

Gastrostomy Care

Parent / Caregivers Guide

Name

Key Information

Date of Insertion: _____

Type of Gastrostomy Tube: _____

French size: _____

Button Length cm: _____

Balloon Fill Volume mls: _____

If your child has a PEG or G-tube
cm mark at skin level: _____

Always keep your child's feeding extension tube and spare gastrostomy button / tube with them.

Home Care Team: _____

Phone Number: _____

Key Nurse: _____

Supplies

The feeding extension tube should be changed every two weeks. Your District Nurse will provide you with your gastrostomy tube supplies.

If you go away on holiday, please remember to inform your District Nurse and arrange to take any supplies you may need with you.

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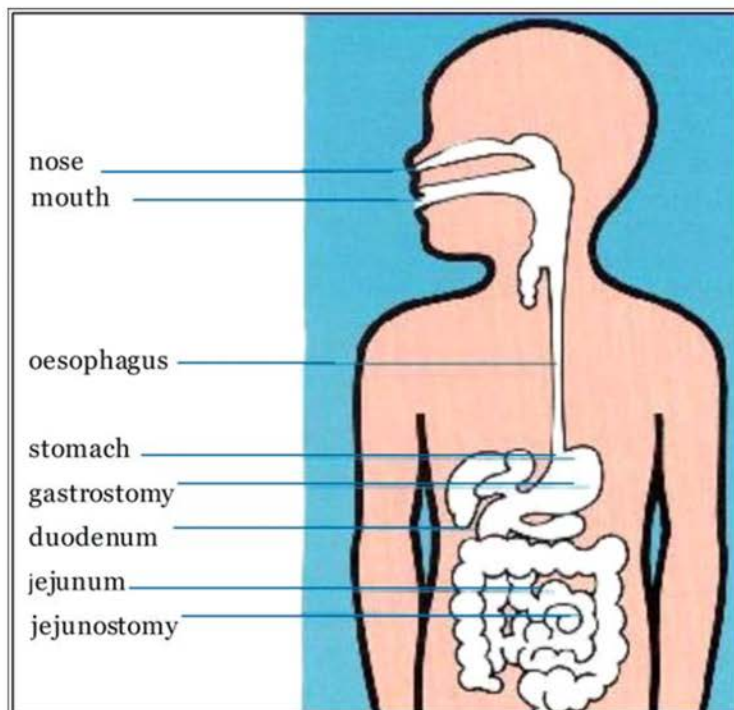
Introduction

This booklet is general information about caring for your child's g-tube (feeding tube). The ward staff will provide you with initial education around g-tube cares in order for you to manage at home.

Your community nurse will provide ongoing support once you go home to enable you to care for your child with their gastrostomy.

What is a gastrostomy?

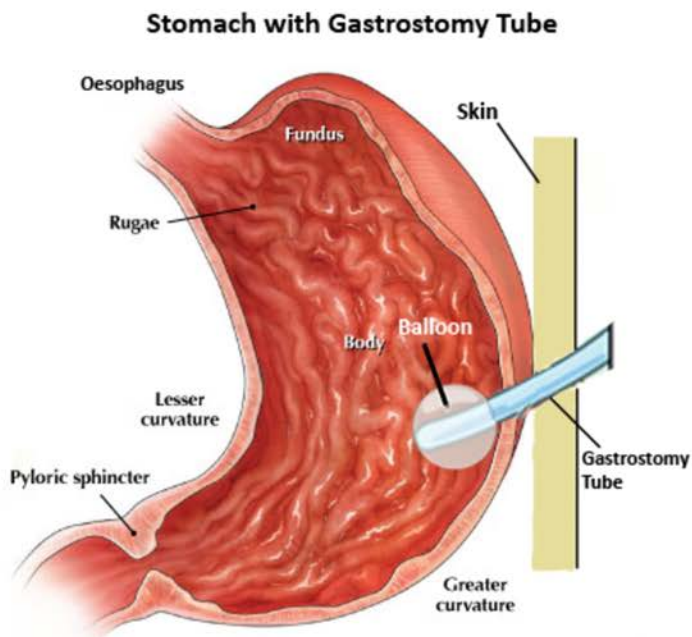
- A gastrostomy is an **"opening (hole)"** through the abdominal wall into the stomach
- A feeding device (gastrostomy tube) is then placed through this hole
- Your paediatrician or specialist will have asked the surgeons to form the gastrostomy, after discussing it with you.
- **Gastro** - stomach. **Stoma** - opening or mouth



What is a Gastrostomy Tube (G-tube)

- A gastrostomy tube is a feeding device
- It is **originally placed surgically**, it goes directly through the abdominal wall into the stomach
- It is another option from the nasogastric route for enteral feeding

There are many types of g-tubes available. We will cover the types that are used at Starship.



Why use gastrostomy feeding?

Your child's paediatrician or specialist will discuss the need for a gastrostomy with you.

- Generally it is because your child cannot eat or drink enough in order to grow

or

- It may be that it is unsafe for your child to take food or drink by mouth.

Protecting your child's g-tube

For the first 3 weeks it is important to secure the g-tube using tape to stop it rotating within the tract and as added safety to falling out.



- After the first 3 weeks you may start to rotate the g-tube a little each day when bathing.
- Do not allow your child to pull on the g-tube. A one piece outfit is best for infants and toddlers.
- Use tight fitting clothing to keep the g-tube secure. This will help stop it getting tangled or accidentally pulled.

If your child has a button always remove the feeding access tube when the feed is finished.

Dislodgement — G-tube falls out

Remain calm this is **urgent** but not a **medical emergency**.

- The g-tube should be replaced as soon as possible (ideally within 4 hours)
 - This so the stoma does not close
 - this will prevent the g-tube being put back in

If the tract is less than 6 weeks old

- If the gastrostomy operation was within 6 weeks ago, cover the stoma with a clean dressing and take your child and g-tube to hospital
- If you do not live in the Auckland region the doctor at your local hospital should call the paediatric surgical registrar at Starship for advice.

- It takes about 6 -8 weeks for the gastrostomy tract to mature. After this time the tract is usually secure between the stomach and skin.

If the tract is mature (older than 6 weeks)

- You can replace the g-tube if you feel able to. Otherwise contact your community nurse who can assist you.
- Check the g-tube is in the stomach before using it.
- Check the water in the balloon as per directions

To prevent accidental dislodgement:

- Keep g-tube secure to prevent getting tangled and/or your child pulling on g-tube.

Don't leave the feeding access tube attached to Mic-Key buttons.

Inserting a G-tube

If you have been shown how to change the g-tube and feel comfortable doing this. If not please call your community nurse who can assist you.

- With the balloon deflated, apply a little water-based lubricant to the balloon part of the tube.
- Insert the lubricated tube into the tract smoothly.
- It should be a snug fit and a little twist sometimes helps.

Excessive resistance should not be encountered. If it is, then insertion may be at the wrong angle.

Inflate the balloon with water:

- If the balloon takes 5 mLs, inflate with approx 4.5 mLs
- If the balloon takes 10 mLs, inflate with approx 7 mLs

Flushing the G-tube

It is **important** you flush the G-tube regularly with water to stop it from becoming blocked.

Flush your child's G-tube with at least 5-10mls of sterile water, or cooled boiled water (unless told otherwise):

- Before and after any tube feeding
- Before and after any medicines
- At least 3 times a day if your child is having continuous feeds.

Giving Medicine via the G-tube

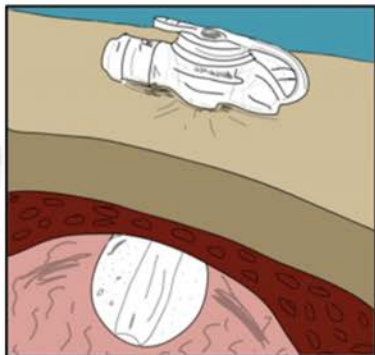
- Give liquid medicines when possible through your child's g-tube.
- **Always flush with 5-10mls of water (unless told otherwise) before and after each medicine to prevent the g-tube blocking.**
- For medicines that are thick add a small amount of water to make it easier to give. Flush with extra water as above after giving them.
- For tablets check with your doctor or pharmacist to see if it is safe to crush them.
- Crush the medicine into a powder and mix with enough water to make a liquid.
- For capsules, check with your doctor or pharmacist before opening the capsule.
- Open and dissolve the powder with enough water to make a liquid.
- **Always** give one medicine at a time and flush with water in between each medicine.
- **Never** mix your child's medicine with their feed.

Remember: Flush the g-tube with water **before** and **after** feeds and giving medicine in order to keep the tube from blocking.

Types of Gastrostomy Devices used at Starship

Mic-Key Button (Low Profile Device)

- The button is held in the stomach by a small balloon filled with water.
- You will need to check the water level in the balloon as directed (usually once a week).
- To use your child's button you need to connect the feeding access tube. **Always keep your child's feeding access tube with them.**
- The extension feeding access tube should be changed every two weeks
- The button comes in a range of lengths from 0.8cm - 5cm.
- Your child will be fitted with a button that is the best length for them.
- **Always bring your child's spare button if coming to hospital. The correct size and length for your child is then available if it needs to be changed.**
- Your community nurse will provide you with spare buttons and feeding access tubes.
- The button is removed by deflating the balloon.
- You or your child's community nurse can change the button at home as necessary.



Gastro-jejunal Feeding Tube (G-J tube)

The g-j tube is placed via the gastrostomy into the stomach. Then the jejunal portion is passed into the small intestine (also called the small bowel).

A g-j tube is used if the child is unable to cope with being fed into their stomach.

The g-j tube has a gastric (stomach) and a jejunal (small intestine) port.

If the g-j tube needs to be replaced this is done by a radiologist.

Remember: each port of your child's G-J tube should be flushed with sterile or cooled boiled water at least 3 times a day:

10mls via the gastric port

30mls via jejunal port

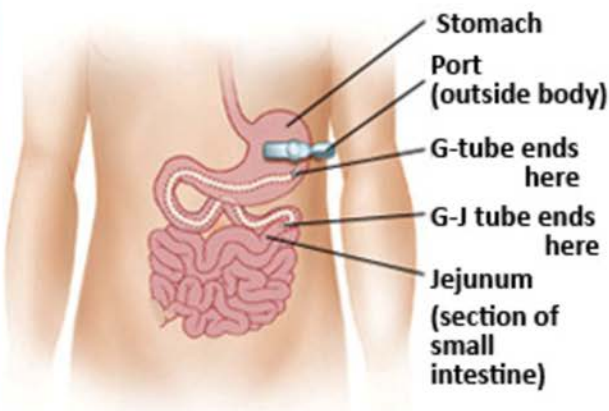
For infants under 1 year

3mls via gastric port

10mls via jejunal port (with bottle changes)

Flush **before and after** giving medicines to prevent the tube blocking.

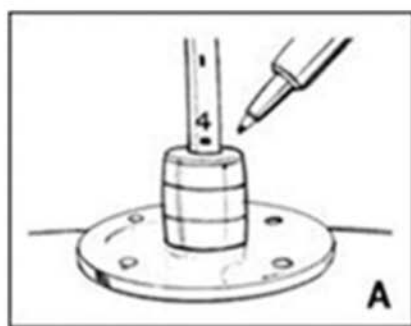
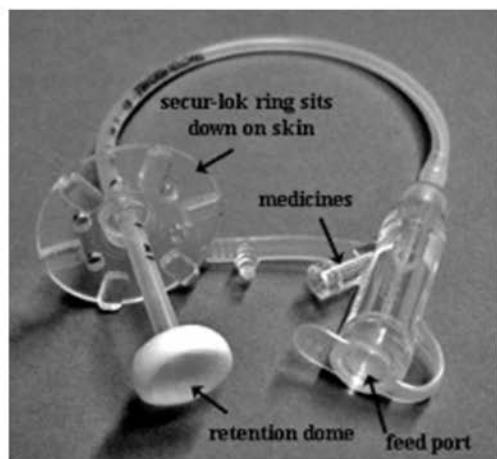
NEVER rotate your g-j tube.



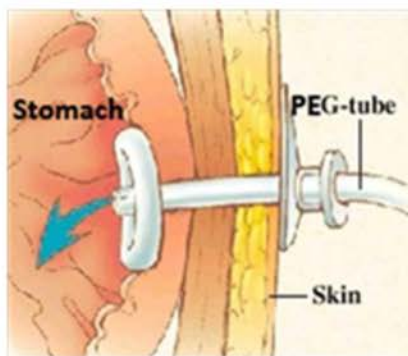
Percutaneous Endoscopic Gastrostomy— PEG

This type of tube can stay in for many months before it needs to be changed.

- An internal mushroom shaped retention flange holds it in place.
- The external ring flange sits down on the skin to stabilise and prevent the PEG from moving in and out of the stoma.
- The cm marks on the tube help tell how much of the tube is inside the stomach.
- It is **important to note the cm mark at skin level** after insertion of their PEG. This will help **alert** you if the tube has moved.
- PEG's are traction removal devices and tube changes take place in theatre.
- You can start rotating the PEG after 3-4 days depending on the child's comfort.



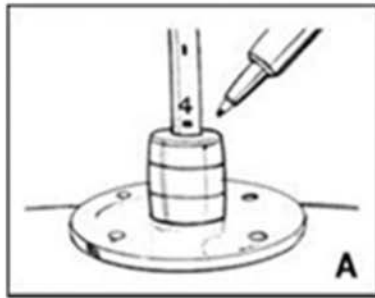
Note the internal tube length



how a PEG tube should sit

Gastrostomy Tube (Mic G-tube)

- The Mic g-tube is held in the stomach by a small balloon filled with water
- You will need to check the water level in the balloon as directed. (Usually weekly)
- The external ring flange sits down on the skin to stabilise and prevent the Mic g-tube from moving in and out of the stoma.
- There are cm marks on the tube to help you tell how much of the tube is inside the stomach.
- It is **important to note the cm mark at skin level** after inserting the g- tube. This will help **alert** you if the tube has moved.
- The g-tube is removed by deflating the balloon.
- G-tube changes can be done at home by you or your child's community nurse.



Note the internal tube length



how the G-tube should sit

Stoma Skin Care

- The gastrostomy is a surgically made **opening (“hole”)** with a g-tube placed in it.
- Sometimes the body may react against the g-tube.
- Good skin care is important to reduce any problems that can happen because of this.

For the first few days after the operation the stoma may bleed slightly and have some clear/yellowish watery discharge.

- During this time the stoma site should be cleaned with saline.
- Try to avoid putting a dressing around or under the g-tube.
- If a dressing is used it should be changed as soon as it is damp to touch.

After the first few days:

- Your child can bath as normal
- Your child’s gastrostomy should be cleaned with soap and water daily
- Pat it dry with a towel. Do not rub around the stoma site as this can make it sore.
- Their daily bath is a good opportunity to check that the skin around the stoma is not sore or infected.
- If you see any changes and are worried, please call your community nurse or GP for advice.
- Allow 2 -3 weeks for the stoma to heal before taking your child swimming

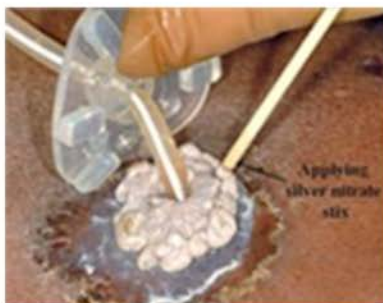
Tips for Managing G-Tube Problems

What is Hypergranulation Tissue?

- Hypergranulation (overgranulation) tissue is light red or dark pink in colour and often grows around the g-tube site.
- It is moist and soft to the touch and bleeds easily.
- This is a common problem for children who have a gastrostomy.
- It may cause a small amount of bleeding, leaking, or irritation around the g-tube site.



- Friction (rubbing, moving in/out of stoma) from the g-tube is the main cause.
- Ensuring the correct length button or correctly placed silicon ring (g-tube) can help prevent hypergranulation tissue.
- Hypergranulation tissue can be treated with a steroid ointment or silver nitrate.
- If you your child has hypergranulation tissue contact you community nurse or GP for advice.



Leaking around Gastrostomy Device

Leakage is another common problem. A small amount of leakage is normal. All you need to do is clean it with a damp cloth and then pat dry.

Excessive leakage:

- Identify and address contributing factors
- Identify and address issues with device
- Provide skin care

With excessive leakage:

- This is rarely due to a gastrostomy (stoma) problem. The gastrostomy is a hole in the stomach.
- This type of leakage is more a symptom of how your child is coping with their feeding regime.
- Your child's paediatrician and dietitian may need to investigate whether your child can still cope with their current feeding regime.
 - If they have bolus feeds they may need to change to continuous
 - If they are already on continuous feeds it may need to go slower
 - Or they may need to move to jejunal feeding

Possible contributing factors:

Who to go to for help: community nurse, GP, paediatrician and/or dietitian

- Hypergranulation
- Intercurrent illness (especially respiratory or tummy infections)
- Feed intolerance (slow the feed rate or change to continuous)
- Vomiting/GOR
- Constipation

Leaking around Gastrostomy Device

- Malnutrition
- Infection
- Accumulation of gastric air (try venting (“burping”) the gastrostomy pre and post feed)
 - Attach a syringe without the plunger to the tube to allow air to escape.

If your child has a Mic-key button you will need to connect the feeding access tube first.

Possible issues with device

Who to go to for help: community nurse

- Button too long – balloon not covering the hole
 - Ensure the Mic-Key button is the correct length for a snug fit
 - Ask your community nurse to remeasure stoma tract if unsure (only if > 6 weeks)
- Ensure the balloon has the recommended amount of water.
 - 12fr tube 3-5mls water
 - 14fr tube 5-10mls water
- Sometimes too much water in the balloon can cause leakage
- Change device if unable to sustain balloon volume

What should I do if the g-tube is blocked?

Always remember to flush the g-tube before and after use, and between medications to prevent the g-tube from blocking. See “Flushing the g-tube” on page 8.

If despite regular flushes the g-tube becomes blocked (clogged) try to unblock it as soon as possible:

- Use a 30ml or larger syringe to slowly flush the g-tube with warm water.
- Use a gentle back and forth motion of the plunger (push then pull) to clear the tube.
- Repeat if this does not work the first time.
- Roll the g-tube between your fingers to try and break up anything clogged in the tube.
- If warm water does not work then you can try using baking soda and water.
¼ teaspoon baking soda in 20mls water
- Do not try to push an object into the g-tube to unblock it.

If you are able to flush the g-tube you can continue to use the tube.

If you are not able to flush the g-tube, call your community nurse or doctor for advice.

Feeding

Feeding via the gastrostomy

If your child is already having NG feeds these will continue through the g-tube.

If this is new, then the dietitian will talk with you about the most appropriate feeding regime. This will depend on your child's medical condition and needs.

There are three different methods of feeding - **bolus** (intermittent), **continuous** or a **combination** of both. For example, bolus feeds during the day and a continuous overnight feed.

Your child may need extra water/clear fluids during the day as well as their normal feeds. This is especially important if the weather is hot.

Bolus feeding

A bolus feed is where a set amount of feed is given in one go (usually over 20 – 30 minutes) in a similar way to a baby taking a bottle.

The feed is either given using gravity or by using a feeding pump. Gravity feeds are done by using a large volume syringe (30-60ml), without the plunger, connected to the g-tube.

Continuous feeding

If your child is having continuous feeds, they will receive the feed slowly over a number of hours through a feeding pump.

Tolerating their feed

If your child vomits after feeds or has bad gastro-oesophageal reflux (GOR) they may need to have continuous feeds.

Vomiting or GOR can be signs that they are unable to cope with bolus feeds.

Ongoing leakage of feed from around your child's g-tube can also be a sign that they are not tolerating the amount or rate of feed they are having.

