



MANAGEMENT OF GASTROSTOMY & JEJUNOSTOMY TUBES



AIMS OF SESSION

- *Types of tube*
- *Care and maintenance*
- *Complications- prevention and treatment*

TYPES OF GASTROSTOMY

- **PEG- Percutaneous Endoscopic Gastrostomy**
- Replacement gastrostomy (balloon)
- Low profile or “Button” gastrostomy (balloon)
- RIG- Radiologically inserted gastrostomy

PEG

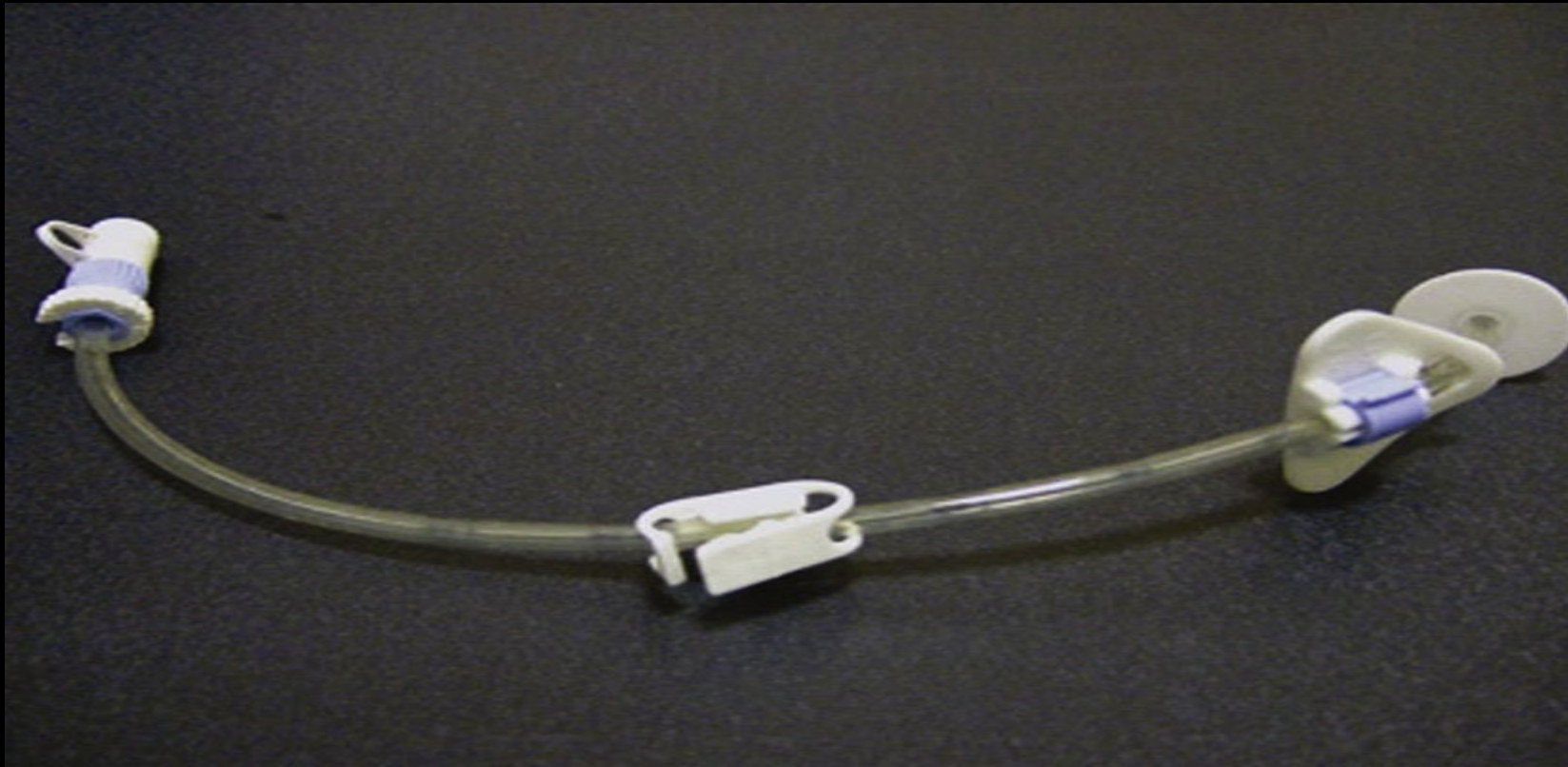
- Inserted endoscopically
- Have an internal and external fixation device

PEG Tubes - External View



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FREKA GASTROSTOMY TUBE



CARE OF PEG- (FIRST 2 - 4 WEEKS POST INSERTION)

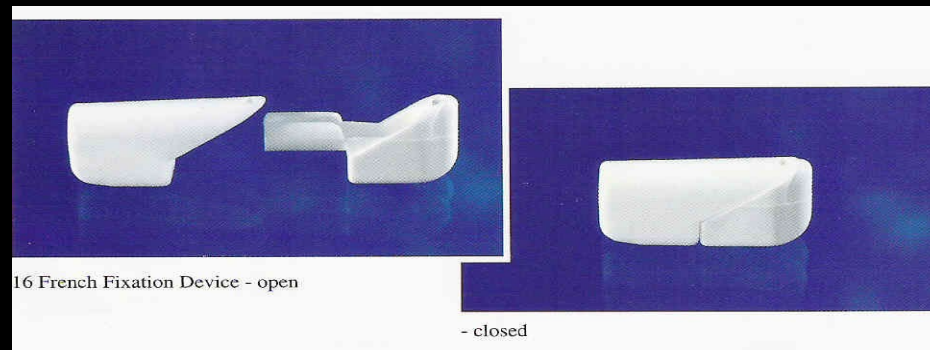
- Clean stoma site with sterile water and dry thoroughly
- Do NOT open external fixation device, but ensure cleaned thoroughly
- Dressing is not usually needed after 24hrs
- Do not submerge stoma in water

ROUTINE PEG CARE

- Daily
 - Clean stoma with mild soap and water and dry thoroughly
 - Observe for signs of infection/inflammation
 - Keep outer surface of tube clean
 - Rotate the tube 360°
 - External fixation device may be unclipped and cleaned then returned to correct position
 - Flush tube regularly
- Weekly
 - Unclip external fixation device, advance tube into stomach by about 4cm. Return to correct position

ADVANCING AND ROTATING THE TUBE

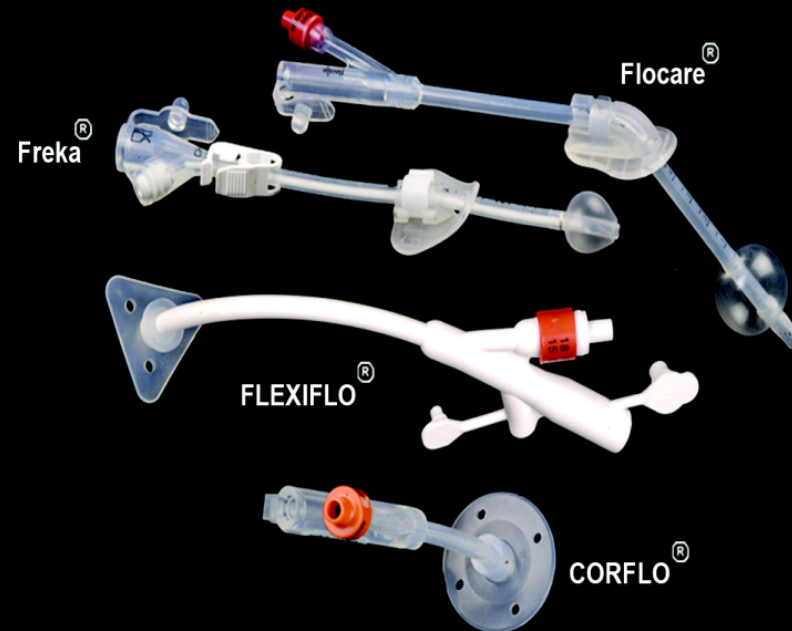
- Weekly:
- Open fixation device and move up the tube, away from the stoma
- Push tube into abdomen by about 4 cm
- Pull back on tube until resistance felt i.e. internal fixation against stomach wall
- Close fixation device and position 2-3mm from skin



BALLOON GASTROSTOMY TUBE

- Internal balloon
- Replace 3-6months
- No clamp

Gastrostomy ("G") Tubes - External View



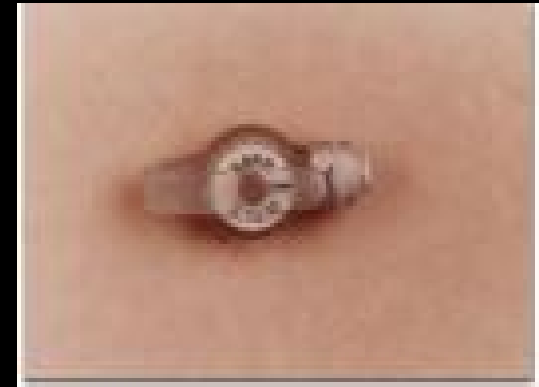
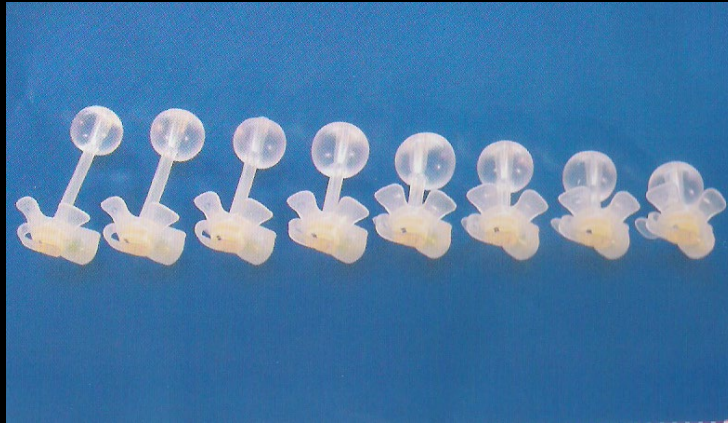
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MIC REPLACEMENT BALLOON GASTROSTOMY AND EXTENSION SET



LOW PROFILE GASTROSTOMY

- Internal balloon
- Replace 3-6months
- Need to know length of stoma tract
- Popular with children or young adults
- Requires an extension set for feeding



AMT MINION LOW PROFILE GASTROSTOMY MIC EXTENSION SET ENFIT



ROUTINE CARE OF A BALLOON GASTROSTOMY

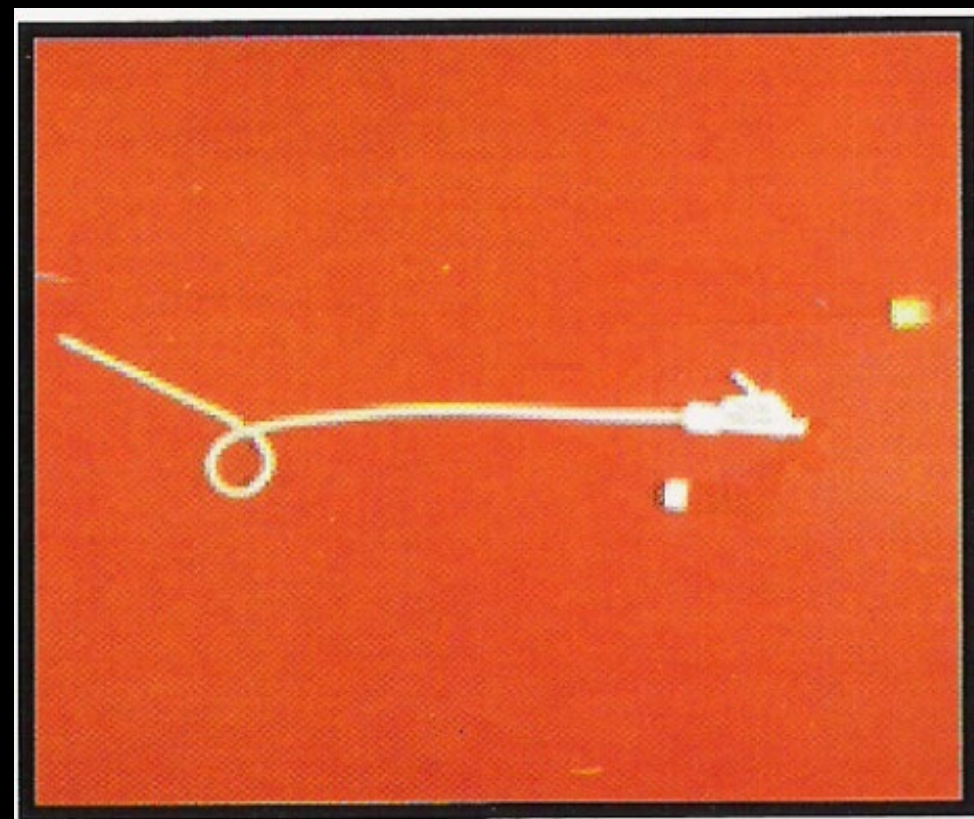
- Daily
 - Observe stoma daily for signs of swelling, leakage, redness, soreness or infection
 - Wash with mild soap and water and dry thoroughly
 - Rotate tube 360°
 - Check the position of the external fixation device
- Weekly
 - Check the balloon integrity

CHECKING BALLOON INTEGRITY

- Discontinue feeding
- Use a syringe to remove water from the inflation port
- Make a note of the volume removed
- Re-inflate the balloon with correct volume of fresh water
- If concerned there is a leak in balloon, consider tube replacement

RIG

- Radiologically Inserted Gastrostomy
- Indications- Head and Neck Cancer, MND
- Tend to last up to 6 months
- Balloon/ “pigtail” tube
- May be sutured



ROUTINE RIG CARE

- Daily
 - Clean stoma with mild soap and water and dry thoroughly
 - Observe for signs of infection/inflammation
 - Keep outer surface of tube clean
 - **DO NOT** rotate the tube 360° (unless advised to do so by your Dietitian)
 - Flush tube regularly
- Weekly
 - Check with your Dietitian.

IMMEDIATELY POST PLACEMENT OF ANY TUBE

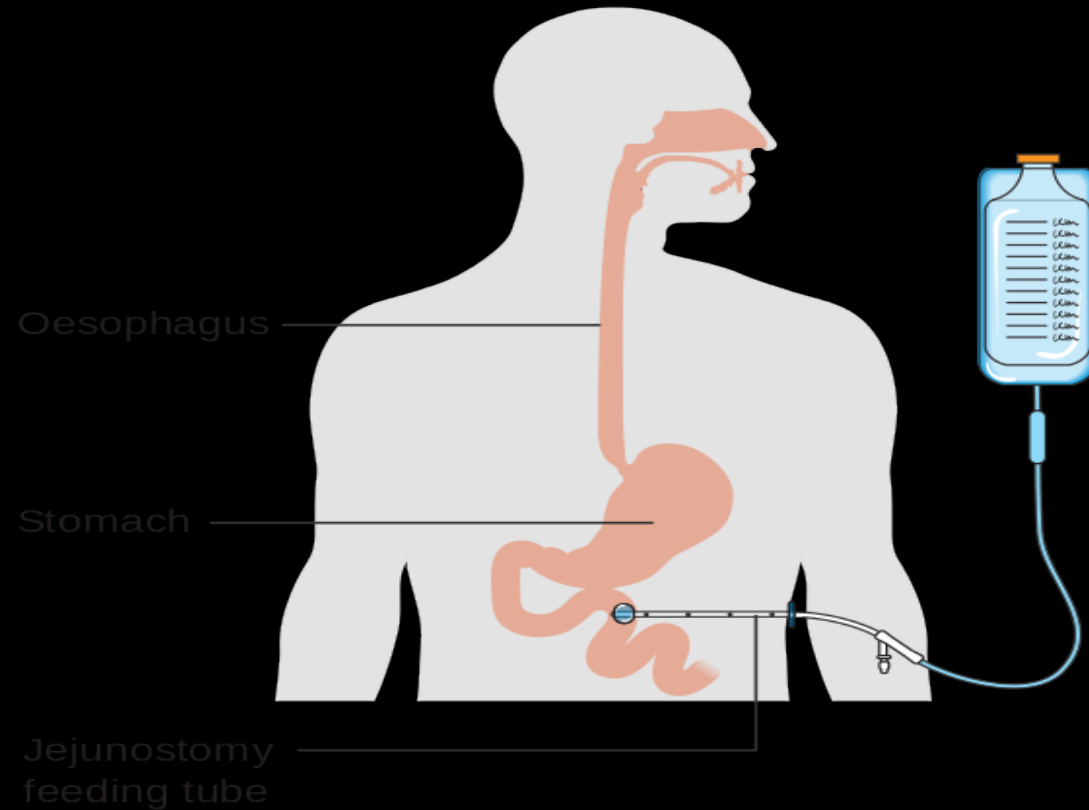
The following require **IMMEDIATE** medical attention

- Pain during feeding or medication delivery
- Significant pain or distress after the procedure
- New bleeding from the stoma site
- Leakage of fluid around the tube

In the event of any one of these symptoms, the following action **MUST** be taken

- Stop feeding / medication delivery immediately
- Seek immediate medical advice

JEJUNISTOMY FEEDING



SURGICAL JEJUNOSTOMY

- Inserted surgically
- Long term



ROUTINE CARE

- Daily
 - Clean stoma with mild soap and water and dry thoroughly
 - Observe for signs of infection/inflammation
 - Keep outer surface of tube clean
 - DO NOT rotate the tube 360°
 - Flush tube regularly

PEG-J

- Jejunal extension passed through PEG tube
- Ports are marked "I" and "G"
- Long term



ROUTINE CARE

- Daily
 - Clean stoma with mild soap and water and dry thoroughly
 - Observe for signs of infection/inflammation
 - Keep outer surface of tube clean
 - DO NOT rotate the tube 360°
 - Flush tube regularly
- Weekly
 - Unclip external fixation device, advance tube into stomach by about 2-3cm. Return to correct position

FOR EACH PATIENT

- Record type of tube in situ
 - Gastrostomy
 - Balloon gastrostomy
 - RIG
- Make
 - Freka
 - MIC
 - Maxter
- Size Fr
- Date inserted



COMPLICATIONS - PREVENTION AND TREATMENT

- Complications with stoma
- Tube related problems

GASTRIC LEAKAGE

- Indications
 - Pain, red skin, peristomal leakage, irritation
- Causes
 - Incorrect position of fixation device
 - Stoma has enlarged
 - Allergy to tube material
 - Delayed gastric emptying
 - Constipation
 - Buried bumper syndrome



GASTRIC LEAKAGE CONTINUED

- Treatment
 - Test leakage with pH paper
 - Ensure correct position of fixation device
 - Keep area clean and dry, consider barrier cream/lotion
 - If exudate is heavy, consider use of absorbent dressing
 - If gastrostomy tube, check internal balloon

OVERGRANULATION

“An overgrowth of pink, protruding mass of moist tissue at stoma, prone to bleeding”



OVERGRANULATION

- Causes
 - Excessive movement of gastrostomy tube e.g. Incorrect position of external fixation device
 - Fibre particles or trapped moisture at stoma site
 - Moisture at site
 - Infection
 - Delay in healing time- chronic disease, malnutrition, diabetes

OVERGRANULATION

- Treatment
 - Swab site if indicated
 - Ensure correct position of fixation device
 - Clean stoma
 - Use of a foam dressing eg. Lyofoam
 - Topical administration of Inadine, corticosteroid cream, silver nitrate or honey based dressings
 - Consider surgical removal

BLOCKED TUBES

- Prevention
 - Flush before and after administration of feed and medication
 - Flush to maintain patency if feeding is discontinued

- Treatment

- Attempt to flush tube with warm water/soda water
 - Use a plunging action to withdraw and insert the tube contents
 - Massage the tube, roll between fingers
 - Commercial declogging agents are available
-
- N.B. Fruit juices and cola not recommended

A close-up of the Clog Zapper



After filling the powder-containing syringe with water, replace the cap and shake it until the powder dissolves.



Insert the applicator into the feeding tube and instill 2 – 4 ml of solution; leave it in for an hour before attempting to flush the tube.



SUPPLEMENTS AND FEEDS

FORTISIP COMPACT

Per 125ml bottle

300 calories

12g protein

With added fibre

Fortisip Compact Fibre

300 calories

12g protein

4.5g fibre



CALOGEN EXTRA SHOTS

Per 40ml

160 calories

2g protein



NUTRISON 1200 COMPLETE MULTIFIBRE

1240 calories

55g protein

20g fibre

Less calories complete in 1000ml

Nutrison 800 Complete Multifibre

Nutrison 1000 Complete Multifibre



NUTRISON PROTEIN PLUS MULTIFIBRE

1280 calories

63g protein

15g fibre

Also available without fibre

Nutrison Protein Plus



NUTRISON SOYA

Milk free

1000 calories

40g protein

Also available with fibre

Nutrison Soya Multifibre

15g fibre



FLOCARE INFINITY PUMP



NUTRISON CONCENTRATED

2000 calories

75g protein

No fibre



PROSOURCE TF

45ml sachet

11g protein

44 calories

0g fat

1g carbohydrate

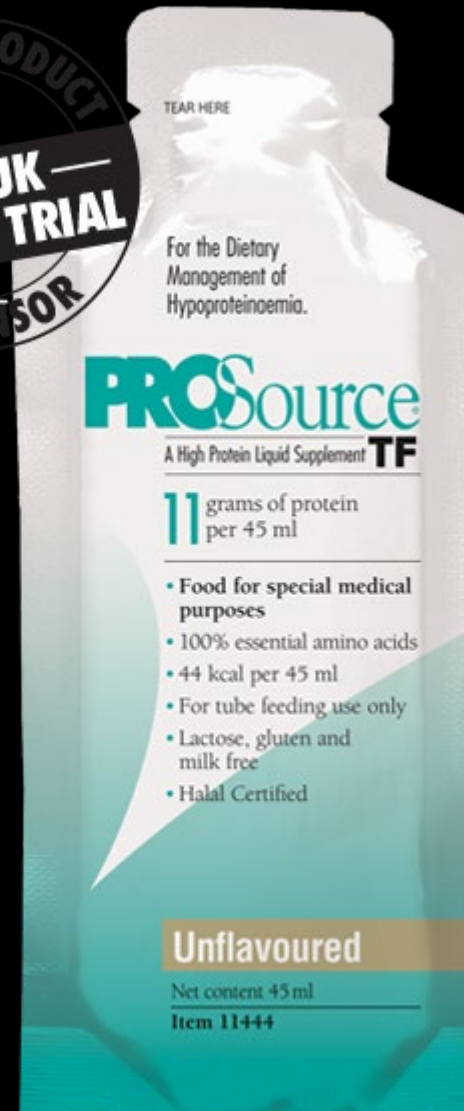
Prosource Plus

15g protein

100calories

0g fat

11g carbohydrate



TEAR HERE

For the Dietary
Management of
Hypoproteinaemia.

PROSource
A High Protein Liquid Supplement **TF**

11 grams of protein
per 45 ml

- Food for special medical purposes
- 100% essential amino acids
- 44 kcal per 45 ml
- For tube feeding use only
- Lactose, gluten and milk free
- Halal Certified

Unflavoured

Net content 45 ml

Item 11444