

LOCK 3000 Belt

Comprehensive protection to stabilize and secure feeding tubes and PD catheters

Secure and protect feeding tubes and PD catheters without adhesives

Easily access tubing for therapy and quickly lock it away for protection when not in use

Reduce risk of painful complications:

- Dislodgement
- Accidental removal
- Malpositioning
- Hypergranulation
- Adhesive related skin injury
- Site infections

Reduce ED & urgent clinic visits, phone calls, and hassle to replace feeding tubes or schedule access revision

Improve patient and family quality of life



Schedule Today

**Scan to learn more
with a virtual demonstration**

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Versatile securement for feeding tubes & PD catheters in the hospital and home

33% of children and 27% of adults have an ED visit post-gastrostomy^{1,2}

60%

of children present with
tube dislodgment¹

8.6%

of children require
surgical intervention¹

14%

of adults require
tube re-insertion²

Mechanical PD catheter malfunctions disrupt dialysis therapy

60%

of PD access revisions
in children are due to
mechanical malfunction³

35%

higher risk of PD
technique failure in
children post-access
revision³

40%

of adult transitions from
PD to hemodialysis
in the first 3 months are
related to mechanical
PD catheter complications⁴

1. Rodriguez V, Shanefield S, Nettle R, & Islam S. Identifying and Understanding Patients Utilizing the Emergency Department with Gastrostomy Issues. *Pediatrics*. 2022;149(1):874
2. Hall BT et al. Implementation of a Dietitian-Led Enteral Nutrition Support Clinic Results in Quality Improvement, Reduced Readmissions, and Cost Savings. *Nutr Clin Pract*. 2014;29(5):649-55.
3. Borzych-Duzalka, D et al. for the International Pediatric Peritoneal Dialysis Network (IPPN) Registry. Peritoneal Dialysis Access Revision in Children: Causes, Interventions, and Outcomes. *Clinical Journal of the American Society of Nephrology*. 2017;12(1):105- 112. DOI: 10.2215/CJN.05270516
4. Sabiu et al. Influence of peritoneal dialysis catheter type on dislocations and laxative use: a retrospective observational study. *J Nephrol*. 2022;35:1497-1503.