The smart tip of the Gabriel™ Feeding Tube contains a magnet which can be guided through the pyloric sphincter using the external Gabriel™ steering magnet.

The light indicator (1) illuminates when the tube magnet (2) is captured by the external steering (3) magnet.

Successful duodenal placement of the Gabriel™ Feeding Tube is performed at the patient's bedside without the need for fluoroscopy, endoscopy, or medications.
The Gabriel Blue Tube
A Magnetically Guided Enteral Feeding Tube

Bedside Procedure
A small magnet and a magnetic field sensor at the distal end of the Blue Tube respond to an external steering magnet that maneuvers the tube past the pyloric sphincter. An indicator light confirms the steering magnet has captured the tube tip and is directing its progression.

Easy and Rapid Placement
- Placed in 15-20 minutes, or less
- No need for endoscopy, medication or fluoroscopic placement by Radiology
- Feeding may begin as soon as post pyloric position confirmed
- Aspiration pneumonia concerns minimized
- Total procedure costs reduced

Compact and Convenient
- Ergonomically designed, hand held, steering magnet
- Magnet is contained in a specially designed carrying case, protecting electronic media from magnetic interference
- Holding plate on top of the carrying case can be used as a stand during procedures
Doctors Recommend Blue Tube

A quantum leap in the field of enteral nutrition.
Dr. Robert Dobby
Inventor - DobbHoff Feeding Tube

This remarkable new device was essential for the survival of one of my patients with gastric fistula, secondary to a gunshot wound to the abdomen.
Dr. Martin Dalton
Chairman, Dept. of Surgery
Medical College of Central Georgia

Events in the gut have a profound effect on the body's ability to fight infection in distant organs. It is the largest immune organ in the body, containing 65% of all immune tissue, and is the only organ through which pharmacotherapy or nutrition therapy, especially early enteral nutrition, can attenuate the stress response. No medication can do that.¹

Early Enteral Feeding has Clinical Benefits¹

A primary goal of enteral nutrition is to contain gut permeability. Clinical consequences of gut permeability include increased risk of systemic infection and multiple organ failure.

Prompt enteral feeding has shown multiple patient outcome benefits

- 27%-34% reduction in septic morbidity
- Significant reduction of overall complications
- Significant reduction in hospital length of stay (reduced by 0.84 days)

Gabriel Blue Tube Matches Industry Need

The industry needs "...easy, cost-effective methods to place small bowel tubes at the bedside..." and to increase the "...use of small bowel feeding..."²

In conjunction with the development of the Summit findings, the AMA revised CPT Code 43761 February 12-14, 1999) to reflect positioning of a feeding tube using magnets. The product is available for reimbursement.


1. Cut the pH paper into 1/2" pieces and place on a folded towel.
2. Connect the light indicator to the socket at proximal end of the tube.
3. To check the light indicator, allow the tube tip to be attracted to the external magnet; the red light indicator should illuminate.
4. Apply xylocaine gel 2% to one nostril. Then insert the tube towards the back of the head to the nasopharynx, then into the esophagus.

5. Advance more of the tube through the nose until some resistance is met. You may check pH of the aspirate at this point. The duodenal bulb is usually empty. Aspirate can be obtained by injecting 5cc of tap water, then aspirating duodenal washing. Check the pH at the side using pH paper; it should be neutral, pH 7. Color shade light green. If pH paper color changes to yellow this indicates placement at the pyloric antrum. If pH paper changes to red or orange, this indicates gastric placement and the tube should be withdrawn until the 1st mark is at the nose. Repeat steps 3-5.

6. When the first mark is 6" outside the nostril, the tube tip should be in the mid esophagus. Insert the proximal end of the tube under water surface. Absence of rhythmic bubbling with respiration is suggestive of correct esophageal placement.

7. Advance the tube until the 1st mark is at the nostril. Then apply the face of the external magnet to the skin at the RUQ (area of the gall bladder) as close as possible to the mid line aiming towards the vertebral column as shown. There should be no gap between the surface of the magnet and the skin.

8. Advance the feeding tube until the 2nd mark is at the nostril. The light indicator should illuminate when the tube is successfully captured by the external magnet. Keep the magnet at the same location while rocking it gently for at least one minute to ensure passage through the pyloric sphincter. Ensure the patient’s bed is horizontal if more distal placement is desired.

9. Move the external magnet 4" to the RILQ to attract the tube tip toward the end of the 2nd part of the duodenum. The light indicator should remain on. Aspirate should contain bile with pH<8 (turn pH paper to dark green color). If the tube is successfully passed through the 2nd part of the duodenum in thin patients with small frames, the 1st part of the duodenum travels posteriorly before it turns inferiorly into the 2nd part. You may need to apply the external magnet posteriorly over the costo-vertebral angle (right renal area) to attract the tube tip into the 2nd part of the duodenum.

10. The tube can further be advanced through the nose to the 3rd & 4th part of the duodenum by moving the external magnet toward the LLLQ. The light indicator should remain “on.” Aspirate should be bile tinged with pH<7.5 to 8.

11. As the tube further migrates into the jejunum, the strongly alkaline bile is more diluted and pH usually = 7 again, but aspirate still is bile tinged.

12. Initiate feeding and maintain as tolerated by the patient. Precaution: Do not use with feeding pumps that can generate pressure greater than 40 psi.

13. Flush tube with warm water (20-30ml) prior to and after administering medications, every 3-4 hours during continuous feeding, and after intermittent feedings. Precaution: Do not use a syringe smaller than 30cc when irrigating the feeding tube.

**PH GRADIENT**

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