Caring for Your Gastrostomy
Table of Contents

What Is a Gastrostomy Tube (G-tube)? ................................................................. 2
Types of Gastrostomy Tubes ................................................................................. 3
Cleaning the Gastrostomy Site.............................................................................. 4
Gastrostomy Feedings .......................................................................................... 5
Giving Medicines .................................................................................................... 8
Changing a Balloon-Type Gastrostomy Tube......................................................... 9
Common Problems ............................................................................................... 11
Common Questions and Answers ....................................................................... 14
Home Supplies List ............................................................................................... 15
A Ready Reference Guide ..................................................................................... 16
What Is a Gastrostomy Tube (G-tube)?

It is a tube that enters the stomach through the outer abdomen. It can be used to give food and medicines if you cannot swallow. It can also be used to drain fluids from the stomach. The tube can be placed in surgery or in the clinic.

Food, fluids, and medications go into the G-tube, instead of into the mouth. …and pass down the tube into the stomach.
Types of Gastrostomy Tubes

The type of tube you use may change, depending on your needs.

☐ PEG (Percutaneous tube):

1. Used if tube is placed by the GI doctor or surgeon.
2. Must be removed by specially trained doctor or nurse.
3. Life of this type of tube is 1-2 years.

☐ Balloon-type G-tube (Foley catheter or replacement tube):

1. Has a balloon that needs to be inflated with water to hold it in place.
2. May be removed and replaced by patient or caretaker.
3. Life of this type of tube is about 2-6 months.

Types of Skin-Level Devices

☐ Button (mushroom-type device)

1. May be placed a few months after G-tube opening is fully healed.
2. Requires clinic visit for placement and removal.
3. Life of this type of device is 1-2 years.

☐ MICKEY® or AMT Mini Button® (balloon-type)

1. May be placed 3 months after PEG placement when opening is fully healed.
2. Caregiver can be taught to replace as device is secured by a balloon.
3. Life of this type of device is 3-6 months. This may vary due to weight change and/or medicines.
Cleaning the Gastrostomy Site

How often should the site be cleaned?
Once a day is fine, though more often if there is drainage around the tube. One of the easiest ways to clean your site is in the shower. Be sure to rotate the tube and allow water to flow under the skin disc to clean the area. Soap is not necessary.

If you are not able to shower, please use the following steps.

What to Do

1. Wash your hands.

2. Clean the skin and tube with gauze pads and water. If there is crust around the tube, dip the gauze in warm water. Wrap it around the crusted area. After about 5 minutes, remove the gauze and wipe away crusting. Dry well.

3. Inspect the skin around the site. Call your doctor or nurse practitioner if you notice:
   - drainage
   - bleeding
   - excess tissue
   - redness
   - swelling

4. For the first three weeks, the skin disc must not be loosened except by your health care provider! After 3 weeks, the skin disc may be moved to a comfortable distance from your skin. Rotate tube daily. Note the numbered marking on tube to make sure the tube is staying in the right place. If there are no markings, note the length of the tube.

5. Tuck the G-tube under your clothing to prevent accidental pulls.

6. Wash your hands when done.

Tips

Moisture can irritate skin. Avoid dressings. If a dressing is needed, gently place it on top of skin disc. Change morning and night or when soiled.

It's normal to have a little clear drainage around the G-tube opening. When this drainage dries, it becomes a light brown crust.

If the tube is not well secured, it can prevent healing or the balloon can slip into the intestine. This could cause leaking, diarrhea, or vomiting.

Try wrapping a piece of tape around the end of the tube. Then, stick a pin through the tape and fasten it to your clothing.
Gastrostomy Feedings

What to Feed:

Formula Name: _________________________________________________________________
Names of Equivalent Products: _____________________________________________________
Name of Manufacturer: ___________________________________________________________
Total amount of formula per day: __________________________________________________
Total amount of water per day: _____________________________________________________
Additional Vitamins/Minerals/Supplements: __________________________________________

When to Feed:

Give _____ can/cc of _______ every _____ hours or _____ times per day.
Flush the tube with _____ ml/cc water after each feeding.

When to delay feeding:

If you have nausea, feel full, or the tube does not flush freely, try again in one hour. If this goes on, call your doctor.
Other Instructions:

Supplies:

- Tube feeding formula
- 60 ml ENFit syringe and/or feeding bag
- Clamp or catheter cap (for G-tube)
- ENFit adapter tube (for skin level device) *(Optional)*
- Water

- Pump stand or IV pole
- Feeding pump with feeding bag
- 3-way stopcock (ACE ENFit enteral valve connector)
# How to Do Feedings

<table>
<thead>
<tr>
<th>What to Do</th>
<th>Why</th>
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<tbody>
<tr>
<td>1. Wash hands with soap and warm water for 30 seconds.</td>
<td>Helps remove germs and prevent infection.</td>
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<tr>
<td>2. Connect syringe or feeding bag to G-tube. If using a skin level device, connect the adapter tube to the device and then the syringe or feeding bag. Flush with 10-30 ml/cc water.</td>
<td>Flushing before feeding helps you to check if the tube is open</td>
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<tr>
<td>3. Sitting up or lie on right side with head raised 30-45° is best.</td>
<td>This helps the stomach empty and decreases regurgitation.</td>
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<td>4. Give the feeding at room temperature.</td>
<td>Cold feedings can cause stomach cramps.</td>
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### If using a pump:
Connect G-tube to pump tubing, open the flow clamp and turn on pump. Be sure pump is set at the correct rate. The correct rate is __________. Your nurse or home care provider will show you how to use a pump.

**Note:** Need to use adapter tube with the skin level device.

### If not using a pump:

#### a) Syringe Method:
Remove plunger from syringe and connect syringe to G-tube. Raise syringe 4-5 inches above the stomach and pour the feeding into the syringe. Allow the feeding to drop into the stomach by itself. Feedings should take 10-15 minutes. For thicker feedings, you may need to gently push the feeding with the plunger. Never force feedings into the G-tube.

*If a large amount of feeding enters the stomach too quickly, it can cause swelling of the stomach, vomiting, or retching. To slow down the feeding, lower the syringe.*
b) Feeding bag method:
Close clamp. Fill the feeding bag with the desired amount of formula. Suspend the feeding bag at least two feet above your head. Run tube feeding through empty tubing. Attach to G-tube. Open clamp and regulate flow.

5. When feeding is done, flush the G-tube with 30 mL of tap water or amount recommended by the dietician to meet your daily water needs.

6. Clamp or cap tube or remove skin level feeding adapter. Adapter tubes and feeding bags are reusable.

7. Clean your supplies by rinsing the syringe, bag, and/or tube with cool water. Then swish with warm water and a small amount of liquid dishwashing detergent. Rinse. Hang to dry. **Change tube feeding bags every 3 days.**

8. **NOTE:** If the plunger cannot be easily inserted into the syringe, try a few drops of vegetable oil. **Change syringe weekly.**

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**Giving Medicines**

Medicine can be given with a syringe through the G-tube. Crush and dissolve pills in water (not formula) so that they do not clog the tube. You may want to ask your doctor about getting the medicine in liquid form. **Never crush enteric-coated or time-release capsules.** Flush the tube with 30 – 60 mL of water before and after giving medicines.
Changing a Balloon-Type Gastrostomy Tube

The first tube change must be done by a doctor.

Change the tube if:

- It becomes plugged;
- It accidentally falls out;
- Your doctor recommends routine changes.

Supplies

- G-tube with inflatable balloon (size will be ordered by doctor or nurse practitioner)
- Water
- 2 syringes and needle
- 1 inch tape
- Lubricating jelly (water soluble) such as KY® jelly or Surgilube® (not Vaseline®)

Tips

It's normal for some stomach juices to spill out during the tube change. It's also common for a few drops of blood to ooze from the site during the change. **If there are more than a few drops of blood, call your doctor.**
What to Do

1. Wash your hands.

2. Take a new G-tube and test the balloon for leaks. Using a syringe, draw up 5 mL of water. Inject the water into the smaller balloon port. Wait 2 minutes. If there is no leak after 2 minutes, withdraw the water. If the balloon leaks, toss it out and test a new one.

3. To remove the old tube, unclamp the G-tube. Using a different syringe, withdraw water from the balloon. Discard.

4. Coat the tip of the new tube with a lubricating jelly. **Do not use Vaseline®.**

5. Insert the new tube.

   While holding the tube at a 90° angle to the stomach, gently insert it about 3-4 inches into the opening.

6. Using the syringe, inject the amount of water specified on package into the balloon port.

7. Make sure that the balloon is against the wall of the stomach by gently pulling the tube back until you meet resistance.

8. Clean the site. Then move the skin disc down to the skin level and tape the tube in place. If you have a skin level device, please refer to the package insert.

9. Wash your hands.

Tips

- If you meet resistance, remove the tube and try again a little harder. Turn the tube to a different angle. **If you cannot insert the tube, call your doctor.**

- A balloon that is placed snugly against the wall of the stomach helps prevent stomach contents from leaking.

- If the balloon is not well secured, it can slip down into the intestines and cause a blockage.
Common Problems

1. Blocked tube
2. Leaking around the tube
3. Leaking from feeding end of tube
4. Redness around the tube
5. Bleeding around tube
6. Tissue buildup around tube
7. Tube falls out
8. Vomiting
9. Diarrhea
10. Dehydration
11. Constipation
12. Gas, bloating, cramping

1. Blocked Tube
   - Milk the tube by squeezing it between your fingers. Start at the top and work toward the stomach.
   - Firmly flush the tube using 15-30 ml of warm water. If that fails, change the tube if instructed to do so.
   - Call your doctor or nurse practitioner.
   - Prevent blockage by always thoroughly flushing tube with 30-60 ml water after feedings and before and after medicines.

2. Leaking Around Tube
   - Be sure the balloon is snugly against the wall of the stomach. This provides a seal, which helps prevent leakage.
   - Leaking is often a signal that tissue build-up has started or the tube is out of place. Please call your doctor.
   - If there is leakage, protect the skin with zinc oxide ointment, and change the dressing when it is wet.
   - The acid in the leaking stomach juices can irritate the skin. For relief, change dressing often and wash irritated skin with water. You may need to see your doctor or nurse if it becomes a problem.
   - Measure the tube to check its placement in the stomach. (A tube that moves up and down in the stomach can cause irritation and widen the opening.)
   - When you change the tube, remove the old tube and wait 10-15 minutes before placing the new tube. This lets the opening close a bit so that the new tube will fit more tightly.

3. Leaking from feeding end of tube
   - Call your nurse or doctor.

4. Redness around the Tube
   - Keep 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 possible.
   - Ask a nurse about other ways to fasten the tube in place.
   - Call the nurse or doctor if you see signs of infection (redness, swelling, rash, unusual drainage).
5. **Bleeding Around the Tube**
   - If you notice more than a few drops of blood, call your doctor or nurse. Some bleeding is normal during the tube change due to irritation.
   - Keep the tube well secured to prevent accidental pulling.

6. **Tissue Buildup around Tube**
   The growth of tissue around the tube is normal because the body tries to repair itself. The nurse practitioner may need to remove some of this excess tissue. This can be done in the clinic. **Call the clinic if tissue builds up or bleeding occurs.**

7. **Tube Falls Out**
   - If the tube has not been changed by a doctor for the first time, cover the opening with a clean dressing. Call your clinic or go to the local emergency room for the tube change.
   - If the tube has been changed before, simply change the tube as usual at home.
   - If a few hours have passed and the same sized tube will not go in easily, use a smaller sized tube. Then, wait a week to change the tube again and insert the correct sized tube.

   **NOTE:** Although this is not an emergency, if the tube is not put in shortly after coming out, the opening can begin to close. It is best for the tube to be replaced within 2 hours of coming out. You may even use the old tube until you can have a new one put in. Tape the old tube in place, as the balloon will not stay inflated.

8. **Vomiting**
   - Check the tube placement to be sure that the balloon is against the wall of the stomach, not slipping in and out. If the balloon slips into the intestine, it can cause a blockage and vomiting and swelling of the stomach.
   - Do the feeding sitting upright or propped up on pillows (45°) if lying down.
   - Try smaller feedings more often. Make sure the total amount for the day is the same.
   - Infection may cause vomiting. Be sure equipment is well cleaned and rinsed between feedings. Wash your hands between contacts with persons who are ill.

   **Call your doctor if vomiting persists more than once.** The type or strength of the formula may need to be changed.

9. **Diarrhea**
   - Diarrhea means frequent, loose, watery stools. Looser stools may be normal with certain types of tube feeding. A few loose stools in a 24-hour period are not a problem.
   - Avoid formula hanging for longer than 6-8 hours.
• Check the tube to be sure that the balloon is against the wall of the stomach. If the tube is too low in the stomach, the feeding will enter the intestine too quickly, causing diarrhea.
• Give the tube feeding more slowly.
• Give more water after each feeding to replace water lost in the diarrhea.
• If the diarrhea does not stop after 2 or 3 days, call your doctor.

NOTE: Consult your dietician. Changing to a tube feeding with fiber may help.

10 Dehydration

Vomiting, diarrhea, a fever and sweating cause the body to lose fluids. You may not get thirsty so you must be very careful to note the signs of dehydration and call your doctor. They will tell you what kind of extra fluid to give. Symptoms include:

♦ Decreased or more concentrated urine
♦ Crying with no tears
♦ Dry skin that has no recoil when squeezed
♦ Fatigue or irritability
♦ Dizziness
♦ Dry mouth and lips
♦ Sunken eyes
♦ Headache

11. Constipation

• Constipation may be due to a low fluid intake, too little fiber in the feeding or a side effect of medicine.
• This is common in the elderly or those with limited activity.
• Giving extra water or fruit juice (especially prune or apple juice) between feedings may be helpful.
• If you have chronic constipation, call your nurse or doctor. Often, a different formula may be prescribed.

12. Gas, Bloating, Cramping

Consider the points outlined for diarrhea. Also, try to get rid of all air from the tube feeding system before connecting to the G-tube. You may open the tube while it’s raised to allow extra air to escape. It’s best done if lying down with the tube held straight up. Be sure to have a towel handy in case fluid is released. Recap once the air is out and fluid starts to come out.
Common Questions and Answers

Is there anything special I should know about the percutaneous gastrostomy (the one placed in the clinic)?

Yes. The first time the tube is changed a GI specialist must do it. A special procedure is needed to remove the internal bumper that holds the G-tube in the stomach.

What happens when I no longer need the gastrostomy tube?

Your doctor can explain the medical reasons for the tube and when it is no longer needed. Most often, after the tube is removed, the hole close over in a few days. Sometimes it may take several weeks to close. Surgery is not needed to close the gastrostomy tube site in most cases.

Does someone who can change the gastrostomy tube always need to be with me in case the tube accidentally comes out?

No, if the tube comes out, you will be all right. However, because the opening starts to close soon, the tube should be replaced within 2 hours by someone trained to do so.

Is there anything special I should know about traveling?

Remember to take all the supplies needed for feeding: syringe, formula, tubing, bottled water, etc. Opened formula can be stored in a cooler to prevent spoilage. It is a good idea to also take along an extra tube, some tape, and supplies for changing the tube in case it comes out. Some families use a small canvas bag that is always filled with supplies needed for travel.

Can I sleep on my stomach?

Yes. After the surgical site has healed, most people are quite comfortable on their stomachs.
Home Supplies List

Tube Feeding Formula:__________________________________

For gastrostomy tubes:

- 60 mL ENFit syringe
- Feeding bag (optional)
- Tube clamp if needed
- Cap for end of tube
- Tape 1"
- Cotton swabs or gauze
- Smaller syringes for medicines
- Lubricating jelly (water soluble)

For G-Tube skin level devices:

- 60 mL ENFit syringe
- Feeding bag (optional)
- Tube clamp if needed
- Cap for end of tube
- Tape, 1"
- Cotton swabs or gauze
- Smaller ENFit syringes for medicines
- Lubricating jelly (water soluble)
- Adapter tube

Additional supplies for pump feedings:

- Pump
- Feeding bags

You will be given a 3-day supply before discharge from the nursing staff. Future supplies may be obtained through your home care provider. The special G-tubes, buttons, etc. can be ordered by the GI clinic. Please check with your nurse or doctor.
Tube Type: _______________________________________________

Site Care (daily):
1. Cleanse skin and tube with water.
2. Remove any encrusted material with a warm, wet cloth.

Tube Feedings
1. Formula _______________________________________________
2. Amount and Frequency ___________________________________
3. Method: □ Syringe    □ Feeding Bag    □ Feeding Bag and Pump

Things to watch for
1. Blocked tube.
2. Signs/symptoms of infection - redness, swelling, unusual drainage.
3. Leakage or bleeding around tube.
4. Tissue buildup around tube.
5. Problems with vomiting, diarrhea, dehydration, or constipation.

Phone Numbers

Please call if you have concerns or questions.

Doctor: ___________________________  Phone Number: _____________
Local Doctor: ______________________  Phone Number: _____________
Nurse Practitioner__________________  Phone Number: _____________
Dietitian: __________________________  Phone Number: _____________
Home Health Agency: ________________  Phone Number: _____________

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2017 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4350.