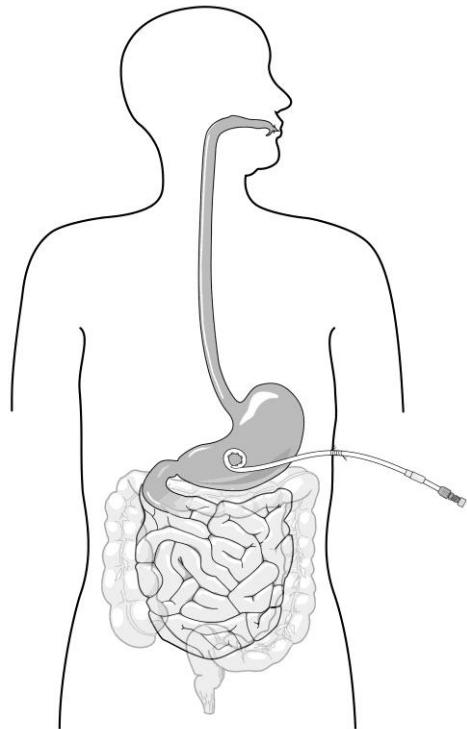


Gastrostomy Tube for Decompression

What is a gastrostomy?

A gastrostomy is a procedure that creates a small opening in your outer abdomen into the stomach to place a thin tube (g-tube). This tube will allow you to drain fluids out of your stomach, vent air and give medicines. Venting can help decrease nausea or vomiting due to a blockage in your intestines. To vent, this tube can either be hooked to wall suction or attached to a soft, plastic bag at home to allow gas and/or fluid to come out. You will be taught how to attach the tube to a bag before you go home.



Why do I need a venting g-tube?

Some tumors and cancer treatments can cause the stomach and bowels to stop working as they should. This can lead to nausea, vomiting or bloating. A g-tube can reduce these symptoms and still allow you to enjoy drinking some liquids. You will not absorb many nutrients because the liquids you drink will drain out the g-tube.

How often do I need to vent the tube?

If you have gas, bloating, nausea or vomiting after eating you will be able to “vent” the g-tube. This will allow air to escape or allow the contents of your stomach to drain to help decrease these symptoms. How often you need to do this is based on when you are having these symptoms.

What is the procedure like?

You will have the tube placement in the Interventional Radiology (IR) suite and it often takes about 1 hour.

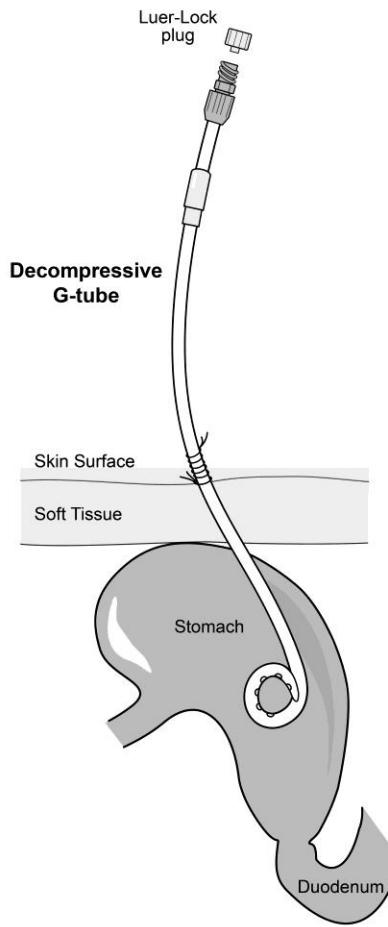
If you do not already have an IV, we will start one. If safe for you, we will give IV pain medicines and a medicine to make you sleepy for the procedure.

We will use ultrasound and x-ray to help locate the correct place for the tube. We will place a nasogastric tube through your nose and into your stomach, if you do not already have one in. We will fill it with air which helps with tube placement. This will make you feel full but should not cause you pain. If we place the nasogastric tube during the procedure, we will remove it at the end of the procedure.

We will place T-fasteners, which look like small white buttons on your skin. This helps move bowel out the way and prevents the stomach from moving during g-tube placement. You will come back to IR clinic 7-10 days after the procedure so the nurse can look at your site and remove these T-fasteners. If they fall off before your clinic visit, that is ok.

We will numb your skin with lidocaine. This will feel like a pinch and a burn.

We will insert a small needle through the skin and into the stomach. We then insert a flexible wire through the needle and into the stomach. We will remove the needle and guide the tube into place over the wire. You may feel some pressure during the placement of the tube. We will secure the tube in place with a suture and a dressing.



How do I clean the g-tube site?

You need to clean the g-tube daily to prevent infection. Clean the skin around the tube with soap and water and then let air dry. You may shower and let the water run over the area where the tube enters your skin. The day after the procedure you no longer need to leave a dressing in place. If you prefer to leave a dressing, you may apply a 4x4 split gauze dressing. You should change this every 3 days or as needed if it becomes soiled.

Check the tube site for signs of infection. These may include:

- Increased tenderness or pain.
- Increased redness or swelling.
- Drainage that is green in color or smelly.
- Sutures (stitches) at the skin site that come loose.

Giving Medicines

If you need to use the g-tube to give medicine, please review these tips. You can give medicine with a syringe through the g-tube. Crush pills in water until dissolved so that they do not clog the tube. You may want to ask your doctor about getting pills in liquid form. Never crush enteric-coated or time-release capsules. Flush the tube with 30 mL of water before and after giving medicines. This helps ensure that it enters the stomach and helps to prevent clogging the tube.

What can I eat?

We suggest a liquid diet because liquids can easily drain out of the g-tube. Use a blender to blend your favorite solid foods into thin liquids. This will help you enjoy the flavors of your favorite foods without clogging the tube.

You can blend your favorite solid foods to a thin liquid by adding small amounts of fluid. You may choose to add fluids such as milk, cream, cream soups (without chunks), sour cream, cottage cheese, smooth yogurt, ice cream (without nuts or chunks of fruit or candy), half & half, broth, fruit juice, vegetable juice, or nutrition supplements (Carnation Instant Breakfast®, Ensure®, Boost® or generic versions).

Here are some liquids that you may enjoy. Remember to put solid foods in a blender with a small amount of thin liquids. Blend the mixture until the consistency is thin.

- Strained canned soups or soup that has gone through a blender
- Cooked hot cereal (thinned with milk)
- Ham with pineapple (thinned with broth, sauce, gravy or pineapple juice)
- Pork with applesauce (thinned with broth, sauce, gravy or apple juice)
- Beef with sweet potatoes (thinned with beef broth, sauce or gravy)
- Pureed fruits (thinned with fruit juice)
- Pureed vegetables (thinned with vegetable juice or vegetable broth)
- Fruit smoothies made with pureed fruits and ice cream or yogurt (thinned with milk)

Potential Problems

- Blocked tube
- Excessive leaking around the tube
- Redness around the tube
- Bleeding around the tube
- Stitches come loose or tube falls out
- Punctured or torn tube
- Noticing blood
- Vomiting
- Dehydration

If you have any of these problems and feel that you need medical help, please call **Interventional Radiology at 608-263-9729 option 3**. Please call before going to a clinic or emergency room. Our staff will help you decide what to do next.

Blocked Tube

Gently flush the tube using 15 mL of warm water. You may need to flush and pull out the water many times until the tube will flush.

Excessive Leaking Around the Tube

Call your doctor or nurse.

Redness Around the Tube

Keep the skin around the tube clean and dry. Some redness is normal, but moisture can irritate the skin and lead to an infection. Clean the skin around the site more often using plain water. Keep irritated areas open to air if you can. Ask a nurse about other ways to fasten the tube in place. Call the nurse if you see signs of infection.

Bleeding Around the Tube

If you notice more than a few drops of blood, call your nurse. Keep the tube taped or secured tightly to your skin to prevent pulls that might cause injury.

Stitches Come Loose or Tube Falls Out

If the tube falls out partly or all the way, do not try to push it back into the opening. If you can, secure the tube with tape. You must Call the Interventional Radiology clinic within 12 hours. We will arrange an appointment for you to have the tube replaced. You do not need to go to the emergency room for this.

Punctured or Torn Tube

Clamp the catheter (or seal with tape), close to your skin. Call the IR Clinic.

Noticing Blood

If you cough up blood or see blood clots the size of a quarter coming from the g-tube, call the IR Clinic right away. We may tell you to go the emergency room.

Vomiting

You have the venting g-tube to help control nausea and vomiting. Make sure your tube is not clogged. If the tube is not clogged, you may need to adjust your nausea medicines.

Dehydration

Vomiting, diarrhea, fever, and sweating can cause the body to lose fluids. You may no longer get thirsty so you must watch for the signs of dehydration.

- Decreased urine or darker colored urine
- Crying with no tears
- Dry skin that has no recoil when squeezed
- Fatigue or irritability
- Weight loss
- Dizziness
- Dry mouth and lips
- Sunken eyes
- Headache

If you have any of these signs, call your primary doctor to find out how much and what kind of extra fluid to give.

Common Questions

Can I sleep on my stomach?

Yes. After the tube site heals, most people are quite comfortable sleeping on their stomachs.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

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 © 7/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#6434

Where do I get supplies?

You will receive supplies from the inpatient unit when you are discharged. Your hospice or home health agency will provide you with more supplies as needed.

Follow-Up Care

You may shower. Do not immerse the tube in water such as in a bath, swimming pool or hot tub.

You will follow up with Interventional Radiology in 7-10 days and again in 3-6 months for a routine change of the G tube. We will schedule these visits for you.

Who to Call

If you have any questions or concerns, call Interventional Radiology Scheduling line at **608-263-9729** option 3. After hours, call Interventional Radiology Resident On-Call at **608-262-2122**.

If you have more questions, please contact UW Health at one of the phone number listed below. You can also visit our website at www.uwhealth.org/nutrition

Nutrition clinics for UW Hospital and Clinics (UWHC) and American Family Children's Hospital (AFCH) can be reached at: **(608) 890-5500**.

Nutrition clinics for UW Medical Foundation (UWMF) can be reached at: **(608) 287-2770**.