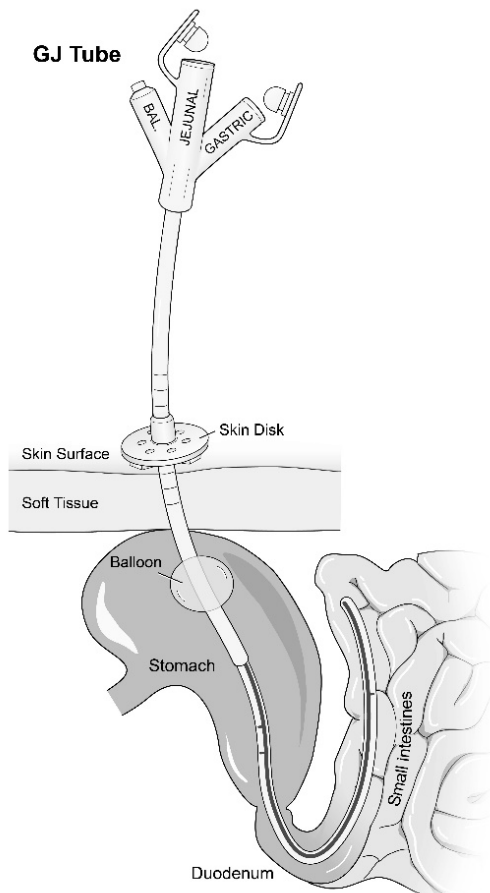


## Gastrojejunostomy Tube (GJ Tube)

Your healthcare team wants you to have a gastrojejunostomy tube (GJ tube) placed. An interventional radiologist will do this procedure. Before the tube placement, the staff will explain it to you and ask you to sign a consent form.

### Percutaneous GJ Tube

A GJ tube is a soft, narrow tube that enters the stomach in the upper part of the abdomen and is threaded into the small intestine. Once placed, this tube must remain in place for at least 8 weeks to allow your skin to heal. On the outside of the tube there are three ports you will see labeled: gastric, jejunal and balloon (see picture below) and each serve a different purpose.



The **gastric port** of the tube sits in the stomach. It is used to vent air, drain fluids and give medicines, if needed. If you have nausea or if you are vomiting due to a blockage in your intestines, venting can help decrease these symptoms. To vent, you can either hook this G-port to wall suction or attach it to a soft bag at home to allow gas and/or fluid to come out. You will be taught how to attach the G-port to a bag before you go home.

The end of the **jejunal port** sits in your small intestines and is used for feeding. A nutritionist and nurse will discuss the details of the feeding with you. The tube is held in place by a small balloon on the inside, which prevents it from backing out, and by a skin disk that sits on the outside of your body.

### Getting Ready for GJ Tube Placement

- If you take blood thinning medicine (such as Coumadin), you will be told when to stop taking them.
- No eating for 6 hours before the tube placement.
- Tell the doctor if you have any allergies to iodine, latex, contrast or medicines.

### GJ Tube Placement

The tube placement is done in the Interventional Radiology suite and takes about 1 hour.

You will have an IV placed, if you do not already have one. You will receive medicine through the IV to help you relax. You may also receive IV pain medicine and a medicine to make you sleepy. We do **not** often perform this procedure with general anesthesia.

We will use ultrasound and x-ray to help us place the tube.

You will have a nasogastric tube placed through your nose and into your stomach. Your stomach will then be filled with air which helps with tube placement. This will make you feel full but should not cause you pain. We will remove this tube at the end of the procedure.

We will inject numbing medicine into the skin over your stomach to numb the tube placement site. This will feel like a pinch and a burn.

T-fasteners, which look like small white buttons on your skin, will be placed next. This helps move bowel out the way and prevents the stomach from moving during GJ tube placement. You will see us back in the IR clinic 7-10 days after the procedure so our nurse can look at your site and remove these T-fasteners. It is okay if the T-fasteners fall off before your clinic visit.

A small needle is then advanced through the skin and into the stomach. This needle will be exchanged for the soft tube. You may feel some pressure during the placement of the tube. The tube will be secured in place with a skin disk and a dressing.

### **After the GJ Tube Placement**

You will return to a hospital room where you will rest in bed for 2-4 hours. The G-port will be attached to suction for at least 4 hours.

Feedings through the J-port can be started after you rest for a few hours.

You may have some abdominal pain around the new tube site which is normal. This will get better over the next two days. If you need pain medicine, please call your nurse.

### **Tube Feeding**

You will start tube feedings in the hospital after your GJ tube placement. You will have tube feeds through the J-port either bit by bit or cycled using a pump. Never bolus tube feed through the j-port. The intestines cannot hold a large volume of food at one time like the stomach can. This can cause diarrhea.

A registered dietitian will teach you about your tube feed and water flush plan before going home. Case management will see you in the hospital to help you get the tube feeding supplies you need at home. Your nurse will show you how to use the tube and how to take care of it. You should follow-up with a registered dietitian after going home.

### **Cleaning and Dressing Changes**

You need to clean the GJ-tube site **daily** to prevent infection. Starting on the first day after the tube is placed, clean the skin around the entry site and under the skin disc everyday with soap and water and then let air dry. You can do this in the shower or using a washcloth.

The day after the procedure, you no longer need to leave a dressing in place. You may leave one split 4x4 gauze under the skin disc which should be changed daily, or more often, if it is soiled.

Check the tube site for signs of infection, such as:

- Increased tenderness or pain
- Increased redness or swelling
- Drainage that is green in color or smelly

### **Follow Up Care**

Do not lift more than 10 lbs. for 72 hours. You may shower but do not soak in water such as in a bath, swimming pool, or hot tub.

Follow up with Interventional Radiology, in 7-10 days. You will also be scheduled for a routine GJ tube change in 3-6 months.

### **Blocked Tube**

Gently flush the tube using 15 mL of warm water. Prevent blockage by always flushing tube with 30-60 mL water after feedings, **before and after** medicines.

### **Redness Around the Tube**

Keep the skin around the tube clean and dry. Some redness is normal, but moisture can inflame the skin and lead to an infection.

There is a skin disc that sits on the outside of your body. This keeps the tube from sliding in and out of the opening. If that skin disc is not snug against your body, it can cause some redness or pain around where the tube enters your body. Call the nurse or doctor if you think the skin disc is not snug.

Call the nurse or doctor if you see signs of infection (redness, swelling, rash, greenish drainage).

### **Bleeding Around the Tube**

If you notice more than a few drops of blood, call Interventional Radiology.

### **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 Interventional Radiology within 12 hours after the tube has fallen out. We will arrange for you to have the tube replaced. You **do not** need to go to the ER for this.

### **Punctured or Torn Tube**

Clamp the tube with a clothes pin or paper clip close to your abdomen and call Interventional Radiology.

### **Vomiting**

Because frequent vomiting causes the loss of body fluids, salts, and nutrients, call the doctor or nurse if it doesn't stop.

Do feedings sitting up or with the head of the bed raised 45°. Try smaller feedings more often. Make sure total amount for the day is correct. The strength of the formula or the contents may need to be changed.

Infection may cause you to vomit. Be sure the supplies are cleaned well and rinsed between feedings. Wash your hands after contact with persons who are ill.

### **Diarrhea**

Diarrhea means frequent, loose, watery stools. Looser stools may be normal with some types of formula. A few loose stools in a 24-hour period are not a problem. If you have diarrhea and it does not stop after 2 or 3 days, call your doctor. Causes include:

- Too much formula at one time.
- Food is going in too fast. Slow the rate down so it infuses over a longer time.
- Infection. Call your doctor if you have a fever or severe chills.
- Side effects of medicine.
- Intestinal blockage.

### **Supplies**

We will provide a 3-day supply. To get future supplies, you need to contact your home care provider. They will also supply you with the pump and pole.

### **Removing the G-tube**

Your tube will need to stay in for at least 8 weeks so the stomach and tissue around the tube can heal. The doctor who ordered the tube will decide with you when it can be removed. It will be removed Interventional Radiology. The hole closes within hours once removed.

### **When to Call**

Call Interventional Radiology with questions or concerns **before** going to an emergency room or clinic. Our staff will help you decide what to do next. Call if you have:

- Blocked tube
- Excess leakage around the tube
- Redness around the tube
- Bleeding around tube
- Stitches come loose or tube falls out
- Tube is punctured or torn
- Internal bleeding
- Vomiting
- Diarrhea
- Dehydration
- Constipation
- Gas, bloating, cramping
- Severe pain

### **Who to Call**

Interventional Radiology  
Monday – Friday, 8 am – 4:30 pm,  
**(608) 263-9729**, option 3

Interventional Radiology Resident  
**608-262-2122**

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 © 10/2020 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7986