

Care and Placement of Your Gastrostomy Tube (G-tube)

You will be getting a gastrostomy tube or “G-tube.” Before the tube placement, staff will explain it to you and ask you to sign a consent form.

G-tube

A G-tube is a soft, narrow tube that enters the stomach through the skin in the upper part of the belly. It can be used to give food and medicines if you cannot swallow. It can also be used to drain fluids from the stomach. The tube must be changed every 3-6 months at Interventional Radiology and takes about ½ hour. This visit will be arranged for you.

How to Prepare

If you take any type of blood thinner (such as aspirin or Coumadin®), you will be told when to stop taking them, before the tube is placed.

You should have nothing by mouth except your medicine for 6 hours before the tube placement.

If there is a chance you may be pregnant, please tell the doctor.

Tell the doctor if you have any allergies to iodine, latex, contrast or medicines.

Tube Placement

The tube placement takes about 1 hour. An IV will be started to give you medicine to help you relax. The nurse will be checking your blood pressure and pulse.

Ultrasound and x-ray will be used to help locate the correct place for the tube. A nasogastric (NG) tube is placed in your nose and into your stomach. It will be filled with air to help with G-tube placement. This will

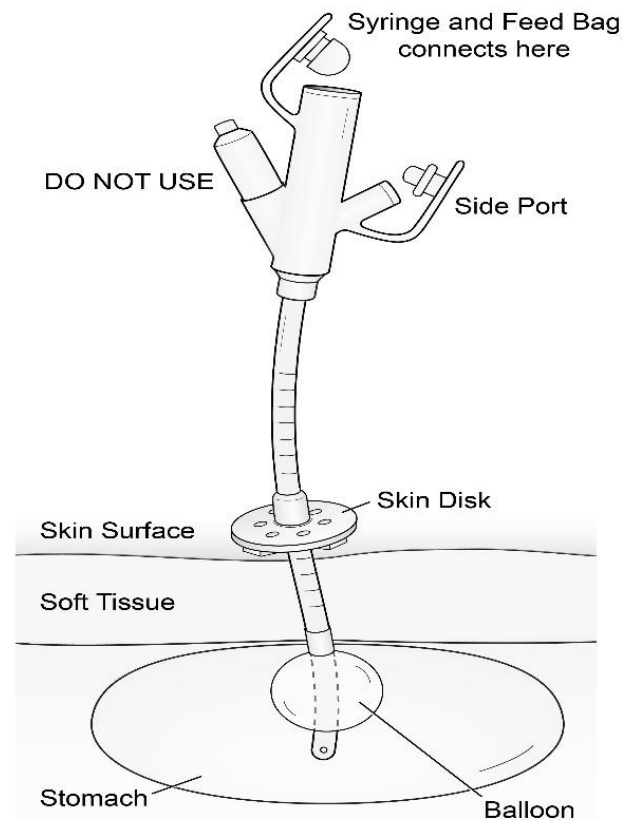
make you feel full but should not cause pain. This tube will be removed at the end of the procedure.

We will inject lidocaine in the skin over your stomach. This will numb the place where the tube will go into your abdomen.

A small needle goes through the skin and into the stomach. This needle will then be exchanged for the soft tube. You may feel some pressure.

The tube will be secured in place with a skin disk and a dressing. A small balloon will be filled at the tip of the tube to prevent the tube from falling out.

Balloon G Tube



After the Procedure

You will return to a hospital room where you will rest in bed for 2- 4 hours. Your blood pressure, pulse, and tube site will be checked often. The tube will be attached to suction for at least 4 hours.

You cannot eat or drink and the tube cannot be used for at least 4 hours after the tube is placed. Tube feedings are often started later the same day of tube placement. A water bolus test must be done first.

You should report any of these symptoms to your nurse:

- Increased or new abdominal pain, neck soreness, or shoulder pain
- Nausea or vomiting
- Chills or fever
- Shortness of breath
- Increased pain at the tube site

Restrictions

- **Do not** lift more than 10 pounds for 3 days after getting the tube.
- **Do not** sit in a bathtub, swimming pool or hot tub. You may shower.

Can I sleep on my stomach?

Yes. After about a week, most people are quite comfortable on their stomachs.

Follow-Up Visits

Follow-up visits are scheduled by Interventional Radiology. You will be seen in 7-10 days after placement and in 3-6 months for a routine change of the G tube.

Cleaning the Tube

Clean the skin around the tube daily to prevent infection. Use soap and water and then let air dry. You may do this in the shower or use a washcloth. A dressing around the tube is not needed starting the day after the tube is placed. Always 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 Tube Feeds:

Syringe Method

1. Remove plunger from syringe and connect syringe to the G-tube.
2. Raise the syringe 4-5 inches above the stomach and pour the feeding into the syringe.
3. Allow the feeding to flow into the stomach by itself. Feedings should take 10-15 minutes. Never force feedings into the G-tube.
4. You may need to gently push the feeding with the plunger to start the flow. Never force feedings into the G-tube.
5. When feeding is complete, pour 60 mL tap water into syringe to flush G tube. Then remove syringe and recap tube.

Feeding Bag Method

1. Close the roller clamp on the tubing that is attached to the feeding bag.
2. Fill the feeding bag with the desired amount of formula. Open the clamp and let the food fill tubing. Close the roller clamp.
3. Hang the feeding bag at least two feet above your head.
4. Attach the feeding bag tubing to the G-tube.
5. Open the clamp and use it to adjust the flow.
6. When done, flush the tube with 30-60 mL of tap water or amount

advised by the dietitian to meet your daily water needs. Clamp the feeding bag tube and remove it.

Cleaning

Clean your supplies by rinsing the syringe and bag with cool water. Then swish with warm water and a small amount of liquid dish soap. Fully rinse. Hang to dry. Replace the feeding bag every 3 days and the syringe once a week.

Note: If the plunger cannot be inserted with ease into the syringe, loosen it with vegetable oil. Never use Vaseline®.

Giving Medicines

Medicine can be given with a syringe through the G-tube. Be sure to crush pills in water until completely dissolved so that they do not clog the tube. You may want to ask your doctor about getting the pills in liquid form. **Never crush enteric-coated or time-release capsules.** Flush the tube with 30-60 mL of water before and after giving medicines to be sure that it enters the stomach and to prevent clogging the tube.

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.

Clean the skin around the site more often using plain water. Keep inflamed skin open to air if you can. Ask a nurse about other ways to fasten the tube in place.

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. Call Interventional Radiology as soon as your tube falls 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.

Internal Bleeding

If you cough up blood, see 50 cent-size blood clots coming from the G tube, or see blood in your stool, call Interventional Radiology right away. You may be told to go to an ER.

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.

Other causes might include food, side effects of medicine, feeding too much at one time, giving the feeding too fast, or reflux.

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 have a fever or severe chills.
- Side effects of medicine.
- Intestinal blockage.

Dehydration

Vomiting, diarrhea, fever and sweating cause the body to lose fluid. You may not get thirsty, so you watch for the **signs of dehydration** and call your doctor. They will tell you what kind of extra fluid to give.

Symptoms may include:

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

Constipation

Constipation may be caused by not enough fluids, too little fiber in the diet, or a side effect of medicine. This is common in older patients or those who are less active. Giving extra water or fruit juice (such as prune or apple juice) between feedings may help. Call if constipation doesn't go away. Your formula may need to be changed.

Gas, Bloating, Cramping

See tips on diarrhea. Also, try to get rid of all air from the tubing before you connect the feeding tube. You may open the G-tube while it's raised to allow extra air to escape. It's best done lying down with head up 30-45° and the tube held straight up. Be sure to have a towel handy in case fluid comes out. Recap once the air is out and fluid starts to come out.

Traveling with a G-tube

Take all the supplies needed for feeding: syringe, formula, tubing, bottled water, tape, etc. Opened formula can be stored in a cooler in the summer to prevent spoilage.

Home Supplies List

- Tube Feeding Formula:

- 60 mL ENFit syringes (change every week)
- Feeding bags (change every 3 days)
- IV pole
- Pump

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 G-tube

Your tube will need to stay in for at least 8 weeks after initial placement 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 in Interventional Radiology. The hole often 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

After hours Interventional Radiology
Resident on call **(608) 262-2122**

Questions about tube feeds call:

Dietitian: _____

Phone Number: _____

Questions about supplies call:

Vendor: _____

Phone Number: _____

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 © 5/2023 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#5899.