Gastrostomy Feeding and Tube Care

What is a gastrostomy tube?

A gastrostomy tube (GT) is an opening made through the wall of the belly area (abdomen) into the stomach. The G-tube is used to feed your child, to give medicine, to give liquids, or to release air or stomach contents (vent). The opening in the skin through which the tube passes is called a stoma. There are several types of G-tubes; some go just into the stomach and some go into the small intestine (see pictures to the left).

Why does my child need a gastrostomy tube?

G-tubes are used for a number of reasons. Your child may need one if they are unable to eat enough food, drink enough liquids, or take important medicines through their mouth. Sometimes the tube is needed for only a short time, sometimes for much longer. Some children will continue to eat by mouth even with the G-tube in place.

Types of gastrostomy tubes

The decision of what type of tube to place depends on the specific needs of your child.

- **Low profile gastrostomy tube (GT or G-tube):** this is a skin-level G-tube, which means it comes out of the stomach and rests just above the level of the skin. It is held in place by a silicone stopper or balloon inside the stomach. This type of tube is placed as a surgery under anesthesia. At times, you may hear a nurse or provider refer to the tube by the brand name: AMT or Bard.

- **PEG tube:** a Percutaneous Endoscopic Gastrostomy tube. This is a tube placed by a gastroenterologist using a special camera (an endoscope). The scope allows the doctor to see inside the esophagus and stomach to place the tube. It is held in place by a stopper inside the stomach and is connected to the outside of the abdomen by a flexible disk or bolster.

- **Gastrojejunostomy Tube (G-J tube or GJT):** this is a tube that has two inner channels. There is only one stoma (hole) on the outside of the skin, but the tube has 2 ports - one port goes to the stomach (gastrostomy port), and the other goes into the small intestine (jejunostomy port). In general, these tubes are used in children who do not tolerate feeds into the stomach. Food is given into the small intestine (jejunum) by continuous drip.

Immediate care after the tube is placed

- For your child/teen’s gastrostomy site to heal well, it is important that the skin is kept clean and the tube is secured with minimal movement of the tube so the tube doesn’t pull out. For PEG and G-J tubes, securing the tube with “pink” tape using the “H-method” is best to prevent tube movement. See picture under care of gastrostomy tube.
• Medicine can go into tubes 6 hours after placement.
• Feeding (liquid food) can begin within 12 to 24 hours of placing the tube.
• Once the surgical dressing is removed, avoid using a gauze pad around the tube. The gauze tends to hold moisture against the skin which may cause irritation.
• For your child’s gastrostomy site to heal well, it is important to keep the skin clean. Wash the skin around the tube once a day with mild fragrance-free soap and water using a soft cloth.
• Give your child sponge baths for the first 7 days after tube is placed. After 7 days, the tube may be fully submerged during bathing.
• You may return to putting your baby on their belly for “tummy time” 10 days after the tube is placed.
• Keep clothing over the new G-tube to help protect it as it heals. For babies, onesies are a good t-shirt type clothing to wear. Look on the web for special onesies especially for kids with G-tubes.

**Securing the tubing**

It is important to keep the tube secured with minimal movement so it can heal. Taping and pinning the tube will also help keep it from pulling out when your child is active.

• For PEG and G-J tubes, use the pink tape provided to build a secure holder for the tube. This is called the “H-method” of taping. See pictures below.
• Secure the tube so if there is an accidental “tug” it pulls on the tape pinned to diaper or clothes rather than the on the tube at the point of insertion.
Feeding your child with a gastrostomy tube

With a little practice, you will learn to make gastrostomy tube feeding as enjoyable and relaxing as possible for your child. Positions with the head of bed elevated or sitting upright in a chair are best. Consider holding your baby in your lap while feeding as you would if they were breast or bottle fed. Include your child in your regular family meals whenever possible.

• Your medical team will create a feeding plan according to the needs of your child. This team will include you, a feeding therapist, a nutritionist, and your medical providers. Together you will determine how many calories and how much liquid food is needed over a day, and what amount should be given by mouth (when appropriate) vs. through the tube.

• Children are fed through the tube either by bolus feeds or continuous drip.
  • A bolus feeding is a measured amount of formula at specific times of day.
  • Continuous drip feeding is measured amounts of formula fed slowly and continuously throughout the day using a feeding pump.

• Feeding supplies and any needed equipment will come from a home care company.

Feeding supplies: The basic supplies you will need to tube feed your child at home include room-temperature formula or breast milk, a large feeding syringe or feeding bag, room-temperature tap water, measuring cup, feeding connector tube, or a feeding pump if you child is on continuous feeds.

Giving medicines through the gastrostomy tube

• Use the liquid form of medicines whenever possible. If it is not possible, remember to tell your pharmacist that your child’s medicines are given through a feeding tube. If medicines do not come in liquid form, tell your pharmacist you will need to crush the medicines – some forms of medicines cannot be crushed.

• If the medicine is only available in a tablet form, crush the tablet to a fine powder using a pill crusher, then dissolve it in warm water before adding to syringe.
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- If your child has a G-J tube, it is important to discuss this with your pharmacist. Some medicines may only be given into the stomach, and you will need to make sure these medicines are given through the gastrostomy port (into the stomach) rather than through the GJ port (into the intestine).

- To give a medicine:
  - Flush medication port with 5 to 10 mL of water using a small syringe.
  - Give multiple medicines one at a time: syringe of first medicine, then flush with water, next syringe of second medicine, then flush with water.
  - Always flush tube with water after giving medicines because some interact with the formula and may clog the tube. This may cause your child to need the tube replaced.

**Care of the gastrostomy tube**

- If your child has a gastrostomy tube that is held in the stomach by a balloon, be sure to check that the balloon has the recommended amount of water in it monthly (more often if leaking). A nurse will show you how to do this in the clinic or prior to discharge after the tube is placed.

- Keep the tube secure. You do not need to spin or turn the tube unless instructed by your provider. Avoid accidental pulling or tugging of the tube. See pictures on page 3.

- Every day check the skin around the tube. Look for redness, tenderness, swelling, irritation, or thick yellow- or green-tinged drainage. Redness up to the size of a dime is normal. A small amount of drainage around the tube is normal.

- Wash the skin around the tube daily using a mild fragrance-free soap and water and a soft cloth. Gently remove any crusty drainage from the skin, pat dry.

**Venting the gastrostomy tube**

Venting a gastrostomy tube is a way to release air from the stomach through the tube (similar to burping). A nurse will show you how to do this in the clinic or prior to discharge after the tube is placed.

To vent a tube you will need:

- Decompression tube for low profile gastrostomy tube
- Syringe (without the plunger) or Farrell bag for PEG or G-J tube.

Attach the open syringe or Farrell bag to tube and hold or hang above the child’s stomach to allow air to escape.

**Dental care**

Good dental care is important for children who are fed through a feeding tube. Children who do not eat through their mouth are still at risk for tartar build-up, gum infections, and gum swelling. Avoid these problems by brushing your child’s teeth two times a day. Regular dental check-ups are important.
## Troubleshooting

<table>
<thead>
<tr>
<th>Problem</th>
<th>Causes</th>
<th>What to do</th>
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</table>
| Gastrostomy tube falls out.      | • If the tube is held in the stomach by a balloon, the balloon may not have enough water or the balloon is broken.  
   • The tube is accidently pulled out. | • Call your provider immediately.  
   • Check that there is 4 to 6 mL of water in the balloon.  
   • If you have been taught how to replace it, do so immediately. |
| Skin is red around the tube, or  | • Some redness is normal.  
   • Large areas of redness or swelling can be a sign of infection.  
   • A small amount of yellow/green drainage can be the body’s normal reaction to a tube. | • Clean around tube with mild, fragrance-free soap.  
   • Rinse with water.  
   • Pat dry.  
   • If redness and swelling, contact your provider. |
| Skin is red and crusty around the  |                                                                          |                                                                                                       |
| tube, or                         |                                                                          |                                                                                                       |
| Small amount of yellow/green     |                                                                          |                                                                                                       |
| drainage is present.             |                                                                          |                                                                                                       |
| Skin is red and draining around   | • A small amount of moisture or leakage around the tube may be normal.  
   • The skin becomes irritated when the tube leaks. The skin around the tube needs to be protected.  
   • If there is leaking that requires frequent tube care, contact your provider. | • Clean around tube with mild, fragrance-free soap.  
   • Rinse with water.  
   • Pat dry.  
   • Use a skin protectant such as a zinc oxide product (e.g., Desitin).  
   • Spread Desitin on the skin around the tube.  
   • Be sure the tube is stabilized and not moving.  
   • Place a small split square of nonadhesive sponge dressing (such as Polymem) over the Desitin. This will help protect and keep the skin dry.  
   • Avoid the use of gauze pads under or around a gastrostomy tube. |
<p>| the tube.                        |                                                                          |                                                                                                       |</p>
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<tr>
<th>Problem</th>
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<tbody>
<tr>
<td>Red tissue growing around the stoma</td>
<td>This is called “granulation tissue” and is often caused by movement of the tube, body’s reaction to the tube, or irritation around the tube.</td>
<td>• Secure tube to prevent movement or tugging on the tube. Some children may need to wear a onesie to prevent them from playing with the tube.</td>
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<td></td>
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<td>• Be sure the low profile tube has a snug fit.</td>
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<td></td>
<td></td>
<td>• Use pink tape to stabilize a G-J or PEG tube.</td>
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<td>• Notify your provider if granulation tissue is bleeding or is painful.</td>
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<td></td>
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<td>• Your provider may treat the granulation tissue with silver nitrate or medicated cream to reduce the granulation tissue.</td>
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<td>Possible infection:</td>
<td>Your child may have an infection.</td>
<td>Your child may need antibiotics. Call your provider.</td>
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<td>• Fever of more than 101 degrees F (38.5 degrees C)</td>
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<td>• Thick yellow/green pus-like drainage</td>
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<td>• Redness and pain or tenderness around the tube</td>
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<tr>
<td>Leakage around the tube</td>
<td>• Stoma has become larger than the tube due to poor healing or movement.</td>
<td>• Keep tube stable, limit motion.</td>
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<td></td>
<td>• If the tube has a balloon, it may not have enough water.</td>
<td>• Protect the skin from leakage with a skin barrier (zinc oxide product such as Desitin).</td>
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<td></td>
<td>• The tube has moved from its position.</td>
<td>• You may use gauze to clean and dry the site, but if a dressing is needed use a nonadhesive sponge dressing (such as polymem).</td>
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<td>• Other medical conditions that may cause excess pressure in the stomach leading to leakage.</td>
<td>• Check balloon for amount of water by withdrawing all the contents in the balloon with a syringe. If needed, add more water up to the recommended amount of 4 to 6 mL.</td>
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<td>• Call the provider if leaking continues.</td>
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| Tube is blocked or cannot be flushed. | • You cannot get food or medications through the tube.  
• There is pressure when you try to flush the tube and you cannot flush in water.  
• Formula or medication is clogging the tube. | • Flush the tube with water before and after all medications, bolus feeds, and once a day for continuous feeds.  
• Flush with 5 to 10 mL warm water and pressure.  
• Call your provider if you are unable to unblock the tube. |

Call your healthcare provider if:
• The tube comes out.
• The tube cannot be flushed.
• There is bleeding through or around the tube.
• There is thick pus-like drainage, redness, tenderness, or skin breakdown around the tube.
• Your child’s temperature is greater than 101 degrees F or 38.5 degrees C.

Who to contact at Seattle Children’s
- Gastroenterology 206-987-2521
- General Surgery 206-987-2794
- Interventional Radiology 206-987-2133

Hospital operator after hours: 206-987-2000

Free Interpreter Services
• In the hospital, ask your child’s nurse.
• From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.