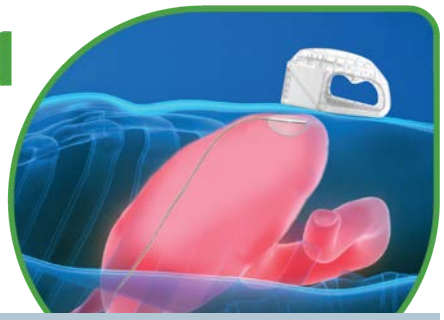
COAPTECH

ULTRASOUND GASTROSTOMY IS HERE

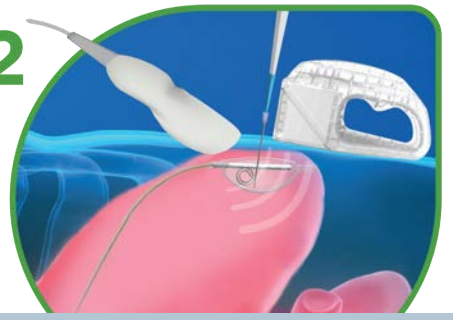
INTRODUCING THE PUMA-G SYSTEM

The PUMA-G System™ is the first FDA-cleared, ultrasound-based solution for feeding tube placement. Front-line staff (e.g. ICU, ED, LTAC) are empowered to gain enteral access for their patients, instead of coordinating consultation with and waiting for a busy specialist.

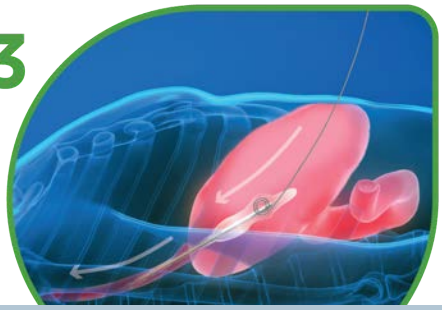
Procedural Steps



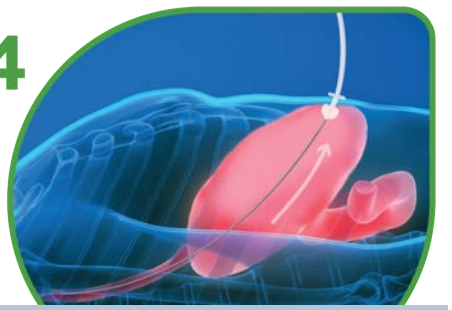
Gastric Coaptation Magnetic balloon catheter is placed orogastrically. External magnet pulls balloon to anterior stomach to create a temporary gastropexy.



Ultrasound Targeting With your existing ultrasound, the echogenic balloon and a safe tract are identified. A needle and guidewire are inserted under ultrasound.



Capture + Removal Balloon catheter snares the pigtail guidewire, and the two components are removed in tandem to create through-and-through orogastric access.



G-Tube Placement Utilizing the Sachs-Vine technique, standard over-the-wire gastrostomy tube autodilates the tract for snug tube placement.

Significant ROI

REDUCED DIRECT COSTS

Reducing costs improves hospital margin each case

- NO suite time required (suite costs range between $30-60 each minute)
- NO transport costs, NO equipment reprocessing costs
- NO need for ancillary services i.e. GI, IR, anesthesia/anesthesiologist

REFERENCE *Van Natta et al. (1998) - Attached*

REDUCED LENGTH OF STAY (LOS)

Potential reduction in ICU LOS, Hospital LOS

- When Gastrostomy performed in tandem with Tracheostomy, **reduction in average ICU LOS of 8 days, hospital LOS of 5 days, and $35,000 in costs savings** (per patient) reported.
- Data from multiple AMCs show wait time from indication to completion of typical PEG procedure is 2-5 days, and up to 12 days.
- Immediate bedside procedure completion, without waiting to schedule suite and/or coordinate additional consultant teams

REFERENCE *Nobleza et al. (2017) - Attached*

SAFETY

Safe care means fewer readmissions, litigations, penalties

- Ultrasound visualization is enabled into stomach, offering potential for fewer inadvertent tube malpositions and subsequent adverse events
- No risk of transmissible infection via endoscopes or ionizing radiation (fluoroscopy)
- No risk from patient transport / handoffs
- PUG procedures have been performed on >50 COVID+ patients safely to date

REFERENCES *Cool et al. (2020)* *Olivieri et al. (2020)* *- Attached*

2-MINUTE VIDEO: WWW.COAPTECH.COM/EAP

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