

Aesthetic

The design is minimally disturbing for the patient. Outer extension is only connected when needed.

No leakage

No fistula to the stomach completely avoids the problem of gastric fluid leakage.

No dislodgment

Since the catheter ends in the implanted T-Port®, potential traction on the tube is avoided and dislodgment practically eliminated

Easy catheter exchange

The catheter can be easily exchanged without the need of local anesthesia

Long lasting

Clinical studies have shown that the average survival time is 3.6 years



Clinical studies

Clinical studies in 24 Parkinson's patients (device experience of 84 years) with intraduodenal infusion of levodopa-carbidopa intestinal gel (LCIG, Duodopa®) revealed that:

Average survival time was 3.6 (range 1.1 - 5.2) years. At data cut-off, 6 systems were still in use, 16 were explanted. Two patients died of unrelated reasons with the system in place.

Device failure was rare. The only observed event was a tube breakage 3 years after implant. The tube was replaced without any problems.

What eventually led to the explantation in all patients were soft tissue reactions. All pockets healed nicely after explantations.

Of patients with prior experience with PEG/J-tube system all preferred the T-Port®.



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T-Port®

The attractive enteral access solution



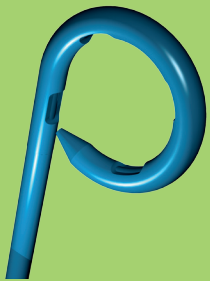
Connector outside the skin



Titanium plate implanted under the skin



Catheter tip positioned in the small intestine



Indications

Repeated and/or long term access to the gastrointestinal tract. The system can be used for enteral delivery of medications, nutritional supplementation, and fluids.

Placement

The T-Port® is positioned by means of X-Ray guidance in the upper belly under local anesthesia. A titanium plate is implanted subcutaneously. It is attached to a connector outside the skin. Inside the port there is a catheter that leads to the small intestine through the stomach.

Potential complications

Clinical studies have shown that there are less complications with the T-Port® compared to the PEG/J-tube. In particular tube dislodgment and leakage of gastric juice are more rare.

Soft tissue reaction with local inflammation may occur. Proper cleaning is essential to avoid this problem.

Removing the port

Removing the T-Port® is easy. It is done under local anesthesia and the wound is closed with stitches. There will be some scar tissue at the implant site.

