
        input_string_complete = false;  
    }  
  
    if (myserial.available() > 0) {  
        char inchar = (char)myserial.read();  
        sensorstring += inchar;  
        if (inchar == '\r') {  
            sensor_string_complete = true;  
        }  
    }  
  
    if (sensor_string_complete == true) {  
        Serial.println(sensorstring);  
        if (isdigit(sensorstring[0])) {  
            pH = sensorstring.toFloat();  
            Serial.print("pH = ");  
            Serial.println(pH);  
        }  
        sensorstring = "";  
        sensor_string_complete = false;  
    }  
}
```

# MS5803-14BA Pressure Sensor



- Compatible with Arduino
- Gel coated sensor
- I2C and SPI connections
- 0 to 10,000 mmHg range
- 0.75 mmHg resolution
- -40 to 85°C measuring range
- 8.22 ms response time

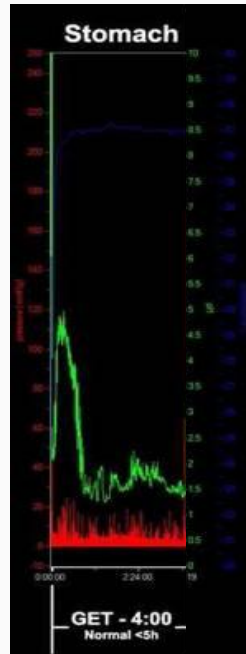
# Tubing

- Provided by: VitalityMedical
- Polyurethane
- Important dimensions: Diameter and Length
- 1cm markings
- Feeding port
- Clog-free tip

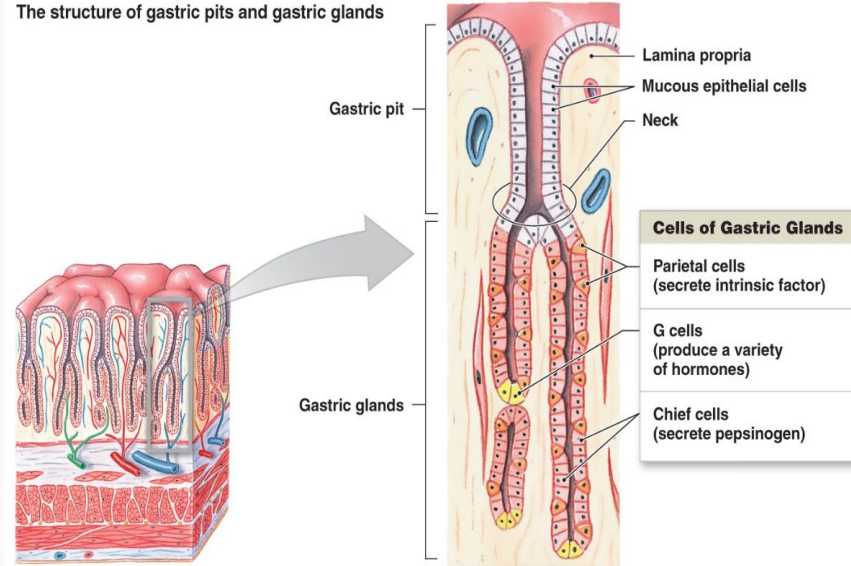


# Physiology of Gastrointestinal System--pH

- Saliva (pH range 6.5-7.5)
- Stomach (pH range 1.5-2.5)
  - Parietal cells secrete HCl
  - G cells secrete gastrin
  - Chief cells secrete pepsinogen
- Purpose of low pH: immune barrier to microorganisms, activate digestive enzymes

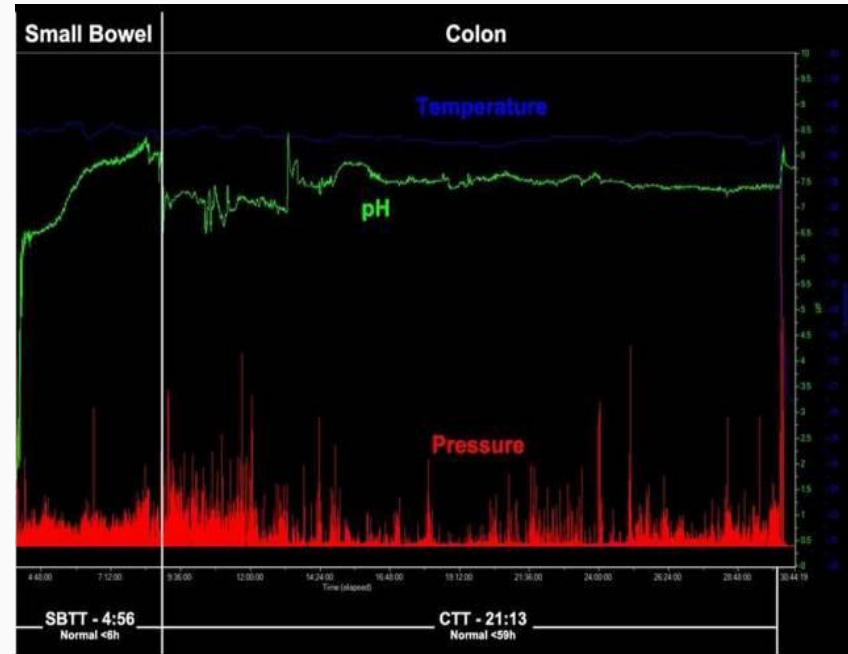


The structure of gastric pits and gastric glands

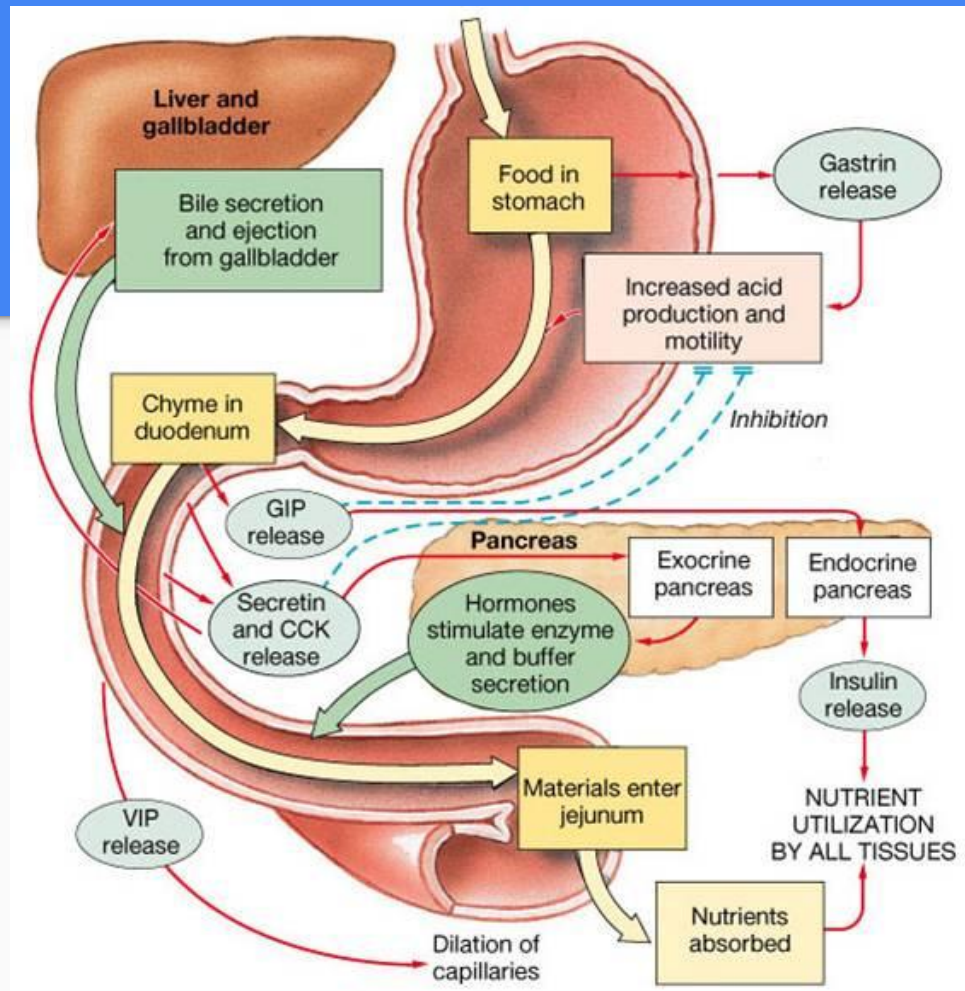


# Physiology of Gastrointestinal System--pH

- Duodenum (pH brought to 7)
  - Cholecystinin (CCK) stimulates release of bile from gallbladder
  - Secretin stimulates the release of sodium bicarbonate from pancreas
  - Brunner's glands produce alkaline secretion
  - Purpose of pH: Activate intestinal enzymes for absorption, deactivate digestive enzymes for breakdown, protect intestinal lining
- Jejunum (pH up to 8)
- Colon (pH stable about 7-7.5)







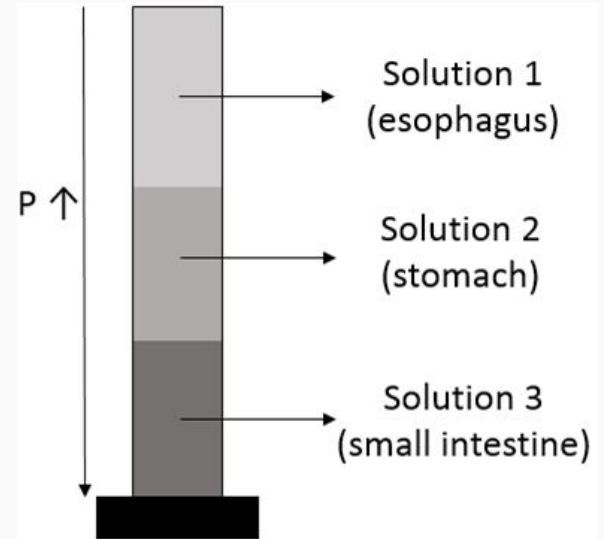


# Physiology of Gastrointestinal System-- Pressure as a Secondary Indicator

- Pressure profile (Kuo et al. [2010]):
  - Stomach: 4790 {3091, 6933} mmHg/s
  - Small intestine: 5182 {2791, 7538} mmHg/s
- Major limitations:
  - Wide range of pressure in both stomach and small intestine - difficult to differentiate
  - Gastroparetic patients have about 10% reduction in pressure profile, while gastroparetic patients with diabetes have about 15% reduction in pressure profile.
- Solution: look for differences in pressure characteristics instead of absolute changes (lower average level and more constant in stomach, higher average level and more pulsatile in small intestine)

# Testing Chamber

- As the tube goes down the cylinder, sensors will detect the changes of pressure and pH at the same time - simulation of feeding tube's passage along digestive system
  - Pressure change: height of cylinder
    - $P = P_a + \rho g d$
  - pH change: three layers of solution with different pH
    - Layers formed by solutions with different densities
- Advantages
  - Much safer
  - Less hazardous materials
  - Easier to build and modify
  - Easier to understand for audiences

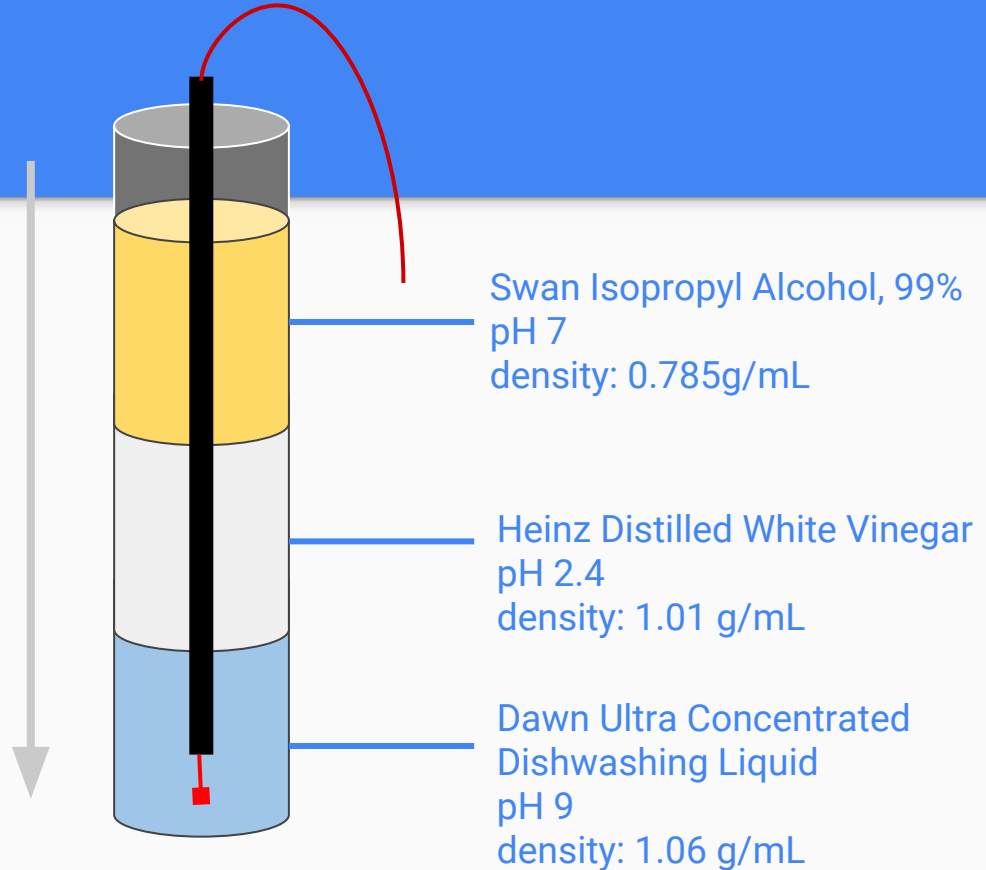


# Testing Chamber

Increasing depth and increasing density contribute to increasing pressure readings

$$\Delta P = \rho g d$$

Estimating 1.00 g/mL, we should have a change of 73.5 mmHg in one meter



# Testing Chamber Materials

	Density (g/cm <sup>3</sup> )	pH
Swan Isopropyl Alcohol, 99%	0.785	7
Heinz Distilled White Vinegar	1.01	2.4
Dawn Ultra Concentrated Antibacterial Hand Soap Dishwashing Liquid	1.06	9



# Testing Chamber Materials

**1 in. x 5 ft. Furniture Grade  
PVC Pipe in Clear-- \$13.44**

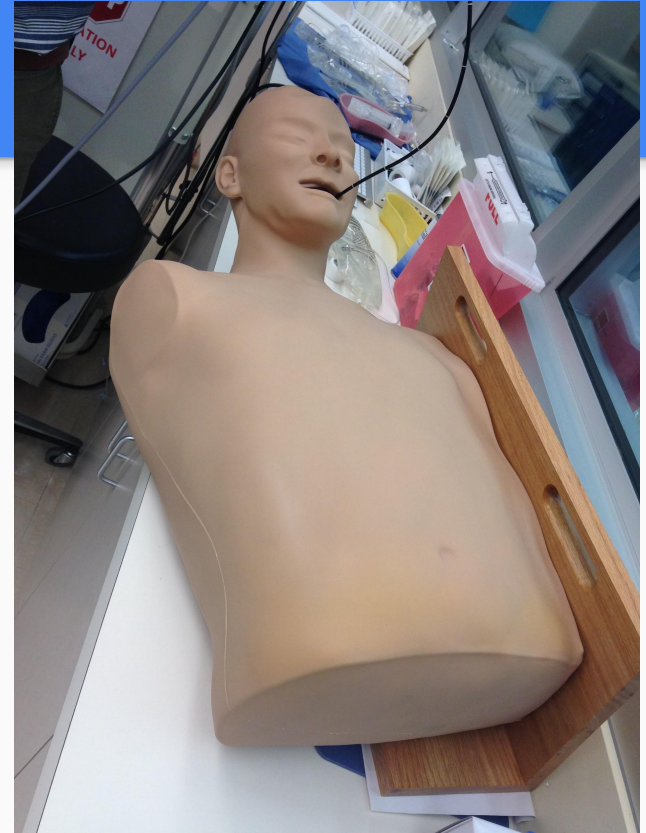


**1 in. Furniture Grade PVC External Flat  
End Cap in Clear-- 2 caps X \$5.09 each**



# Testing at CELA

- Upper GI SimMan!
- Advantages:
  - Includes major landmarks in GI tract
  - Test size and shape of tubing
  - Camera and lighting to confirm length of tube necessary and proper placement
- Disadvantages
  - Sensors will not detect changes in pH
  - Cannot insert through nasal cavity
  - Material interaction will not be same as with body
    - Cannot test compatibility and friction



# Parts Necessary

Parts to be ordered:

- Testing chamber solutions
- PVC Pipe and caps

# Future Directions

- Order parts and contents for testing chamber to begin building
- Receive tubing and test at CELA
- Combine Pressure and pH setups into single file for Arduino
- Begin outlining future designs using microsensors



# Grant Proposal Modifications

- Specifications of testing chamber design and testing buffers
- Testing of assembled prototype in SimMan to prove the compatibility in digestive system