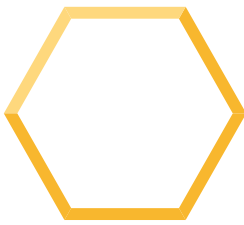


# SimpLink

Bolus technique

The first direct bolus  
feeding technique  
from Nestlé® Health Science®



## 1 OUT OF 3 OF HOME ENTERAL NUTRITION PATIENTS USE BOLUS FEEDING<sup>1</sup>

The home enteral nutrition (HEN) patients present<sup>1-4</sup>

30% - 70%

**neurological** conditions (neurovascular or neurodegenerative);

10% - 50%

**oncological** diseases (mainly tumors of head & neck and esophagus, patients are significantly more active and lived at home);

10% - 15%

**gastrointestinal** disorders.

Recent clinical evidences suggest that **bolus administration is becoming more widespread**, especially in long-term home use settings and in particular patients, for the following advantages<sup>5-8</sup>:

- ✓ Reproduces daily routine
- ✓ Less psychological impact
- ✓ More satisfaction and acceptance of enteral nutrition
- ✓ More flexibility to use
- ✓ Feeding speed
- ✓ More mobility and freedom of action
- ✓ Better overall quality of life

## ESPEN GUIDELINES ON HOME ENTERAL NUTRITION CONFIRM HEN'S ADEQUACY THROUGH BOLUS<sup>9</sup>

“**Combination methods** (for example, continuous administration during the night and with boluses during the day) **can help the patients to be more independent**, reaching their nutritional needs while satisfying personal lifestyle preferences.”

“Bolus or intermittent continuous or continuous infusion through a pump may be used depending on clinical need, safety and level of precision required.”

“**Bolus infusion procedure** requires the division of total feed volume into four to six feeds throughout the day. The infusion volume is typically between 200 and 400 mL of feed administered over a 15e60-minute period, depending on the patient's nutrient needs and tolerance.”

“HEN administration methods must be chosen by a **multidisciplinary team**, considering the underlying disease, the type of probe, the tolerance to nutritional support and the patient's preferences.”

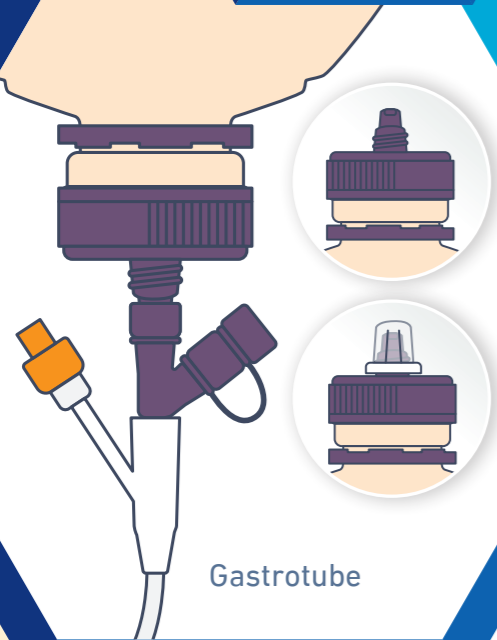
“There is no evidence that bolus administration predisposes to diarrhea, intestinal swelling or pulmonary aspiration compared to continuous administration.<sup>10</sup>”



# Unique direct bolus feeding technique

from Nestlé® Health Science®

DESIGNED FOR PATIENTS AND CAREGIVERS



## INNOVATIVE

Unique direct bolus feeding



## EASY TO USE

Comfortable with Smartflex™ ergonomic design, simple to administer



## PORTABILITY

Easier to use in any location, even outside the home.



## CLEANLINESS

ENFit for safe connection with feeding tube



## SAFETY

Reduced contamination risk vs syringe bolus feeding



## QUALITY OF LIFE

More opportunities for involvement and social interaction

## NUTRITIONAL QUALITY

**Commercial formulas** for bolus feeding offer more significant guarantees regarding nutritional quality compare to **homemade blenderized** often used and sometimes preferred by non-hospitalized patients (who wish to eat in a more «natural» and family-like way).<sup>8-11</sup>

HEN with commercial formulas provides a **higher content of protein, fat, fiber, carbohydrate and energy** compared to homemade preparations<sup>12</sup>

**Homemade blends** allow obtaining **less than 50% of the prescribed values of energy and macronutrients** (except fats).<sup>12-13</sup> In **commercial formulas protein, energy and fat contents** corresponded to what were needed.<sup>12-13</sup>

## CLINICAL OUTCOMES

**The nutritional quality of commercial formulas** vs home blenderized feeds for bolus feeding led to better **outcomes** in maintaining **body weight** (BMI) and **fat free mass**, indicating that HEN was able to counteract the increased catabolism associated with the disease and treatments.<sup>14-15</sup>

## MICROBIOLOGICAL SAFETY

**Direct enteral feeding system**, with commercial formulas ready to use through bolus, reduced contamination risk vs syringe bolus feeding, in line with adequate quality/safety standards.<sup>12</sup>

The lower microbiological quality of homogenized homemade blends or syringe system was related to the greater **risk of contamination associated with the more extensive handling** of food necessary for their preparation.<sup>12</sup>

## PHARMACOECONOMIC SAVING

The reduced contamination risk of commercial formulas vs home blenderized feeds for bolus feeding is related to **lower infection rates and hospitalization costs**.<sup>16-19</sup>

The use of commercial formulas for HEN and bolus system as well as the specialized care by HEN team **reduced the incidence of infectious complications** such as pneumonia and urinary tract infections.<sup>16-19</sup>

In terms of economic saving a significant reduction in ordinary hospitalizations and length of stay is associated to HEN with commercial formulas.<sup>16-19</sup>



## References

1. Hubbard GP et al. A survey of bolus tube feeding prevalence and practice in adult patients requiring home enteral tube feeding. *British Journal of Nutrition* 2019;122:1271-1278.
2. Gramlich L et al. Home Enteral Nutrition: Towards a Standard of Care. *Nutrients* 2018;10:1020; doi:10.3390/nu10081020
3. Cawsey S et al. Home enteral nutrition: outcomes relative to indication. *Nutr Clin Pract* 2010;25(3):296-300
4. Pironi L et al. Prevalenza della NAD in Italia nel 2012: indagine epidemiologica SINPE. *Nutritional Therapy & Metabolism - SINPE News* Luglio-Settembre 2014;1-4.
5. Hubbard GP et al. A survey of bolus tube feeding prevalence and practice in adult patients requiring home enteral tube feeding. *British Journal of Nutrition* 2019;122:1271-1278
6. Ojo O et al. The Effect of Enteral Tube Feeding on Patients' Health-Related Quality of Life: A Systematic Review. *Nutrients* 2019;11(5):1046
7. Bjuresäter K. Home enteral tube feeding from patients', relatives' and nurses' perspectives. Karlstad University, 2010
8. Martin L et al. Patients' perspectives of living with a percutaneous endoscopic gastrostomy (PEG). *BMC Gastroenterology* 2012;12:126
9. Bischoff SC et al. ESPEN guideline on home enteral nutrition. *Clinical Nutrition* 2020;39:5-22
10. Scott R, Bowling TE. Enteral tube feeding in adults. *J R Coll Phys Edinb* 2015;45:49e54.
11. Brown T et al. Clinical Outcomes Associated With Commercial and Homemade Blenderized Tube Feedings: A Literature Review. *Nutr Clin Pract* 2020;0:1-12
12. Vieira MMC et al. Nutritional and microbiological quality of commercial and homemade blenderized whole food enteral diets for home-based enteral nutritional therapy in adults. *Clin Nutr* 2018;37(1):177-181
13. Jolfaie RN et al. Comparison of Energy and Nutrient Contents of Commercial and Noncommercial Enteral Nutrition Solutions. *Adv Biomed Res* 2017;6:131
14. Papakostas P et al. Percutaneous endoscopic gastrostomy feeding of locally advanced oropharyngo-laryngeal cancer patients Blenderized or commercial food? *Oral Oncology* 2017;74:135-141
15. Orel A et al. Nutrition of patients with severe neurologic impairment. *Radiol Oncol* 2018; 52(1):83-89
16. Wong A., Goh G., Banks M.D., Bauer J.D. A systematic review of the cost and economic outcomes of home enteral nutrition *Clinical Nutrition* 37 (2018) 429e442
17. Klek S, Szybinski P, Sierzega M, Szczepanek K, Sumlet M, Kupiec M, et al. Commercial enteral formulas and nutrition support teams improve the outcome of home enteral tube feeding. *J Parenter Enteral Nutr* 2011;35(3): 380e5.
18. Klek S, Hermanowicz A, Dziwiszek G, Matysiak K, Szczepanek K, Szybinski P, et al. Home enteral nutrition reduces complications, length of stay, and health care costs: results from a multicenter study. *Am J Clin Nutr* 2014;100(2): 609e15
19. Hall BT, Englehart MS, Blaseg K, Wessel K, Stawicki SP, Evans DC. Implementation of a dietitian-led enteral nutrition support clinic results in quality improvement, reduced readmissions, and cost savings. *Nutr Clin Pract* 2014;29(5):649e55.