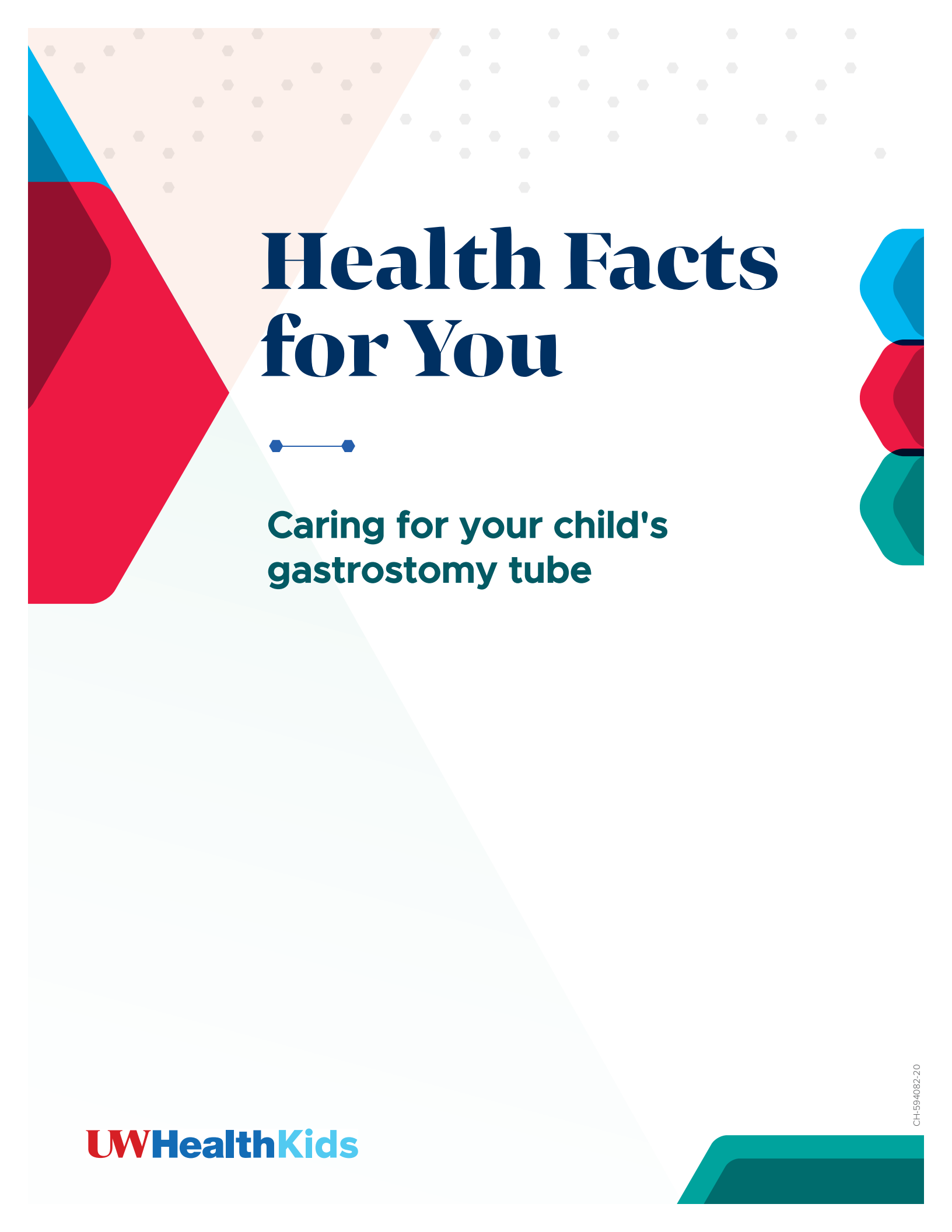


The background features a large, light orange triangle pointing downwards from the top left, and a large, light blue triangle pointing upwards from the bottom left. These triangles overlap a white background. Scattered across the white background are numerous small, light grey dots. On the left side, there are overlapping geometric shapes in blue, red, and teal. On the right side, there are three stacked, rounded rectangular shapes in blue, red, and teal. A small blue horizontal line with dots at each end is positioned below the main title.

Health Facts for You

**Caring for your child's
gastrostomy tube**

Your Child's Feeding Tube

Gastrostomy Tube (G-tube)

A gastrostomy is a surgical procedure where a small channel is created from the skin to the stomach. A tube is inserted to keep this channel open. The tube is known as a gastrostomy tube and allows for direct access to the stomach for feeding or medicine administration.

Your child may need a G-tube for any of the reasons below:

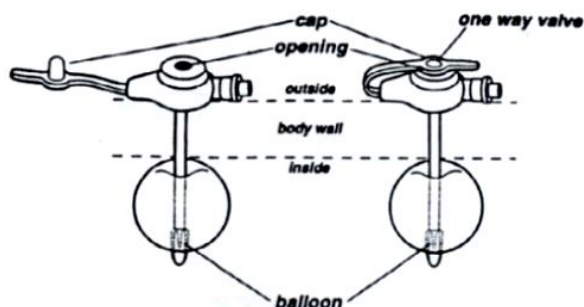
- Cannot take enough food or liquids by mouth.
- Cannot swallow safely.
- Medicine administration.
- Other: _____.

Types of Gastrostomy Tubes

There are different types of Gastrostomy tubes available. They have similar parts and uses.

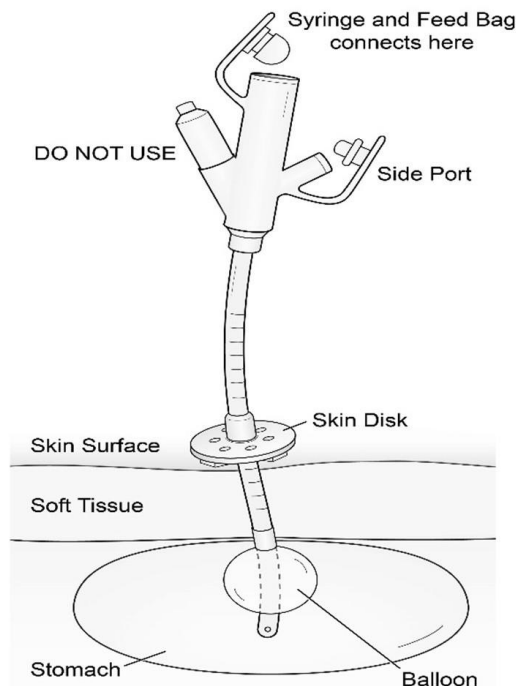
Low Profile “Button” Tube

These tubes, often called ‘buttons’ or known by brand names like ‘Mini/AMT’ and ‘MICKEY,’ are held in place by an inflatable balloon. They lie flat against the skin with no external tubing. An extension set is connected when giving feedings or medicines.



High Profile “Long” Tube

High-profile tubes are flexible plastic tubes inserted during surgery. They are secured with an external clamp or disc and an internal bumper or balloon. Feedings or medicines are given directly through the tube.



Tube Information

Tube Type

- ☐ Low Profile
- ☐ High Profile

Brand

Size

French: _____ Length: _____

Balloon Volume

Date of Insertion

Inserting Team

- ☐ Pediatric Surgery
- ☐ Pediatric IR

Care of the Tube After Surgery

When a gastrostomy tube is first placed, it is very important to keep it secure to prevent it from falling out. If the tube comes out, the stomach lining could separate from the abdominal wall, which would be an emergency needing immediate care. Follow the instructions provided in the problem solving table on page 6. You will be directed to go to the emergency department at UW Hospital/AFCH. Once you arrive, the hospital staff will replace the tube and make sure it is in the correct position.

The following are ways to prevent the tube from coming out:

- **Do not** check the water in the balloon until after the first tube change.
- For High-Profile Tubes: **Do not** loosen the external bolster.
- Secure the tube or extension with a ‘Grip-loc’ device or medical tape.
- For Low-Profile Tubes: Remove the extension when not in use.
- Use clothing to cover and stop your child from pulling at the tube.

Bathing

- Keep the gastrostomy site from being under water for 2 weeks after surgery. It is OK to shower or sponge bathe. **Do not** take a bath.
- Swimming **after** 2 weeks is allowed unless told otherwise by your provider.

Medicines and Feedings

It is important to not clog the gastrostomy tube placed during surgery.

- **No** crushed medicines should be given through the tube until after the first tube change.
- **No** home or commercial blenderized tube feedings should be used until after the first tube change.

- Flush the tube with water after using per provider recommendation.

Routine Tube Changes

The first tube change will be done around 8 weeks by a provider in clinic. After the first change, the tube will be changed every 3-6 months by a trained caregiver or provider.

Discharge Supply List

- ☐ Extension Set (for low- profile devices only)
- ☐ Securement devices (Grip-loc)
- ☐ Gauze drainage sponges
- ☐ Syringes
 - Small (Flush, meds)
 - Large (Feeds)
- ☐ Feeding bags
- ☐ Emergency Kit
 - Red Robinson Catheter same size as tube
 - Red Robinson Catheter size smaller than tube
 - Lubricant – Water Soluble
 - Tape

Care of the Gastrostomy Site

Gastrostomy tube sites need to be cleaned at least once per day. If there is increased drainage, the site may need to be cleaned more often.

- After the site is healed, you can clean the area in the shower or bath.
- **Do not** apply creams or ointments to the site unless directed to by a provider.
- If there is increased drainage, it is recommended to use a thin split gauze at the site. Change the gauze at least once per day or when saturated.
- See the “Problem Solving” section for any site concerns or issues to watch for.

Supplies

- Mild Soap, Water
- Cotton Swabs (such as Q-tips) or Wash cloth
- Split gauze drain sponges (if needed)

Steps for Cleaning the Site

1. Wash hands.
2. Remove old gauze if present
3. Check skin for redness, rash, drainage, or excess granulation tissue
4. Clean the skin around the tube with mild soap and water using cotton swabs or wash cloth.
5. Rotate the g-tube.
6. Dry the skin.

Giving Medicines

- Administer medicines separately from feedings to ensure the child receives the full dosage.
- **Do not** mix medicines unless instructed by a pharmacist or healthcare professional.
- Use liquid medicines when possible. If the medicine only comes as a tablet or capsule, you will need to talk to the

pharmacist to ensure it can be crushed or opened and given in a tube.

- Flushing with water after medicine is important to make sure the tube is clear and does not clog.

Feedings

There are different ways to give a feeding through a gastrostomy tube. The feeding plan will be created with your dietitian. See page 7 or your hospital discharge paperwork for details of the feeding plan.

Do not change the feeding plan without discussion with your child’s team.

Bolus Feedings are given over a short period of time multiple times per day. This type of feeding can be given by gravity, a pump or a syringe. These feedings mimic typical eating patterns and allow your child more free time from tube feedings.

Continuous Feedings are given over a long period of time. This type of feeding is delivered using a feeding pump at a slow rate. Some children do not tolerate large volumes at once and do well with feedings given at a slower rate.

Venting

Venting a gastrostomy tube helps release air from the stomach, like burping. To vent, attach a large syringe (without the plunger) to the extension. Hold it upright with the open end at the top and unclamp the extension to let the air escape. If feedings bubble up, allow them to go back into the stomach with gravity.

Farrell Valve Bag is a closed venting system that can be attached to the extension tube to allow for venting.

Bolus Syringe Feeding

Supplies

- Extension Set (low-profile tube)
- ENFit Syringe (large for feeding)
- Formula or Breast Milk

Steps to Give Syringe Feeding

1. Wash your hands.
2. If your child has a low-profile button, connect the extension set.
3. Remove the plunger from the large ENFit feeding syringe.
4. Connect the syringe to the tube.
5. Clamp extension or tube.
6. Pour part of the feeding into the syringe.
7. Raise syringe up above stomach.
8. Unclamp the tube. If it does not start to flow, a gentle push of the plunger may be needed to start flow.
9. Allow the feeding to flow into the stomach. If it is going too fast or child has air bubbles that need to escape, lower syringe to slow the amount going in.
10. Add more formula as needed until all is given.
11. When the last part of the feeding is down in the tip of the syringe, add small volume of water to flush through the feeding and to prevent the tube from clogging.
12. Remove the extension.

Continuous/Bolus Feeding with a Pump

Supplies

- Extension Set (low-profile tube)
- Feeding bag
- ENFit Syringe for flush
- Formula or Breast Milk

Steps to Give Feeding with a Pump

1. Wash your hands.
2. If your child has a low-profile button, connect the extension set.
3. Pour formula amount needed for feed into the feeding bag (if continuous, pour enough for 4 hours). Run formula to the end of the tubing.
4. Connect feeding bag tubing to the tube.
5. Unclamp the extension or tube.
6. Set up the pump including the rate as you have been instructed.
7. Start the pump. Check to make sure the formula is dripping.
8. As the bag empties, add more formula.
9. When the feeding is done, disconnect the feeding bag tubing from the extension.
10. Flush g-tube extension with water to keep it from clogging.

If your pump isn't working or you do not have a pump available, you can push the feeding through the tube slowly using a syringe. See Problem Solving Table on Page 6.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 6/2025 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4277

Equipment Cleaning & Replacement

Equipment	Cleaning and Replacement Instructions
Syringe	• Pull plunger out of syringe and clean both the syringe and plunger with mild soap and warm water after each use. Rinse well to remove any formula or soap residual. • Air dry parts separately on clean towel.
Feeding Bag	• Rinse the feeding bag and tubing with warm water immediately after each use. • If the bag and tubing are not sufficiently clean after rinsing, soak them in a solution of white vinegar and water (3 parts water to 1-part white vinegar). After soaking, rinse thoroughly with water. • Replace bag every day. If not able to replace, please follow instructions above on how to clean the bag. • Storage: Between feedings, you can store the cleaned feeding bag and tubing in a plastic bag or a covered container in the refrigerator to prevent the growth of germs.
Extension Set (for low profile tubes)	• Clean with mild soap and warm water after each use. Rinse well to remove any formula or soap residual. • For continuous feeding, the feed set should be cleaned at least once per day. • Replace every 1-2 weeks, or sooner if it becomes cracked or difficult to clean.

Problem Solving

Tube Problems	What to do
Clogged or plugged tube	1. Check that the tube is not kinked or clamped. 2. Fill a syringe with warm water and attach it to the feeding extension. 3. Gently massage the tube to loosen the clog. 4. Flush the tube with the warm water to clear it. 5. If the clog persists, flush with more warm water and clamp the tube for 20-60 minutes. 6. After clamping, attach the syringe again and gently move the plunger in and out several times to help dislodge the clog. • If the tube has been changed before and you have been taught how to do so, you may change the tube. • If the tube remains clogged or you are not able to replace the tube, contact your provider.
Leaking around the tube	• New Tube before first change: Do not check the water in the balloon. Contact the provider. • Established Tubes: Check the water in the balloon using a syringe. If the balloon does not have enough water, add the amount needed. If leaking continues, contact provider.
Bleeding around the tube	• If you have bleeding that is more than a few drops of blood, contact your provider. Secure the tube to avoid any excess movement.
Tissue builds up around the tube	• If you notice tissue buildup, secure the tube to prevent excess movement. If the tube is a skin level or “button” tube, detach the adapters when not in use. This will help prevent extra weight and tugging at the G-tube site. • Contact your provider if the tissue builds up and causes drainage or bleeding.
Newly Placed Tube falls out before first tube change	Pediatric Surgery Placed Tube Place red rubber catheter in stoma and go to the Emergency Department at AFCH/UW Hospital.
	IR Placed Tube 0-14 days Post-op: Go to the Emergency Department at AFCH/UW Hospital. Do not put anything in stoma. Greater than 14 days: Place red rubber catheter in stoma, Go to the Emergency Department at AFCH/UW Hospital.
Tube falls out after first tube change	• If you are trained to replace tube, place new tube. • If you are not trained or unable to place tube, place a red rubber catheter in stoma. • If you do not have a new tube or red rubber catheter available, wash off old tube and place in stoma.
Feeding pump broken or not available	Push the feeding using a syringe. 1. Place the tip of the syringe into the formula, pull back on the plunger to fill the syringe. 2. Connect the syringe to the extension set or tube and push slowly until all formula is given. 3. Flush tube with water to prevent clogging.

Your Child's Tube, Feeding Plan and Home Supplies

Who to call if there are concerns or questions	Provider Team:
	Phone Number:
Home Health Care Agency • To reorder supplies, contact your home care agency. • Contact them each month to order.	Name & Phone Number:
Feeding Plan	Formula Name:
	Feeding Amount:
	Feeding Schedule:
	Feeding Plan (Gravity, Rate):
	Total Amount of Water per day:
	Water Flushes: