

Aftercare Following a Gastrostomy Tube Insertion

Adult and child inpatient gastrostomy warning

Reviewing patient's gastrostomy tube:

Senior review of the gastrostomy should occur:

1. Within 4 hours of insertion
2. Prior to feed commencing

Stop feeding/medication delivery immediately if (any of below):

1. There is pain on feeding
2. Signs of distress/physiological instability
3. Prolonged OR severe pain post procedure
4. Fresh bleeding
5. External leakage of contents

If any of the above:

- Seek senior advice urgently
- Consider urgent surgical referral
- Consider urgent imaging including CT abdomen +/- contrast study

Contacts:

Patients under 17: Paediatric Team via Bramble Blue on 01392 402681

Patients over 17: 08.30-16.30 Nutrition Support Team on 01392 404635

OUT-OF-HOURS – Okement ward on 01392 402800

What happens after the gastrostomy has been placed?

You will be taken back to the recovery area or ward. Nurses will carry out routine observations, such as taking your pulse and blood pressure, to alert us to any problems. If you have been mobile previously, then you will generally need to stay in bed for a few hours afterwards, until you have recovered.

A senior nurse will review you approximately 4 hours after the procedure and flush the tube with some water. The nursing staff will then continue to monitor your observations. If you remain stable following this, a feed will be commenced should you require it. You will need to stay in hospital for at least 1 night, occasionally longer.

What feed will I receive?

You will receive a prescribed, commercially prepared liquid feed which contains all the essential nutrients you will need on a daily basis. You may receive part or all of your daily food via your gastrostomy tube, depending on your specific medical condition and needs. You may also need extra fluids through your gastrostomy tube. Water can be given using a syringe or administration set.

Your dietitian will prescribe the volume and rate of your feed to suit your needs. You may be fed intermittently during the day or continuously overnight depending on which is best for you.

How do I care for my gastrostomy tube?

- Your gastrostomy tube will need to be flushed, cleaned, and rotated weekly. The tube should be flushed with a minimal of 30mls of water as follows:
 - Before and after feeding
 - On administration of medications or
 - As directed by your Nutrition Nurse to prevent tube blockage.
- You will need to flush between medications to prevent them interacting in the tube.

- You should only use the tube to administer feed, water and liquid medicines.
- You should change the position of clamp on tube regularly to prevent damage to tube. Do not leave clamp on once end of tube is secured.

How do I look after my skin around the tube?

The area where the tube enters your stomach is called the stoma site.

Stoma site should be cleaned daily

- You have to clean the stoma site daily using baby wipes or soap and water. It is important the area is dried thoroughly.
- You are advised not to immerse stoma site in water for first 4 weeks until stoma tract is healed. Please do not use creams or talcum powder on stoma site.

Checking for infection or excessive leakage from/around tube or stoma site

- There may be a small amount of discharge from the site, this is normal. A loose, thin, absorbent dressing can be used to cover the site.
- Do not place bulky dressings under the external plate, as this can cause damage to the stoma.
- If leakage is excessive **STOP USING THE TUBE** and inform Nutrition Nurse/GP immediately.
- If you experience abdominal pain, bleeding, distension, vomiting you must **STOP USING THE TUBE** immediately contact your Nutrition Nurse/GP.
- If you feel your tube has become dislodged you must **STOP USING THE TUBE** immediately and contact your Nutrition Nurse/GP.
- If any signs of infection e.g. pus, temperatures, swelling, pain, increased redness inform your Nutrition Nurse/GP immediately.

Additional care for PEG tubes

- **DO NOT LOOSEN FIXATOR UNTIL 14 DAYS POST INSERTION PEG**
- Thereafter, the fixator should be loosened at least once a week to allow cleaning and for the tube to be advanced and rotated. Your Nutrition Nurse or Community Dietitian will demonstrate how to do this.
- The correct placement of the external fixator is approximately 5mm/¼inch away from your skin. Guidance will be given by your Nutrition Nurse as the correct placement for your specific tube.
- The tube will need to be rotated weekly; this can be done by holding the tube between your fingers and turn the tube at least 2 or 3 times.

Additional care for RIG tubes

- You will have T fasteners (stitches) in place on either side of the tube. These will need to be removed by either the Community Nurse or Nutrition Nurse after 14 days.
- The gastrostomy tube is held in place by a balloon filled with sterile water. This needs to be checked weekly, you will be have been taught this before your discharge. However, if you are unable to it is possible for the Community Nurses to check it for you.

What do I do if the tube becomes blocked?

If you find you are unable to flush the tube you may try the following:

- Ensure all clamps are open and the tube is not kinked.
- Manipulate the tube between your fingers to see if you are able to locate and massage the blockage.
- Connect the 50ml syringe to the end of the tube and try to flush with 50mls lukewarm water and leave for 30 minutes (to dissolve any fat globules).
- Re-flush, using a push pause technique, to create some turbulence in the tube.

- If the tube remains blocked contact your Nutrition Nurse, District Nurse or Community Dietitian.
- **Never use excessive force and never attempt to unblock the tube by introducing sharp instruments.**

How do I take my tablets or medicines now?

All medicines should be given in liquid form. Each medication will need to be given with plenty of water to flush the liquid through the tube. At least a 10ml flush will be needed in between medication to prevent any interaction within the tube.

How long will the tube stay in?

This will depend on why you needed the tube in the first place. A PEG tube can be in place for up to 2 years before it requires changing. However a Balloon Gastrostomy tube will need to be changed every 3 months, this can be done by either the Community Dietitian or your Nutrition Nurse and is a relatively straight forward procedure, which can be done in at home or in hospital.

Replacing PEGs

In order to replace a PEG, you will need to attend the Endoscopy Unit as a Day Case Patient. The procedure is similar to the initial insertion; however as you will have an existing stoma it should be uncomplicated.

What are the longer term complications of having a gastrostomy?

No treatment or procedure is totally risk free, but gastrostomy insertion is considered to be generally very safe. The main complications following gastrostomy are mentioned below:

Infection

Infection can occur after the insertion of the feeding tube, but also later it can occur around the stoma site. This can be treated with either topical or oral anti-biotics.

Leakage

A small amount of oozing from the stoma site is normal. However sometimes this can become more noticeable. If the external fixator is not close enough to the skin (as described earlier) it can cause leakage. If a patient is also constipated this would normally be a common cause as well. If you are concerned by the amount of leakage you are getting please contact your Nutrition Nurse.

Pain

Following a gastrostomy insertion, patients can expect to feel some discomfort for about 10-14 days. This is normally controlled by paracetamol and Ibuprofen. Should you experience pain that is not controlled or is persistent, please contact your GP or Nutrition Nurse.

Displacement

If a gastrostomy tube is put under a large amount of tension it can lead become displaced and therefore require a replacement tube. For balloon tubes it is possible the balloon can burst and lead to the tube coming out.

If you are concerned your tube has been displaced or there is a problem with the balloon, please tape it in place and contact your Nutrition Nurse/GP **AS SOON AS POSSIBLE**. If it is out of hours contact you local Accident and Emergency Department.

Tube Blockage

A gastrostomy tube can block preventing any fluid, feed or medications being given. Please refer to the earlier section regarding tube blockages.

Buried Bumper

(PEGs only) if the gastrostomy tube is not rotated and advanced regularly, the stomach lining can grow over the internal bumper. This will make it very difficult to change or remove the tube, and resulting in the patient requiring an operation to release the bumper. Buried Bumper can also lead to the tube being displaced and causing peritonitis (severe abdominal infection).

What about bathing and showering

For the initial 4 weeks it is recommended you do not submerge the stoma in water, therefore either a shower or a shallow bath would be best. After the site is fully healed you can bathe or shower as normal. Always ensure the tube end is closed and the clamp applied and be sure to dry the area thoroughly afterwards.

Can I go swimming?

Yes, after the initial 4 week period. It is advisable to cover the site with a waterproof dressing when swimming. Make sure the tube end is closed and the clamp applied.

Will the gastrostomy have an impact on my day-to-day life?

A large group of patients will have a tube inserted before they actually require one, and are able to continue with their day-to-day lives. Having a gastrostomy should not restrict your movement, leisure time, or your relationships. When you are due to be discharged the nursing staff will make sure everything has been planned to get you home safely.

If I cannot eat what will happen to my mouth?

Good oral hygiene is still very important, plaque can build up quickly so it is important to brush your teeth at least twice daily. A mouthwash or artificial saliva may help to keep your mouth fresh. If you have any concerns regarding this please speak with your GP.

Who will help me with feeding at home?

Many people on home feeding are able to manage with very little help. However, help can be given by relatives and friends or by Community Nurses. Your Nutrition Nurse and Community Dietitian, along with your GP, will monitor your tube, feeding, general health and wellbeing at regular intervals, either at home or in the hospital.

If I am not using my tube what care is required?

The care remains the same, you will need to clean, advance and rotate the tube. You will also need to ensure it is flushed daily with at least 50mls of water. If you have a balloon gastrostomy tube you will also need to check the balloon volume weekly.

If I am allowed can I eat with a gastrostomy tube?

Eating and drinking will not affect the tube. Your Doctor will decide if it is safe for you to eat or drink. If you can eat your Dietitian will monitor your intake.

Who to contact

During working hours (08.30-16.30) Mon-Fri please call your Nutritional Nurse or Community Dietician.

Outside of these hours please call Okement Ward where you can discuss the issues affecting you with a member of staff.

In some cases you may be asked to come into the hospitals Emergency Department for a further assessment.

Useful numbers

The Nutrition Support Team	01392 404635
Community Dietician	01392 403555
Okement Ward Gastroenterology	01392 402800 /402801

Source of good practice

British Society of Gastroenterologist

Stroud M, Duncan H, Nightingale J Guidelines for Enteral Feeding in Adult Hospital Patients GUT 2003

Merck Pharmaceuticals

Post insertion care of the Corflo PEG 2004

National Patient Safety Agency

Rapid Response Report 2010

STOP the feed OR flush, if you experience **ONE** or **MORE** of the following signs or symptoms - when flushing or feeding:

- Pain or distress
- Fresh bleeding
- Significant gastric leakage
- Abdominal swelling
- Nausea with vomiting

Please contact **ONE** of the following telephone numbers:

■ **Out-of-hours, Bank Holidays and weekends**

NHS Emergency and Urgent Care Services..... **111**

Okement Ward **01392 402800**

■ **In hours (08:00 – 16:00, Mon – Fri)**

Paediatric Team **01392 402681**

Adult Patients (over 17 years) **01392 404635**
(Nutrition Support Team)

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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