



SURGICAL ASSOCIATES

Feeding Tube Guidelines

Date of Tube Insertion: _____

Type of Tube: ☐ MIC gastrostomy feeding tube ☐ MIC-Bolus gastrostomy feeding tube
☐ MIC-KEY gastrostomy feeding tube/low profile G-tube ☐ Other: _____

Size of Tube: _____ **French**

Retention: ☐ Collapsible internal bumper ☐ Balloon ☐ Other: _____

What is a Gastrostomy Tube?

A gastrostomy tube is a soft tube that enters the stomach (gastrostomy tube, G-tube, PEG tube) or the small intestine (jejunostomy tube or J-tube) through the skin. The opening where the tube enters the body is called a **stoma**.

Different Types of Placements

Gastrostomy tubes may be placed endoscopically, surgically or radiologically. Your doctor will discuss with you how your tube will be placed.

PEG Tube Insertion

A percutaneous endoscopic gastrostomy (PEG) tube is positioned with the aid of an endoscope, a lighted, flexible tube inserted through your mouth. An IV will be placed in your arm, and medication will be given for comfort and relaxation. A nurse will spray the back of your throat with a local anesthetic. This will stop your gag reflex for about two hours. The procedure takes about 15 – 30 minutes, but you should plan on at least 1 – 2 hours, as you will be taken to a recovery room until you are fully awake.

If you have a PEG tube, it will need to remain in for a set amount of time after placement (usually about 6 weeks). Early removal of this tube can lead to complications. Some providers leave all tube types in for a set amount of time to prevent complications after removal.

Many providers refer to all feeding tubes as PEG tubes for short, which can be confusing at times.

Reasons for Placement

The gastrostomy tube can be used to vent stomach gas, drain fluid from the stomach and/or administer nutrition and medication if you cannot swallow or maintain nutritional needs. If you have one for nutritional needs, you will get instructions about what and how to administer the formulas and flushes.

For patients who have had a hiatal hernia repair, a tube is usually placed to provide fixation of the stomach to the abdominal wall. As this fixation heals, it can help prevent further migration of the stomach back up into the chest. Many times, if the tube is placed for this reason, you do not need to flush the tube, but you will still need to complete daily cares.

Reason for your tube placement: _____

Safety

Due to the effects of sedation causing altered reflexes and poor coordination, we advise that you **refrain from the following** the day of your procedure: do not drive a vehicle, return to work, drink alcohol, operate dangerous equipment, power tools, lawnmower, snowblower, etc., or make any critical decisions for the remainder of the day.

You will need someone to drive you home. It is recommended that you have someone stay with you after the procedure for the next 12 hours. Do not sign any legal documents.

Comfort and Post-Op Instructions

If you develop a sore throat, gargle with warm salt water ($\frac{1}{2}$ teaspoon salt in 8 ounces of water) or use throat lozenges.

Medications

Take any medications, as prescribed, on your discharge medication list.

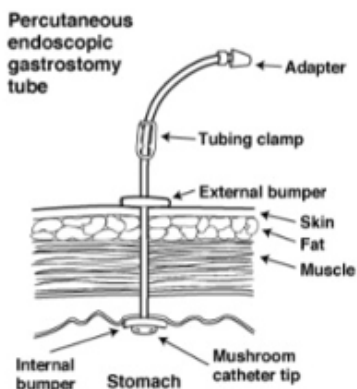
Diet

The sedative/anesthetic you received today may make you nauseated. Begin with clear liquids and progress slowly as your stomach tolerates. When you return home, you may resume your normal diet unless otherwise directed. If your tube was replaced, normal feedings may be resumed today. If you are administering formulas, you will be given directions for them separately.

Activity

Limit physical activity for 24 hours. You may then resume normal activity as tolerated. You may shower 24 hours after placement. No tub baths, swimming or soaking the area for 3 weeks after placement.

Diagram of Gastrostomy Tube Placement and Example of Some of the Different Types of Gastrostomy Tubes



There are several different types of tubes depending on their purpose. All tubes are anchored inside the body with an internal bumper, either a disk or a pliable balloon. This helps keep the tube from sliding out of the body. In addition, some tubes also have an external bumper outside the body that prevents the tube from migrating inward. Here are two common types of tubes:



What Preparation is Needed Before Surgery?

- ☐ Do not eat food or drink fluids after midnight. Remember: No breakfast. You may have water only up to 6 hours prior to your appointment.
- ☐ Meds: You will need special instructions from your doctor if you have diabetes or if you are taking Coumadin, aspirin, ibuprofen (Motrin or Advil) or other known blood thinners. Hold or take your medications as your provider has advised. If you are unclear about the instructions, call the office to discuss further.

What Supplies Will I Need for Home?

- | | |
|--|---|
| <input type="checkbox"/> 60 cc catheter tip syringe | <input type="checkbox"/> Antibacterial soap |
| <input type="checkbox"/> Package of unsterile 4x4 gauze or split gauze drain sponges | <input type="checkbox"/> Hydrogen peroxide |
| <input type="checkbox"/> Stretch netting or tube attachment device (such as Hollister #9780) | <input type="checkbox"/> Cotton tip applicators |
| | <input type="checkbox"/> Skin-friendly tape |

Tube Site Care Instructions (Start this care the day after insertion):

- ☐ Wash hands with antibacterial soap and water. Remove dressing 24 hours after surgery.
- ☐ Inspect tube for inward or outward movement. Your tube may be marked with permanent ink at the place where it is level with your skin. Small movement in and out is normal, but the tube should not move in large amounts.
- ☐ Some drainage around the site is normal. It is important to keep your skin around the tube clean and dry.

Tube Site Care Instructions Continued

- ☐ To remove drainage, crusts or blood from the skin and on/around the tube, use a solution of half hydrogen peroxide, half water. Using a Q-tip dipped in the solution, swab once a day and as needed. Cleanse in a spiral pattern, beginning at the tube and moving outward. Gentle manipulation of the tube is not harmful, but take care not to push or pull the tube out of position. If the tube has an external bumper, clean it underneath with a cotton tip applicator. This can be gently bent upward/folded to clean underneath. Then, clean the area and surrounding skin with antibacterial soap (unless sensitive) and water. Rinse and pat dry.
- ☐ The external bumper should rest gently against the skin without dimpling in when you are in a position of comfort. If it leaves an impression on the skin, it's too tight. There should be some room for cleaning under and around the tube. If necessary, rotate the bar to relieve pressure. If the bar seems too tight, you should contact your physician. It may become tight if you gain weight.
- ☐ Rotate cross-piece $\frac{1}{4}$ of a turn daily to avoid skin breakdown. Perform this after cleaning the area.
- ☐ Inspect skin for redness, tenderness, swelling, drainage or gastric leakage.
- ☐ Insert the 4x4 gauze or split gauze drain sponges (see below) between the external bumper and skin. You may have to cut the 4X4 gauze, as it does not come pre-cut. Secure the open end with tape.
- ☐ Secure the tube underneath clothing with tape, stretch netting or a tube attachment device (such as Hollister #9780) to prevent movement. Excess tension can damage the stomach lining or enlarge the stomach opening. Make sure the tube does not lay flat against the skin all the time.



When Should I Call My Doctor?

If you experience any of the following, call your doctor.

- | | |
|--|--|
| <input type="checkbox"/> Chills or temperature over 100.5 °F | <input type="checkbox"/> Unable to do feedings or have a clogged tube |
| <input type="checkbox"/> Redness, swelling, increased pain or foul-smelling drainage around the tube | <input type="checkbox"/> The hole into your stomach increases in size |
| <input type="checkbox"/> The tube falls out over 2 weeks after placement (it should be replaced within 12 hours) | <input type="checkbox"/> The external flange is making a sore on the skin |
| <input type="checkbox"/> Abdominal bloating, nausea, cramps, vomiting or diarrhea | <input type="checkbox"/> Abdominal pain with bending or movement |
| | <input type="checkbox"/> Change in overall health: significant weight change, weakness and/or less urine |
| | <input type="checkbox"/> Any new, unexplained symptoms |

Contact your physician immediately or go to the emergency room if the tube falls out within the first 2 weeks after placement.

- The tube must be replaced within 2 to 3 hours, or the opening leading to your stomach may close.
- Bring your tube with you. Cover the skin opening with a dry gauze or cloth.

If your tube is long-term, it should be changed out every 6 months or so to avoid complications, as it will become frail with use. Call our office to set up an appointment for this change to occur.

Discuss the information below with your dietitian for appropriate adjustments:

Tube Feeding:

- ☐ Sit upright or at a 45-degree angle (minimum) during feeding and for 1 hour following the end of the feeding.
- ☐ Flush the tube with 60 cc warm water before and after each feeding to keep the inner surface of the tube clear (food can build up and block the tube).
- ☐ After flushing, clamp the tube closed between feedings to prevent leakage.

Medications:

- ☐ Do not mix medications with feeding formula.
- ☐ Medications should be given in liquid form if possible. If only pills are available, crush finely. Mix the powder in water until there are no clumps.
- ☐ Give each medication separately. Flush the tube with 10 cc of warm water between medications.
- ☐ Flush the tube with 60 cc warm water before giving any medications and again before the tube is clamped off.

Common Symptoms, Potential Causes and Actions

Symptom	Possible Cause	Action
Bloating, fullness, nausea or vomiting	Too rapid feeding rate	Slow feeding rate.
	Gas from high-fiber formula	Contact dietitian for formula change.
	Tube out of position	Measure length of tube or look for mark. Notify physician if it has been removed.
	Blockage in the bowels	Check amount of gastric residual.* Re-install and flush tube with 30 cc warm water. If residual is 60 cc (do not withdraw more), delay feeding for 1-2 hours and check again. Contact physician if unable to do feedings.
	Poor stomach emptying	If this problem continues, your physician may prescribe a medication to help move formula through your digestive tract.

*Gastric residual is formula left in your stomach from a previous feeding (stomach contents that haven't passed through). To check: Withdraw stomach contents with a 60 cc syringe before scheduled feeding. Do not take out more than 60 cc. Inject contents back into the tube and flush.



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