You will be getting a gastrostomy tube or “G-tube.” Before the tube placement, staff will explain it to you and ask you to sign a consent form.

**What is a G-tube?**
It is a soft, narrow tube that enters the stomach through the skin in the upper part of the belly. 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 must be changed every 3-6 months at Interventional Radiology and takes about ½ hour. This visit will be arranged for you.

**How to Prepare**
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.

You should have nothing by mouth except your medicine for 6 hours before the tube placement.

If there is a chance you may be pregnant, please tell the doctor.

Be sure to tell the doctor if you have any allergies to iodine, latex, contrast or medicines.

**Tube Placement**
The tube placement 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.

Ultrasound and x-ray will be used to help locate the correct place for the tube. A nasogastric (NG) tube is placed in your nose and into your stomach. It will be filled with air to help with G-tube placement. This will make you feel full but should not cause pain. This tube will be removed at the end of the procedure.

We will inject lidocaine in the skin over your stomach. This will numb the place where the tube will go into your abdomen.

A small needle goes through the skin and into the stomach. This needle will then be exchanged for the soft tube. You may feel some pressure.

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.
After the Procedure
You will return to a hospital room where you will rest in bed for 2 – 4 hours. Your blood pressure, pulse, and tube site will be checked often. The tube will be attached to suction for a minimum of 4 hours.

You cannot eat or drink and the tube cannot be used for a minimum of 4 hours after the tube is placed. Tube feedings are often started later on the same day of tube placement. A water bolus test must be done first.

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

Restrictions
1. Do not lift more than 10 pounds for 3 days after getting the tube.
2. Do not sit in a bathtub, swimming pool or hot tub. You may shower.

Can I sleep on my stomach?
Yes. After about a week, most people are quite comfortable on their stomachs.

Follow-up Visits
Follow-up visits are scheduled by Interventional Radiology. You will be seen in 7-10 days after placement and in 3-6 months for a routine change of the G tube.

Cleaning the Tube
Clean the skin around the tube daily to prevent infection. Use soap and water and then let air dry. You may do this in the shower or use a wash cloth. A dressing around the tube is not needed starting the day after the tube is placed.

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.

About Your 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:

Vitamins/Minerals/Supplements:

Your Plan
Give____can/mL of __________every
________hours or _______times per day.

Steps to Give Feedings
1. Wash hands with soap and warm water for 30 seconds.
2. 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 temp.
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.

**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.

**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. 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 dietitian to meet your daily water needs. Then cap the tube.

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

**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.

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

**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, rash, swelling, greenish drainage).

**Bleeding Around the Tube**
If you notice more than a few drops of blood, call Interventional Radiology.

**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 within 12 hours after the tube has fallen out. We will arrange for you to have the tube replaced. You do not need to go to the ER for this.

Punctured or Torn Tube
Clamp the tube with a clothes pin or paper clip close to your abdomen and call Interventional Radiology.

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 right away. You may be told to go to an ER.

Vomiting
Because frequent vomiting causes the loss of body fluids, salts, and nutrients, call the doctor or nurse if it doesn’t stop.

Do feedings sitting up or with the head of the bed raised 45°. Try smaller feedings more often. Make sure total amount for the day is correct. 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, side effects of medicine, feeding too much at one time, giving the feeding too fast, or reflux.

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.
- 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 medicine.
- Intestinal blockage.

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 darker urine
- Crying with no tears, sunken eyes
- Dry skin that has no recoil when squeezed
- Fatigue or irritable
- Weight loss
- Feeling dizzy, headache
- Dry mouth and lips

Constipation
Constipation may be caused by 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 constipation continues, call your nurse or doctor. Your formula may need to be changed.

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 comes out. Recap once the air is out and fluid starts to come out.

**Traveling with a G-tube**
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.

**Home Supplies List**
Tube Feeding Formula:

- 60 mL ENFit syringes (change every week)
- Feeding bags (change every 3 days)
- IV pole

Other supplies for pump feedings:
- Pump and IV pole
- Feeding bags

We 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.

**G-tube No Longer Needed**
Your tube will need to stay in for at least 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 Interventional Radiology. Most often after the tube is removed, the hole closes within hours.

**When to Call**
If you have questions or concerns including bleeding at the site, severe pain or nausea, call Interventional Radiology.

If you have any of the problems listed below call Interventional Radiology with your concerns before going to an emergency room or clinic. Our staff will help you decide what to do next.
- Blocked tube
- Excess leakage around the tube
- Redness around the tube
- Bleeding around tube
- Stitches come loose or tube falls out
- Tube is punctured or torn
- Internal bleeding
- Vomiting
- Diarrhea
- Dehydration
- Constipation
- Gas, bloating, cramping

**Who to Call**
Interventional Radiology
8 AM – 4:30 PM, Monday – Friday
(608)263-9729, option 3

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

Dietitian: __________________
Number: ________________

Vendor: ________________
Number ________________