

Gastrostomy Feeding and Tube Care

What is a gastrostomy tube?

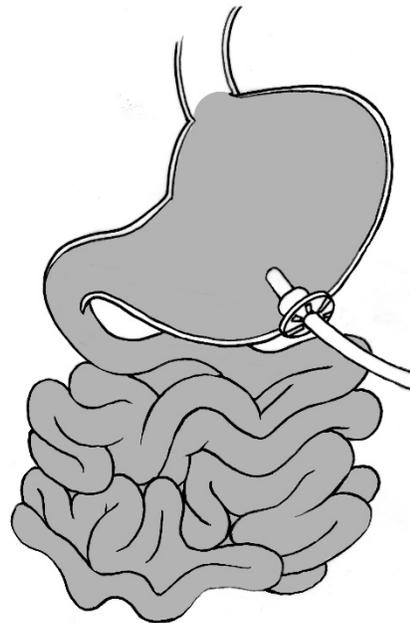
A gastrostomy tube is an opening made through the wall of the belly area (abdomen) into the stomach. The opening in the skin through which the tube passes is called a stoma.

The gastrostomy tube is used to feed your child, to give medicine, to give liquids, or to release air or stomach contents (vent).

There are several types of gastrostomy tubes; some go just into the stomach and some go into the small intestine. The decision of what type of tube to place depends on the specific needs of your child. The types of gastrostomy tubes are:

Low profile gastrostomy tube (GT or G-tube)

This is a skin-level gastrostomy 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.



G-tube into stomach

To Learn More

- Gastroenterology - 206-987-2521
- General Surgery - 206-987-2794
- Interventional Radiology - 206-987-2133
- Hospital Operator After Hours
206-987-2000
- seattlechildrens.org

Free Interpreter Services

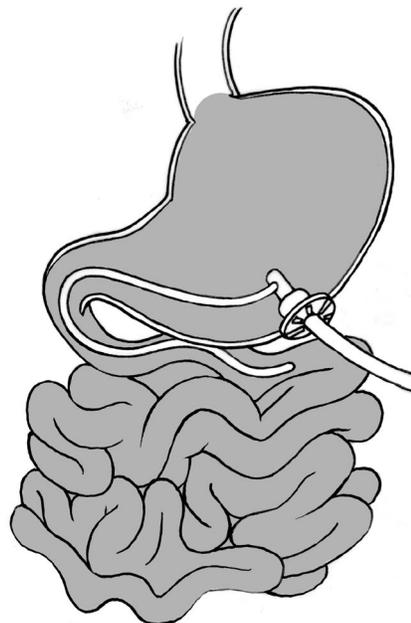
- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

PEG tube (Percutaneous Endoscopic Gastrostomy tube)

This is a tube placed by a gastroenterologist using a special camera (an endoscope). The endoscope, or 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 or GJT)

This is a tube that has two inner channels. There is only 1 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.



G-J tube into stomach and small intestine

Why does my child need a gastrostomy tube?

Gastrostomy tubes are used for several 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 a gastrostomy tube in place.

Immediate care after the tube is placed

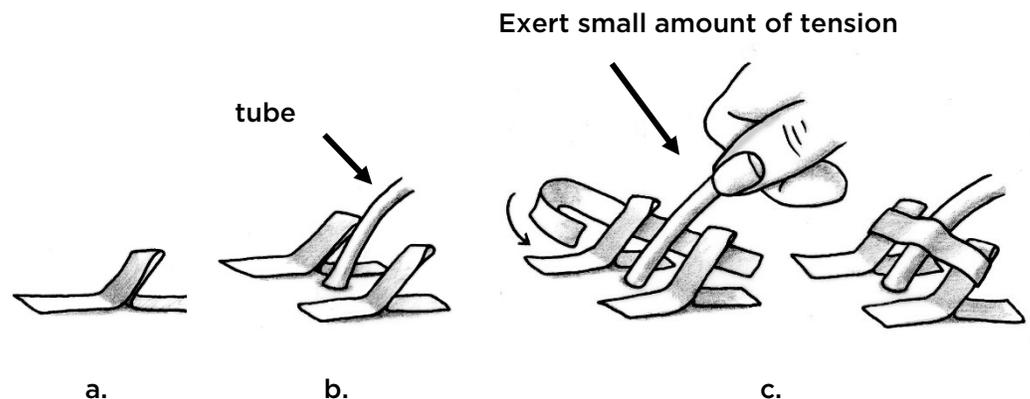
- For your child's gastrostomy site to heal well, it is important to keep the skin clean. Wash the skin around the tube once a day with mild fragrance-free soap and water using a soft cloth.
- Give your child sponge baths for the first 7 days after tube is placed. After 7 days, the tube may be fully submerged during bathing. Your child can also swim 7 days after the tube is placed, there is no extra care needed when your child swims with their tube.

- You may return to putting your baby on their belly for “tummy time” 7 days after the tube is placed.
- Keep clothing over the new tube to help protect it as it heals. For babies, onesies are a good t-shirt type clothing to wear. No special clothes are needed, but you can search online for “G-tube onesies” for onesies made specific for G-tubes.

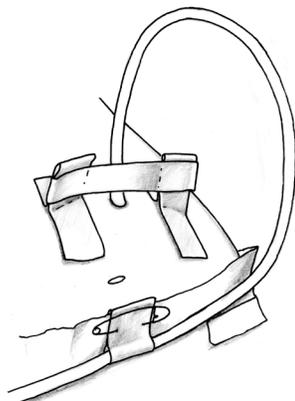
Securing the tubing

- For your child’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 does not pull out.
- Securing the tube with “pink” tape using the “H-method” is best to prevent tube movement. Taping to the surrounding skin and pinning the tube to your child’s clothing will also help keep the tube from pulling out when your child is active. See pictures below.
- Secure the tube so if there is an accidental “tug” it pulls on the tape pinned to a diaper or clothes rather than on the tube at the point of insertion.

“H method” of taping



Use tape and safety pin if securing to a diaper.



Feeding your child with a gastrostomy tube

- Feeding (liquid food) can begin within 12 to 24 hours of placing the 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 child's medical team will create a feeding plan according to the needs of your child. This team will include you, a feeding therapist, a registered dietitian 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) versus through the tube.
- Children are fed through the tube either by bolus feeds or continuous drip. If your child has a GJ tube, they can only be fed through a 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. The basic supplies you will need to tube feed your child at home include room-temperature formula or breastmilk, a large feeding syringe or feeding bag, room-temperature tap water, measuring cup, feeding connector tube, or a feeding pump if your child is on continuous feeds.

Giving medicines through the gastrostomy tube

Medicine can go into tubes 6 hours after surgery.

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.

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 medicine 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 the 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

Keep the tube secure. You do not need to spin or turn the tube unless told to by your child's provider. Avoid accidental pulling or tugging of the tube.

Check the skin around the tube every day. Look for redness, tenderness, swelling, irritation, or thick yellow- or green-tinged drainage. 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, then 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 before you leave the hospital after the tube is placed if your child's team recommends doing this.

To vent a tube, you will need a decompression tube for low profile gastrostomy tube or 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.

What to do if my child has these problems with their tube?

	Causes	What to do
Gastrostomy tube falls out	<ul style="list-style-type: none">• 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 accidentally pulled out.	<ul style="list-style-type: none">• Call your child's provider immediately.• Check that there is the right amount of water in the balloon.• If you have been taught how to replace it, do so immediately.
Skin is red or swollen or crusty around the tube or there is a small amount of yellow or green drainage	<ul style="list-style-type: none">• Some redness or swelling is normal. Large areas can be a sign of infection.• A small amount of yellow or green drainage can be the body's normal reaction to a tube.	<ul style="list-style-type: none">• Clean around tube with mild, fragrance-free soap. Rinse with water, then pat dry.• After cleaning, if there is more redness or swelling, contact your child's provider.

Red tissue growing around the stoma

- 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.
- 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.
- Be sure the low-profile tube has a snug fit.
- Use pink tape to keep tube in place.
- Notify your child’s provider if granulation tissue is bleeding or is painful to your child.
- Your child’s provider may treat the granulation tissue with silver nitrate or medicated cream to reduce the granulation tissue.

Possible infection

- Fever of more than 101° F (38.5° C)
- Thick yellow or green pus-like drainage
- Redness, pain or tenderness around the tube
- Your child may have an infection.
- Your child may need antibiotics. Call your child’s provider.

Draining or leakage around the tube

- A small amount of moisture or leakage around the tube may be normal.
- If there is leaking that needs frequent tube care, contact your child’s provider.
- Stoma has become larger than the tube due to poor healing or movement.
- If the tube has a balloon, it may not have enough water.
- The tube has moved from its position.
- Other medical conditions that may cause excess pressure in the stomach leading to leakage.
- Clean around tube with mild, fragrance-free soap. Rinse with water, then pat dry.
- The skin becomes irritated when the tube leaks. The skin around the tube needs to be protected.
- Protect the skin from leakage with a skin barrier (zinc oxide product like Desitin).
- Spread Desitin on the skin around the tube.
- You may use a small split gauze to keep the tube stable and absorb minor drainage, if needed.
- For serious leakage, ask your child’s nurse or home care supplier about products that can be ordered for short-term use.
- Be sure the tube is in place and not moving. Keep tube stable, limit motion.
- 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.
- Call your child’s provider if leaking continues.

Tube is blocked or cannot be flushed

- You cannot get food or medicines through the tube.
- There is pressure when you try to flush the tube and you cannot flush in water.
- Formula or medicine is clogging the tube.
- Flush the tube with water before and after all medicines, bolus feeds, and once a day for continuous feeds.
- Flush with 5 to 10 mL warm water and pressure.
- Call your child's provider if you are unable to unblock the tube.

Call your child's 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° F (38.5° C).