

Gastrostomy Care

Parents / 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 carry your child's feeding extension tube and spare
gastrostomy button / tube with your child.**

Home Care Team: _____

Phone Number: _____

Key Nurse: _____

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Introduction

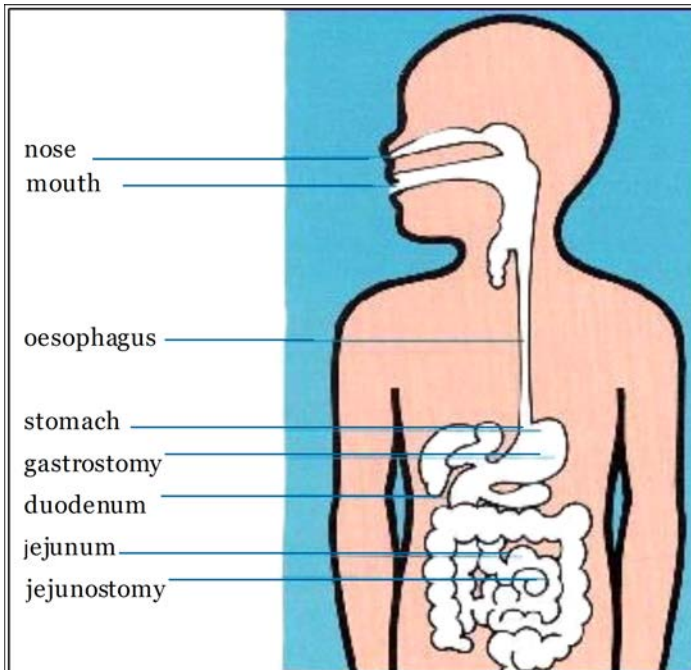
Your child has had an operation to form a gastrostomy stoma.

This booklet is to support the education, on the ward the nurses will give you, and your community nurse when you go home. Your community nurse will continue to provide education and support once you go home to enable you to care for your child with their gastrostomy.

What is a gastrostomy?

A gastrostomy is a surgical opening through the abdominal wall into the stomach. A feeding tube is placed through this opening into the stomach. This allows your child to be fed directly into their stomach, bypassing the mouth and throat.

Gastro - stomach. Stoma – opening or mouth



What is a Gastrostomy Tube (G-tube)

A g-tube is the feeding tube that is placed in the gastrostomy and allows you to feed directly into your child's stomach.

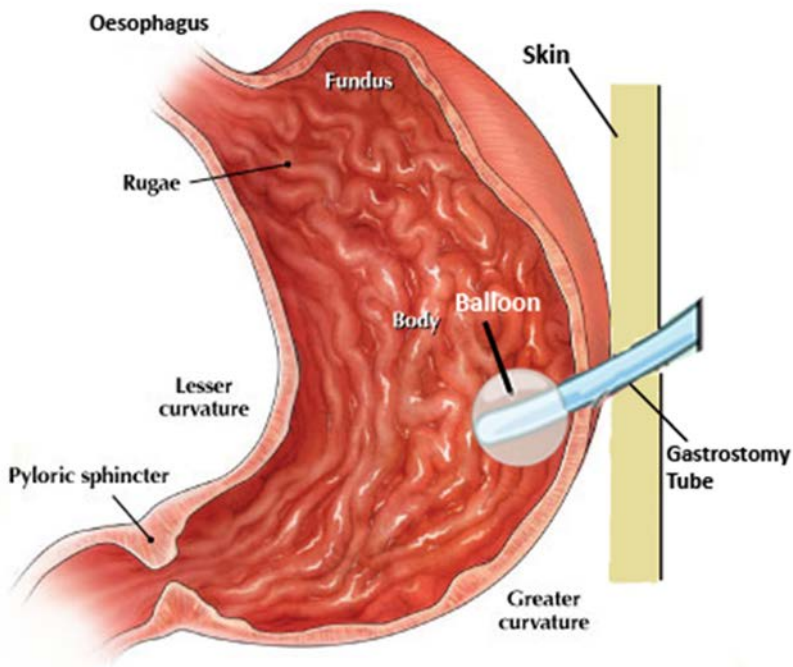
There are many types of g-tubes available and we will cover the different types Starship uses on the following pages.

Why use gastrostomy feeding?

Your child may need g-tube feeding because they cannot take enough food and drink by mouth in order to grow.

Your child's doctor and dietitian will discuss this with you.

Stomach with Gastrostomy Tube



Feeding

Starting gastrostomy feeding

The dietitian will discuss with you the most appropriate method of feeding your child. This will depend on your child's medical condition and needs. They will take into account of your family and home circumstances.

There are three different methods of feeding your child using their gastrostomy tube - **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 specific amount of feed is given in one go (usually over 20 minutes). You normally use gravity to give the feed. This usually involves a large volume syringe (30-60ml) which is connected to the g-tube. An extension tube may also be used.

Continuous feeding

If your child is being fed continuously, they will receive the feed slowly over a number of hours through an electric feed pump.

How will my child feed using their gastrostomy?

Your child will have a special liquid feed, which contains all or most of the nutrients they will need. Some children can continue to eat regular food by mouth and use the gastrostomy to "top up" what is needed. Your doctor and dietitian will advise you.

Flushing the G-tube

Flush your child's G-tube with at least 5-10mls of water:

- 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 giving medicine to prevent blocking the g-tube.
- If the medicine is thick you may need to thin it by adding a small amount of water to make it easier to give. Flush with extra water after giving them.
- If you only have 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 Tubes

There are several types of gastrostomy tubes that your child may have.

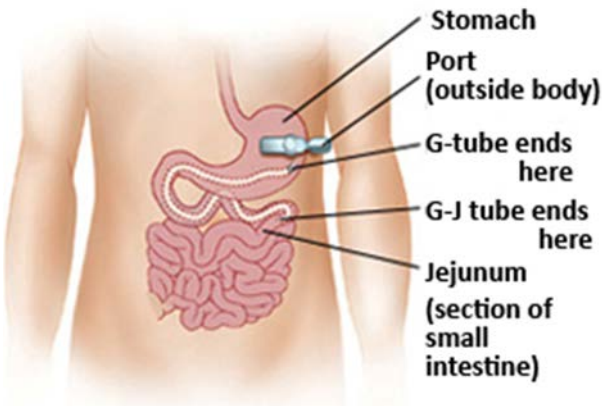
Gastro-jejunal Feeding Tube (G-J tube)

The G-J tube is placed through the abdomen directly into the stomach and then passes into the small intestine (also called the small bowel). The G-J tube is used for children who are unable to cope with being fed into their stomach.

G-J tubes are replaced by a radiologist when they need changing.

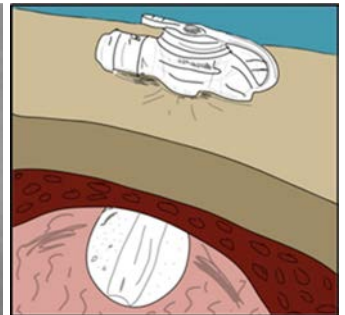
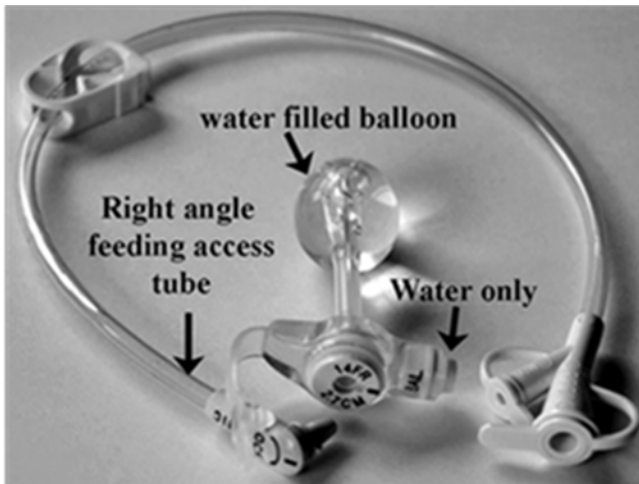
Remember to flush your child's G-J tube with water at least 3 times a day and **before and after** giving medicines to prevent the tube blocking.

A G-J tube should **NEVER** be rotated.



Mic-Key Button (Low Profile Device)

- The button is held in place in the stomach by a small balloon filled with water.
- You will need to check the water level in the balloon as directed.
- Your child's button can only be used by connecting the feeding access tube. **Always keep your child's feeding access tube with them.**
- The button comes in a range of lengths from 1cm to 4cm.
- 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 in case 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. Button changes can be done at home by you or your child's community nurse.



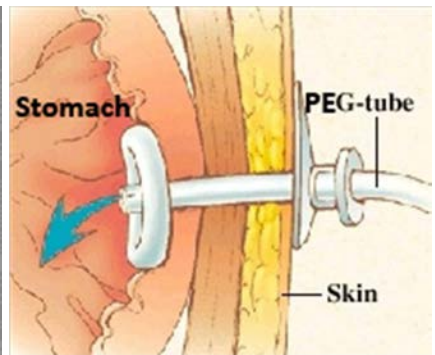
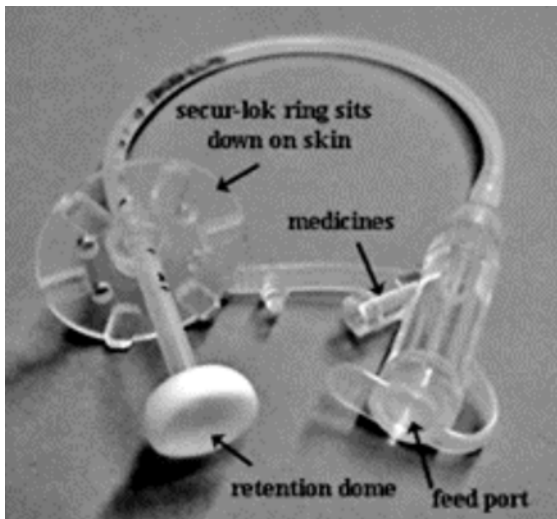
How a button should sit

Types of Gastrostomy Tubes

Percutaneous Endoscopic Gastrostomy— PEG

This tube is placed in theatre using a flexible endoscope to position the tube. These tubes can stay in for many months.

- It is held in place by an internal retention dome.
- It has a silicon ring (Secur-lok) which sits down on the skin to help stabilise the tube. It prevents the PEG 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 insertion of their PEG. This will help **alert** you if the tube has moved.
- It is a traction removal device – therefore PEG changes are done by the doctor in theatre.

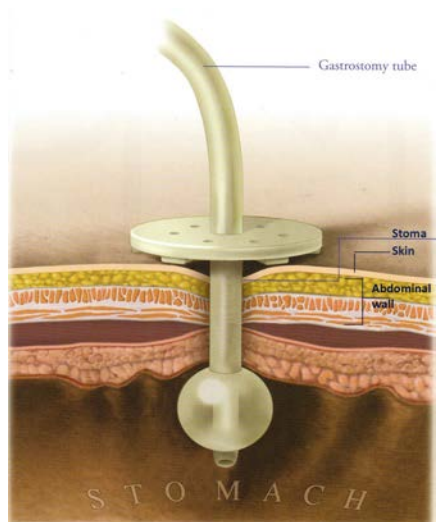
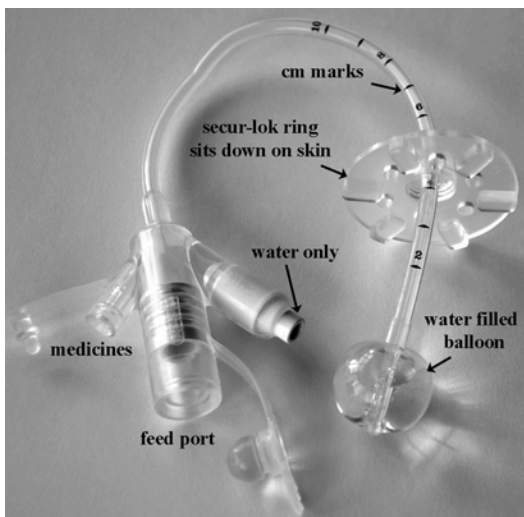


How a PEG tube should sit

Gastrostomy Tube (Mic G-tube)

This tube will be put in by either a laparotomy (open operation) or key hole surgery (laparoscopy).

- It is held in place in the stomach by a small balloon filled with water
- You will need to check the water level in the balloon as directed.
- It has a silicon ring (Secur-lok) which sits down on the skin to help stabilise the tube. It prevents the 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.



How G-tube should sit

Skin Care

Looking after your child's mouth

Your child should continue to brush their teeth with toothpaste morning and night. They should also have regular visits with their dentist.

Stoma Skin Care

The gastrostomy is a surgically made opening with a g-tube placed in it and sometimes the body may react against it. Good skin care is important to reduce any problems that can happen because of this.

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.

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.

- If a Secur-lok ring is present place this down on the abdomen. This will help support the g-tube and stops it from sliding in and out of the stoma.



Caring for the Skin around the Stoma

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 once a day and then pat it dry with a towel. Do not rub around the stoma site as this can make it sore.

This 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.

Tips for Managing Common G-tube Problems

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 so the stoma does not close. This will prevent the g-tube from being put back in.
- 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.

If the tract is mature (after 6 weeks)

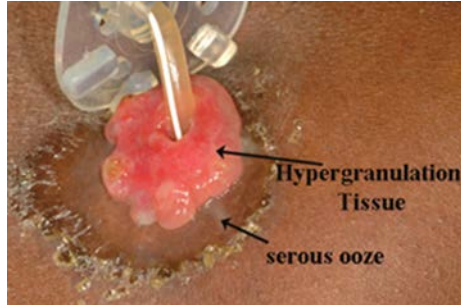
- you can replace the g-tube if you feel able to. Otherwise contact your community nurse who can assist you.
- Check the g-tube is in the stomach before using it.
- Check the water in the balloon as per directions

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.

What is granulation tissue

Granulation tissue is extra pink tissue that often grows around the g-tube site. This is a common problem for children who have a gastrostomy. It usually happens when there is too much friction (rubbing) around the g-tube site.



- To lower the risk of granulation tissue, make sure your child's g-tube is secure. (see protecting my child's g-tube)
- In some cases, granulation tissue may cause a small amount of bleeding, leaking, or irritation around the g-tube site.
- Usually granulation tissue can be treated with a steroid ointment or silver nitrate.
- In rare cases, granulation tissue may need treatment by a general surgeon.
- If you think your child has granulation tissue contact you community nurse or GP for advice.



Tips for Managing Common G-tube Problems

What should I do if my gastrostomy is leaking?

A small amount of leaking (sometimes called drainage) around a g-tube site is normal. All you need to do is clean it with a damp cloth and then pat dry.

Leaking can often be caused by:

- a g-tube that is not secure and stable [See page 11 for how the g-tube should sit.](#)
- a Mic-key button that is too long
 - This allows it to move in and out the stoma instead of sitting snugly against the skin. This can cause leakage. [See page 9 for how the button should sit](#)
 - Ask your community nurse to check this and they can replace it with one that is the right length for your child.
- the balloon is not filled with enough water.
 - Ensure the balloon has the recommended amount of water.

Please call your community nurse or GP if the leakage for advice:

- is a yellow/green colour and has an odour
- the skin around the site is irritated

If the skin is becoming irritated then you can use a barrier cream (nappy rash cream) to help protect the skin.

Some illnesses can cause leakage e.g. a respiratory illness or tummy bug.

- the leakage will usually settle down as your child gets over their illness.

Constipation can be a cause of leakage around the g-tube because the stomach is unable to empty properly.

- Make sure your child is having regular bowel motions

How can I tell if my child's stoma is infected?

Some children can get skin infections around their g-tube. Bath time is a good time to inspect their skin and stoma site.

- redness around the g-tube site that spreads out past the area immediately around the stoma insertion site
- swelling around the g-tube
- warmth or soreness at the g-tube site
- unexplained fevers
- Green or yellow drainage coming from the g-tube site

Please call your child's GP or community nurse if you think your child has a skin infection at the gastrostomy site.

My child has stomach cramps

- Check the rate of feeding. You may need to slow down the feeding rate.
- The feed may be too cold. Let the feed reach room temperature before giving it to your child.
- Try venting, or "burping," the tube or button:

My child has diarrhoea (loose/watery bowel motions)

- Check the rate of feeding. You may need to slow down the feeding rate.

If the diarrhoea continues, contact your GP or community nurse for advice.

Tips for Managing Common G-tube Problems

My child is vomiting

- Check the rate of feeding. You may need to slow down the feeding rate.
- If you are using prepared feeds, always check the expiry date.
- The feed may be too cold. Let the feed reach room temperature before giving it to your child.
- Check the length of g-tube outside the stomach and compare to an earlier measurement.
- Gently pull g-tube back into position if able and secure.

If the vomiting continues after you have tried the above, contact your GP or community nurse for advice.

Bloating after feeding

If your child's belly becomes hard or swollen after a feed, try venting, or "burping," the tube or button:

- Attach an empty syringe 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.

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 7.

In the event 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.
 - $\frac{1}{4}$ teaspoon baking soda in 20mls water
- Do not try to push an object into the g-tube to unblock it.

If the g-tube is able to be flushed, 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.

