Gastrostomy Tube for Decompression

What is a Gastrostomy?
A gastrostomy (g-tube) is a procedure that creates a small opening in your outer abdomen into the stomach. A thin tube is placed through this hole. This tube is called a g-tube and will allow fluids to drain out of your stomach, to vent air and give medicines if they are needed and safe for you. If you have nausea or if you are vomiting due to a blockage in your intestines, venting can help decrease these feelings. To vent, this tube can either be hooked to wall suction or attached to a soft, plastic bag at home to allow gas and/or fluid to come out. You will be taught how to attach the tube to a bag before you go home.

Why do I need a venting g-tube?
Tumors that cannot be operated on or treatments used to fight cancer can cause the stomach and bowels to stop working as they should. This can lead to nausea, vomiting or bloating. Placement of a g-tube can reduce these symptoms and still allow you to enjoy drinking some liquids. You will not absorb many nutrients because the liquids you drink will drain out the g-tube.

How often do I need to vent the tube?
Some patients may have gas, bloating, nausea, or vomiting after eating. If you have these symptoms, you will be able to “vent” the g-tube. This will allow air to escape or allow the contents of your stomach to drain after eating in order to decrease these symptoms. How often you need to do this is based on when you are having these symptoms.

What is the procedure like?
- The tube placement is done in the Interventional Radiology (IR) suite and often takes about 1 hour.
- If you do not already have an IV, one will be started to give you medicine to help you relax. If safe for you, we will give IV pain medicines and a medicine to make you sleepy for the procedure. We do not often perform this procedure with general anesthesia.
- Ultrasound and x-ray will be used to help locate the correct place for the tube.
- A nasogastric tube is placed through your nose and into your stomach. It will be filled with air which helps with tube placement. This will make you feel full but should not cause you pain. If Interventional Radiology places the nasogastric tube during the procedure, it will be removed at the end of the procedure.
- T-fasteners, which look like small white buttons on your skin, will be placed next. This helps move bowel out the way and prevents the stomach from moving during G tube placement. You will come back to IR clinic 7-10 days after the procedure so the IR nurse can look at your site and remove these T-fasteners. If the T-fasteners fall off before your clinic visit, that is ok.
- Lidocaine will be injected into the skin over your stomach in order to numb the place where the tube will go into your abdomen. This will feel like a pinch and a burn.
- A small needle is advanced through the skin and into the stomach. A flexible wire is inserted through the needle and into the stomach. The needle is removed and the soft tube will be guided into place over the wire. You may feel some pressure during the placement of the tube.
- The tube will be secured in place with a suture and a dressing.

**How do I clean the g-tube site?**
The g-tube needs to be cleaned daily to prevent infection. Clean the skin around the tube with soap and water and then let air dry. You may shower and let the water run over the area where the tube enters your skin. The day after the procedure you no longer need to leave a dressing in place. If you prefer to leave a dressing, a 4x4 split gauze dressing may be applied. This should be changed every 3 days or as needed if it becomes soiled.

1. Check the tube site for signs of infection. These may include:
   - Increased tenderness or pain.
   - Increased redness or swelling.
   - Drainage that is green in color or smelly.
   - Sutures (stitches) at the skin site that come loose.
Giving Medicines
If you need to use the G-tube to give medicine please review these tips. Medicine can be given with a syringe through the g-tube. Be sure to crush pills in water until dissolved so that they do not clog the tube. You may want to ask your doctor about getting pills in liquid form. Never crush enteric-coated or time-release capsules. Flush the tube with 30 milliliters (mL) of water before and after giving medicines. This helps ensure that it enters the stomach and also helps to prevent clogging the tube.

What can I eat?
We suggest a liquid diet because liquids can easily drain out of the g-tube. Use a blender to blend your favorite solid foods into thin liquids. This will help you enjoy the flavors of your favorite foods without clogging the tube.

You can blend your favorite solid foods to a thin liquid by adding small amounts of fluid. You may choose to add fluids such as milk, cream, cream soups (without chunks), sour cream, cottage cheese, smooth yogurt, ice cream (without nuts or chunks of fruit or candy), half & half, broth, fruit juice, vegetable juice, or nutrition supplements (Carnation Instant Breakfast®, Ensure®, Boost® or generic versions).

Here are some examples of liquids that you may enjoy. Remember to put solid foods in a blender with a small amount of thin liquids. Blend the mixture until the consistency is thin.

- Strained canned soups or soup that has gone through a blender
- Cooked hot cereal (thinned with milk)
- Ham with pineapple (thinned with broth, sauce, gravy or pineapple juice)
- Pork with applesauce (thinned with broth, sauce, gravy or apple juice)
- Beef with sweet potatoes (thinned with beef broth, sauce or gravy)
- Pureed fruits (thinned with fruit juice)
- Pureed vegetables (thinned with vegetable juice or vegetable broth)
- Fruit smoothies made with pureed fruits and ice cream or yogurt (thinned with milk)

Common Problems: If you have any of the problems listed below and feel that you need medical help, please call Interventional Radiology at 608-263-9729 option 3 with your concerns. Please call before going to an emergency department or medical clinic. Our staff will assist you in deciding what to do next.

1. Blocked tube
   Gently flush the tube using 15 mL of warm water. You may need to flush and pull out the water many times until the tube will flush.

2. Excessive leakage around the tube

3. Redness around the tube
   Keep the skin around the tube clean and dry. Some redness is normal, but moisture can irritate the skin and lead to an infection. Clean the skin around the site more often using plain water. Keep irritated areas open to air if you can. Ask a nurse about other ways to fasten the tube in place. Call the nurse if you see signs of infection (redness, swelling, rash, greenish drainage).

4. Bleeding around the tube
   If you notice more than a few drops of blood, call your nurse. Keep the tube taped or secured tightly to your skin to prevent accidental pulls that might cause injury.
5. Stitches come loose or tube falls out
   If the tube falls out partly or all the way, do not try to push it back into the opening. If you can, secure the tube with tape. You must Call Interventional Radiology at UW Hospital within 12 hours after the tube has fallen out. We will arrange an appointment for you to have the tube replaced. You do not need to go to the Emergency Room for this.

6. Tube is punctured or torn
   Clamp the catheter (or seal with tape), close to your skin. Call the phone numbers listed above.

7. Noticing blood
   If you cough up blood or see blood clots the size of a quarter (25 cents) coming from the g-tube call Interventional radiology right away. You may be advised to go the Emergency Room.

8. Vomiting
   The venting g-tube is put in to help control nausea and vomiting. Make sure your tube is not clogged. If the tube is not clogged, you may need to adjust your nausea medicines.

9. Dehydration
   Vomiting, diarrhea, fever, and sweating can cause the body to lose fluids. You may no longer get thirsty so you must be very careful to note the signs of dehydration. If you have any of these signs, call your primary doctor to find out how much and what kind of extra fluid to give at these times.
   - Decreased urine or darker colored urine
   - Crying with no tears
   - Dry skin that has no recoil when squeezed
   - Fatigue or irritability
   - Weight loss
   - Dizziness
   - Dry mouth and lips
   - Sunken eyes
   - Headache

Common Questions and Answers
Can I sleep on my stomach?
Yes. After the tube site has healed, most people are quite comfortable sleeping on their stomachs.

Where do I get supplies?
You will receive supplies from the inpatient unit when you are discharged. Your hospice or home health agency will provide you with more supplies as needed.
Follow-up Care:

1. You may shower. Do not immerse the tube in water such as in a bath, swimming pool or hot tub.
2. Follow up with Interventional Radiology G3/3 at UW Hospital: In 7-10 days post placement for routine post procedure clinic evaluation, and in 3-6 months for a routine change of the G tube. IR will schedule these appointments for you.
3. If you have any questions or concerns call Interventional Radiology Scheduling line at 608-263-9729 option 3. After hours, call Interventional Radiology Resident On-Call at 608-262-2122.

If you have more questions please contact UW Health at one of the phone number listed below.
You can also visit our website at www.uwhealth.org/nutrition

Nutrition clinics for UW Hospital and Clinics (UWHC) and American Family Children’s Hospital (AFCH) can be reached at: (608) 890-5500.

Nutrition clinics for UW Medical Foundation (UWMF) can be reached at: (608) 287-2770.