Placement and Care of Your Gastrojejunostomy Tube (GJ Tube)
Interventional Radiology

Your healthcare team recommended that you undergo gastrojejunostomy tube (GJ tube) placement. This procedure will 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 GJ tube?
A GJ tube is a soft, narrow tube that enters the stomach in the upper part of the abdomen and is threaded into the small intestine. Once placed, this tube must remain in place for at least 8 weeks to allow your skin to heal. On the outside of the tube there are three ports you will see labeled: gastric, jejunal and balloon (see picture to the right) and each serve a different purpose. You will not have to do anything with the balloon port.

The **Gastric-port** of the tube sits in the stomach. It is used to vent air, drain fluids and give medicines if 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 G-port can either be hooked to wall suction or attached to a soft bag at home to allow gas and/or fluid to come out. You will be taught how to attach the G-port to a bag before you go home.

The end of the **Jejunal-port** sits in your small intestines and is used for feeding. A nutritionist and nurse will discuss the details of the feeding with you. The tube is held in place by a small balloon on the inside, preventing it from backing out, and by a skin disk that sits on the outside of your body.

How to Prepare for the Placement of your GJ tube
1. If you are taking any type of blood thinning medication (such as Coumadin), you will be told when to stop taking them, before the tube is placed.
2. You should have nothing to eat by mouth for 6 hours before the tube placement.
3. 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.
- 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 medicine 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. Your stomach will then be filled with air which 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. This will feel like a pinch and a burn.

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 GJ tube placement. You will see us back in IR clinic 7-10 days after the procedure so our 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.

A small needle is then advanced through the skin and into the stomach. This needle will 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.

**After the procedure**
1. You will return to a hospital room where you will rest in bed for 2-4 hours
2. The G-port will be attached to suction for a minimum of 4 hours after the tube is placed
3. Feedings through the J-port can be started after you rest for a few hours
4. You may have some abdominal discomfort around the new tube site which is normal. This will get better over the next 48 hours. If pain medicine is needed, please call your nurse to get in touch with the doctors taking care of you.

**What do I need to know about tube feeds?**
Tube feedings are started in the hospital after your GJ tube is placed. Tube feeds will be given through the j-port either bit by bit or cycled using a pump. Never bolus tube feed through the j-port. The intestines cannot hold a large volume of food at one time like the stomach can. This can cause diarrhea.

A registered dietitian will educate you on your tube feed and water flush plan before leaving the hospital. Case management will see you in the hospital to help you get the tube feed supplies you need at home and your nurse will show you how to use the tube and how to take care of it. We urge that you follow-up with a registered dietitian after hospital discharge for ongoing nutrition follow up.
Cleaning the tube and changing the dressing
The GJ-tube site needs to be cleaned daily to prevent infection. Starting on the first day after the tube is placed, clean the skin around the entry site and under the skin disc 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. You may leave one split 4x4 gauze under the skin disc which should be changed daily or more often if it is soiled.
2. Always check the tube site for signs of infection. These may include:
   a. Increased tenderness or pain
   b. Increased redness or swelling
   c. Drainage that is green in color or smelly

Follow up care:
1. Lifting restriction: Do not lift more than 10 lbs. for the first 72 hours after the procedure
2. You may shower. Do not immerse tube in water such as in a bath, swimming pool, or hot tub
3. Follow up with Interventional Radiology, G3/3 at UW Hospital: in 7-10 days after placement for routine evaluation and to remove the T-fasteners. You will also be scheduled for a routine GJ tube change in 3-6 months.
4. If you have any questions or concerns about your GJ tube please call Interventional Radiology Scheduling line at 608-263-9729 #3. After hours, call Interventional Radiology Resident at 608-262-2122.

Problems that you might have with your tube:
If you have any problems listed below and feel that you need medical help, please call Interventional Radiology at 608-262-9729 with your concerns. Please call before going to the emergency room. Our staff will help you decide what to do next.

Some reasons to call:
1. Blocked tube
2. Excess leakage around the tube
3. Redness or bleeding around tube
4. Tube falls out or pulls back
5. Tube is punctured or torn
6. Bleeding
7. Nausea, vomiting, diarrhea

1. Blocked tube
   - Gently flush the tube with 15 mL of warm water
   - Prevent blockage by always flushing tube with 30-60 mL of 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.
   • There is a skin disc that sits on the outside of your body. This keeps the tube from sliding in and out of the opening. If that skin disc is not snug against your body, it can cause some redness or pain around where the tube enters your body. Call the nurse or doctor if you think the skin disc is not snug.
   • 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. Tube falls out or pulls back
   • If the tube falls out partially, 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 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 IR clinic.

5. Tube is punctured or torn
   • Clamp the tube with a clothes pin or paper clip close to your abdomen and call the IR clinic.

6. 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 bed raised 45 degrees

7. 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 include:
     ○ 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 medicines
     ○ Intestinal blockage

Common Questions and Answers
   • What happens when I no longer need the GJ-tube?
     ○ 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 the Interventional Radiology Department. Most often, after the tube is removed, the hole closes within hours.
• What Supplies do I need when I go home?
  o The inpatient 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 Department at UW Hospital and Clinics between the hours of 8am-4:30pm (Mon-Fri) 608-263-9729 option 3. After hours call Interventional Radiology Resident at 608-262-2122