Placement and Care of Your Gastrostomy Tube

(Interventional Radiology)
Your doctor has scheduled a gastrostomy tube (G tube) placement to be done by an Interventional Radiologist. Before the tube placement the staff will explain it to you and ask you to sign a consent form.

**What Is a Percutaneous G Tube?**

It is a soft, narrow tube that enters the stomach through the skin in the upper part of the 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 left in place for a long time, but it must be changed every 3-6 months depending on the type of tube that is placed. A tube change is done in the Interventional Radiology Department and takes about ½ hour. This visit will be arranged for you.

**How to Prepare for the Placement of Your G Tube**

1. If you are taking any type of blood thinner (such as aspirin or Coumadin®), you will be told when to stop taking them, before the tube is placed.
2. You should have nothing by mouth except medications for 6 hours before the tube placement.
3. If there is a chance you may be pregnant, please tell the doctor.
4. **Be sure to tell the doctor if you have any allergies to iodine, latex, contrast or medicines.**

**What Is the Procedure Like?**

- The tube placement is done in the Interventional Radiology suite and often takes about 1 hour
- An IV will be started to give you medicine to help you relax.
- The nurse will be checking your blood pressure and pulse during the placement.
- 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 your stomach will be filled with air. This helps with tube placement. This will make you feel full but should not cause you pain. The nasogastric tube will be removed at the end of the procedure.
- We will inject lidocaine into the skin over your stomach in order to numb the place where the tube will go into your abdomen.
- A small needle is advanced through the skin and into the stomach. This needle will then be exchanged for the soft tube. You may feel some pressure during the placement of the tube.
- The tube will be secured in place with a skin disk and a dressing. A small balloon will be filled at the tip of the tube to prevent the tube from falling out.
Balloon G Tube

Syringe and Feed Bag connects here

DO NOT USE

Side Port

Skin Surface

Skin Disk

Soft Tissue

Stomach

Balloon
After the Procedure

1. You will return to a hospital room where you will rest in bed for 2 – 4 hours.

2. The nursing staff will take your blood pressure and pulse often and check the tube site.

3. The tube will be attached to suction for a minimum of 4 hours after the tube is placed.

4. You will not be able to eat or drink and the tube cannot be used for a minimum of 4 hours after the tube is placed.

5. You should report any of these symptoms to your nurse:
   - Increased or new abdominal pain, neck soreness, or shoulder pain
   - Nausea or vomiting
   - Feeling chills or fever
   - Shortness of breath
   - Increased pain at the tube site

6. Tube feedings are often started later on the same day of tube placement, after a water bolus test is performed and passed to ensure the GI tract is working properly.

Cleaning the Tube and Changing the Dressing

The G-tube needs to be cleaned daily to prevent infection. On the first day after the tube is placed, clean the skin around the G tube on a daily basis with soap and water and then let air dry. You may do this in the shower or using a wash cloth.

1. The day after the procedure you no longer need to leave a dressing in place.
2. Always 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.
Follow up Care:

1) The following activity restrictions are advised:
2) Lifting Restriction: 10 lbs x 72 hours post procedure
3) You may shower. Do not immerse tube in water such as in a bath, swimming pool, or hot tub.
4) Care of the gastrostomy tube: See instructions above. Please refer to Health Facts for You # 5899, “Placement and Care of your Gastronomy Tube” for further information regarding care of the tube.
5) Take all medication as directed
6) 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. Interventional Radiology will schedule these appointments for you.
7) If you have questions or concerns including bleeding at the site, severe pain or nausea, call Interventional Radiology Scheduling line at 608-263-9729. After hours, call Interventional Radiology Resident at 608-262-2122.

G Tube Feedings

Method: □ Syringe □ Feeding Bag □ Feeding Bag and Pump

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/ml of __________________ every _____ hours or ______ times per day.

Flush the tube with ______ ml water after each feeding.
What to Do
1. Wash hands with soap and warm water for 30 seconds.
2. Make yourself comfortable. Sitting up or lying on your right side with head raised 30-45° is best.
3. Always flush the tube with 30-60 mL tap water before AND after each feeding.
4. Give the new feeding at room temperature.
5. ALWAYS clamp the feeding tube with a clothes pin or similar device whenever you uncap it. This will prevent stomach fluids from leaking out of the tube.

a) Syringe Method:
   • Remove the plunger from a syringe, uncap the feeding tube and connect the syringe to the feeding tube. Raise the syringe 4-5 inches above the stomach and pour the feeding into the syringe.
   • Allow the feeding to run into the stomach by itself. Feedings should take 10-15 minutes. Never use the plunger to force feedings into the G-tube.
   • When the feeding is finished, pour 60 mL tap water into syringe to flush G tube. Then remove syringe and recap tube.

b) Feeding Bag Method
   • Close the roller clamp on the tubing that is attached to the feeding bag. Pour food into the feeding bag. Open the clamp and let food fill tubing. When it reaches the end of tubing, close the roller clamp.
   • Hang the feeding bag at least two feet above your head.
   • Connect the feeding bag tubing to the large opening of the feeding tube. Open the clamp on the feeding bag and control the flow by rolling the clamp to desired rate.

When the feeding is done, flush the tube with 30-60 mL of tap water or amount advised by the dietician to meet your daily water needs. Then cap the tube.

6. Clean your supplies by rinsing the syringe and bag with cool water. Then swish with warm water and a small amount of liquid dishwashing soap. Fully rinse. Hang to dry. Replace the feeding bag every 3 days and the syringe once a week.

7. NOTE: If the plunger cannot be inserted with ease into the syringe, loosen it with vegetable oil. Never use Vaseline®.
Giving Medicines

Medicine can be given with a syringe through the G-tube. Be sure to crush pills in water until completely dissolved so that they do not clog the tube. You may want to ask your doctor about getting the pills 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 to be sure that it enters the stomach and to prevent clogging the tube.

Problems that you might have with your tube:
If you have any of the problems listed below and feel that you need medical attention, **please call Interventional Radiology at 608-263-9729 with your concerns. Please call BEFORE going to an emergency room or medical clinic. Our staff will assist you in deciding what to do next.**

1. Blocked tube
2. Excess leakage around the tube
3. Redness around the tube
4. Bleeding around tube
5. Stitches come loose or tube falls out
6. Tube is punctured or torn
7. Internal Bleeding
8. Vomiting
9. Diarrhea
10. Dehydration
11. Constipation
12. Gas, bloating, cramping

1. Blocked Tube
   - Gently flush the tube using 15 mL of warm water.
   - Prevent blockage by always flushing tube with 30-60 mL water after feedings, **before and after** medicines.

2. Redness around the tube
   - Keep the skin around the tube clean and dry. Some redness is normal, but moisture can inflame the skin and lead to an infection.
   - Clean the skin around the site more often using plain water.
   - Keep inflamed skin open to air if you can.
   - 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, greenish drainage).

3. Bleeding Around the Tube
   - If you notice more than a few drops of blood, call Interventional Radiology.
4. **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 the Interventional Radiology Department 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. Instead, call the numbers listed below.

5. **Tube is punctured or torn**

Clamp the tube with a clothes pin or paper clip close to your abdomen and call the phone numbers listed below.

6. **Internal Bleeding**

If you cough up blood, see 50 cent-size blood clots coming from the G tube, or see blood in your stool, call Interventional Radiology immediately. You may be advised to go to an Emergency Room.

7. **Vomiting**

- Because frequent vomiting causes the loss of body fluids, salts, and nutrients, call the doctor or nurse if it doesn’t stop.
- Do the feeding sitting up or with the head of the bed raised 45°.
- Try smaller feedings more often. Make sure total amount for the day is the same. The strength of the formula or the contents may need to be changed.
- Infection may cause you to vomit. Be sure the supplies are cleaned well and rinsed between feedings. Wash your hands after contact with persons who are ill.
- Other causes might include food intolerance, side effects of medicine, feeding too much at one time, giving the feeding too fast, or reflux.

8. **Diarrhea**

Diarrhea means frequent, loose, watery stools. Looser stools may be normal with some types of formula being used. A few loose stools in a 24-hour period are not a problem. If you have diarrhea and it does not stop after 2 or 3 days, call your doctor.

Some causes of diarrhea:
- Too much formula at one time. You may need to feed smaller amounts
- Food is going in too fast. Slow the rate down so it infuses over a longer period of time
- Infection – Call your doctor if you are running a fever or have severe chills.
- Side effects of medications
- Intestinal blockage
9. **Dehydration**

Vomiting, diarrhea, a fever and sweating cause the body to lose fluid. 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 may include:
- Decreased urine or more concentrated (darker) urine
- Crying with no tears
- Dry skin that has no recoil when squeezed
- Fatigue or irritability
- Weight loss
- Feeling dizzy
- Dry mouth and lips
- Sunken eyes
- Headache

10. **Constipation**

- Constipation may be due to not enough fluids, too little fiber in the diet, or a side effect of medicine.
- This is common in older patients or those who are less active. Giving extra water or fruit juice (such as prune or apple juice) between feedings may help.
- **If you have chronic constipation, call your nurse or doctor.** Your formula may need to be changed.

11. **Gas, Bloating, Cramping**

See above tips on diarrhea. Also, try to get rid of all air from the tubing before you connect the feeding tube. You may open the G-tube while it’s raised to allow extra air to escape. It’s best done if lying down with head up 30-45° and 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**

**What happens when I no longer need the G-tube?**

Your tube will need to stay in for a minimum of 8 weeks in order for the stomach and tissue to heal around the tube. The doctor who ordered the tube will decide with you when it can be removed. It will be removed in the Interventional Radiology Department. Most often after the tube is removed, the hole closes within hours.
What should I know before I travel?

Remember to take all the supplies needed for feeding: syringe, formula, tubing, bottled water, tape, etc. Opened formula can be stored in a cooler in the summer to prevent spoilage. Some patients have a small canvas bag that is always filled with supplies needed for travel.

Can I sleep on my stomach?

Yes. After about a week, most people are quite comfortable on their stomachs.

Home Supplies List

Tube Feeding Formula: .................................................................
  • 60 mL ENFit syringes (change every week)
  • Feeding bags (change every 3 days)
  • IV pole

Additional supplies for pump feedings:

  • Pump & IV pole
  • Feeding bags

The inpatient unit will provide a 3 day supply. To get future supplies, you need to contact your home care provider. They will also supply you with the pump and pole.
Phone Numbers

Please call if you have concerns or questions.

Interventional Radiology between the hours of 8 AM – 4:30 PM, Mon – Friday
608-263-9729, option 3

After hours Interventional Radiology Resident on call 608-262-2122

Dietician: ________________________  Phone Number:______________
Vendor: ________________________  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#5899.