

Gastrostomy Tube Feeding

Patient information for when considering gastrostomy tube placement

Aim of this leaflet

This leaflet is designed to answer any questions you or your family have around Gastrostomy tube insertion, to help you make your decision about having a gastrostomy tube.

What is a gastrostomy tube?

A gastrostomy tube is a feeding tube inserted directly into the stomach which allows you to receive fluid, feed and medication when you may not be able to chew or swallow.

Why is a gastrostomy tube used?

A gastrostomy tube (feeding tube) is often recommended if you are unable to meet all your nutrition or hydration needs from eating and drinking orally. This could be due to a number of reasons, one of which is swallowing difficulties. The tube can also be used to help you receive your medications too. Your doctor, nurse and dietitian can explain it in more detail for you.

What are the benefits to me?

Having a feeding tube will ensure you get enough food and fluids your body needs as well as medication you may require. If you are having difficulty with eating, it may take the pressure off by allowing you to supplement your oral intake with nutrition and/or fluids through the tube. This may relieve feelings of hunger, improve wellbeing and optimise health.

How is the tube inserted?

There are two main methods for insertion of gastrostomy tubes.

PEG - Percutaneous Endoscopic Gastrostomy

RIG - Radiologically Inserted Gastrostomy Tube

Fasting information - prior to insertion of tube you will be advised on fasting, please speak to your Doctor or Nurse regarding this and any medications you may need.

PEG



In most cases this will require an overnight admission, and length of stay will then depend on your specific circumstances, i.e. building up feed regime, training requirement and planning safe discharge etc.

This tube is inserted in the Endoscopy Department by a Consultant Gastroenterologist.

On arrival to the department you will be given some local anaesthetic and possibly some sedation might be used to relax you. You will be given a dose of prophylactic (preventative) antibiotics.

The Consultant will pass an endoscope (a flexible tube) through your mouth into your stomach and a small cut made on the abdomen to allow the tube to be inserted. The whole procedure will usually take around 30 minutes.

This tube is held in place with an external fixator and generally lasts around between 2-4 years if well cared for.

This is the preferred gastrostomy placement for most adult patients.

RIG



A Radiologically inserted gastrostomy (RIG) may be considered for patients who cannot tolerate the endoscopy procedure, or for patients with conditions such as MND, Head and Neck Cancers.

This tube type requires community replacement every 3-4 months and a weekly balloon volume check (this will be all be explained by your nurse).

This procedure will require an overnight admission and length of stay will then depend on your specific circumstances i.e. building up feed regime, training requirements, and planning safe discharge etc.

For this procedure a nasogastric tube is inserted down your nose and into your stomach (This would usually be done on the ward).

On arrival to the Radiology Department, you will be given some local anaesthetic and some IV pain relief.

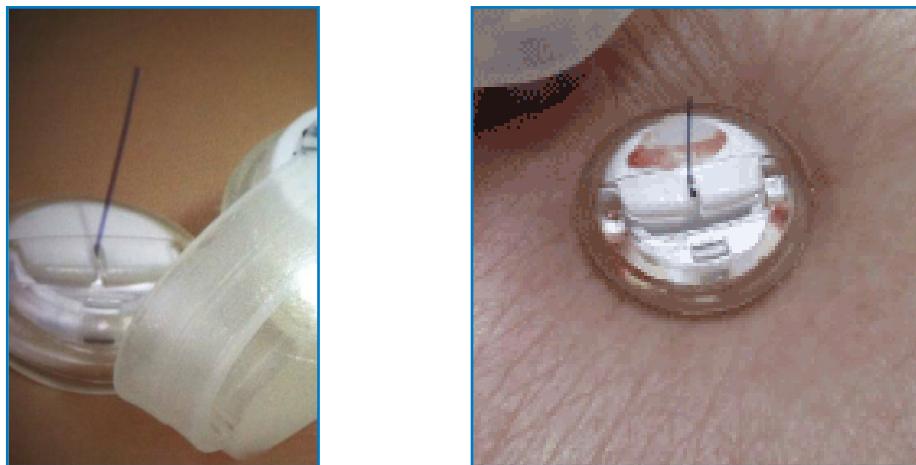
The Consultant will use the NG tube to inflate your stomach with air, then using radiological guidance punctures the stomach with a small hole, the feeding tube is then passed into the tract.

The tube is held in place with a balloon filled with water, this is inflated in the radiology department.

Gastropexy sutures (2-3) are placed around the gastrostomy site helping to anchor the stomach wall whilst the tract is healing.

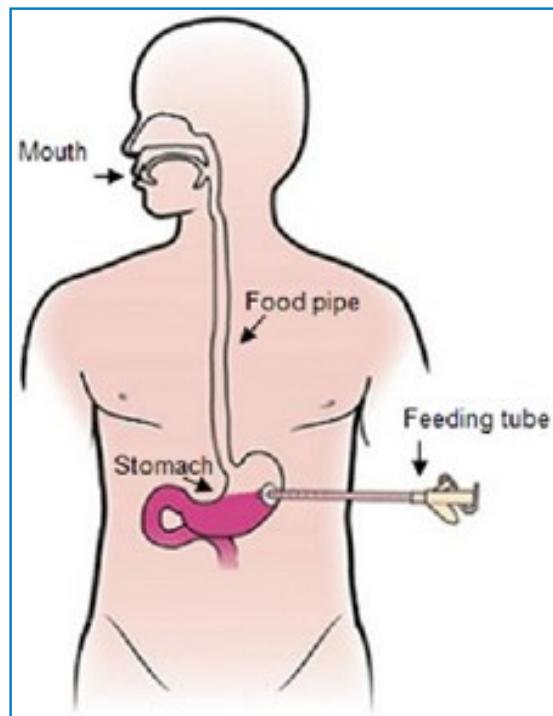
These are dissolvable sutures, and the disc should fall off in 2-3 weeks.

Gastropexy discs



Having a feeding tube inserted is a relatively low risk procedure however, the risks to be considered are as follows:

- Adverse reaction to the sedative such as altered breathing rate, heart rate and blood pressure. This will be monitored during the procedure.
- Small risk of perforation of the oesophagus, bowel or other surrounding organs or internal bleeding.
- Infection, which antibiotics can be provided for.
- Pain or soreness where the tube is fitted. Painkillers can be provided for this.
- Mortality in rare cases (less than 5%, discuss with your Doctor for further information)



How is the tube used to feed me?

Following insertion of gastrostomy tube, you will have a period (4hrs) of nil by tube and mouth. The tube will then be first used with water only, if there are no concerns then it is possible to start feeding via the gastrostomy tube.

You will be under the care of a Dietitian.

Inpatient/Acute Dietitian will be involved in your care during your inpatient stay.

Your dietitian will recommend a specific liquid feed or water flushes designed to be given via the feeding tube. This will contain all the nutrients you need. It is possible that you may require a gradual build up to reach your requirements if the feed commences in the hospital.

In preparation for discharge, you will be registered with Nutricia to receive your feed, syringes, and other items on prescription.

You will be discharged from the hospital with 2 weeks supply of syringes and feed (if applicable).

Methods of feeding

Your dietitian will be able to discuss with you the method of feeding most suited to your needs. Feed can be given via an electronic pump which will be provided and training given.



Or bolus / syringe method



It is important that you do not put anything down the tube that hasn't been recommended as this could block the tube.

Community Dietitian - on discharge from the hospital you will be referred to the community enteral feeding dietitians, who will continue to support you in the community.

How would I take my medication?

If you are having difficulty swallowing your medication, this can be prescribed in liquid or other forms which allow it to be given through the feeding tube. Using your tube for medication often makes it easier to make sure you receive all your required medication.

Please ensure that you speak with your GP or pharmacy about liquid/ dispersible preparations of new medications to avoid blocking your tube.

Can I still eat and drink if I get a tube?

This is dependent on each patient's own specific circumstances.

Your medical and therapy team will advise whether you can eat and drink alongside anything you have via your gastrostomy tube. The tube can be your whole source of nutrition and hydration if necessary.

How will it affect my life?

Like anything new, a feeding tube can alter your routine and it may take you a while to adjust to these changes. Despite this, we will work with you on how to best fit the tube into your existing lifestyle. You may need increased support at home depending on how independent you will be with your tube. Deliveries and storage of the equipment and feed also needs to be considered.

How will I be able to bathe/swim?

You will be able to bathe and swim as normal once the area around the tube has healed. This can take a couple of weeks and depends on the individual. Your nurse and dietitian can advise you further about this.

Who looks after the tube?

The tube requires daily care such as cleaning and administering of medications and fluids.

Some people are able to independently manage this themselves, others require carers, family or healthcare professionals to support them. If additional support is required, this can be discussed and arranged prior to tube placement. You will also be assigned your own Nutricia Nurse who will see you at home or in clinic to check your tube at intervals throughout the year or if problems arise.

What feeding equipment is required?

You will require monthly supplies of syringes used to administer fluid, medications and feed. Depending on how the feed is given you may also require a feeding pump with a stand and giving sets. You or whoever will be caring for the tube will be trained up on how to use the equipment. Where you will store these at home must also be considered, as additional storage space may be required.

When should I have a tube inserted?

Depending on your condition, we often recommend considering having the feeding tube placed before it is required. If your condition is likely to deteriorate, having the tube placed whilst you are relatively fit and well may reduce the risks of the procedure and allow you to start using the tube as soon as necessary.

What problems may I encounter?

1. Tube blockage
2. Infection at the site of the feeding tube
3. Leaking tube or around the tube
4. Tube displacement
5. Diarrhoea
6. Constipation
7. Nausea/vomiting

Your dietitian or Nutricia nurse will be able to advise you on how to deal with these problems and who to contact should they occur.

How long will I need the tube for?

This is dependent on your swallowing difficulties and medical condition. If your oral intake improves and the feeding tube is no longer required for nutrition and hydration your health care professionals may agree that it can be removed.

Useful Contacts

PINNT is a charity providing mutual support and understanding to hundreds of patients and their families adapting to life on home artificial nutrition.

Website: www.pinnt.com

MYTUBE - for patients thinking about fitting and living with a tube or caring for someone with a tube, learn about tube feeding in MND from experts and first hand stories.

Website: www.mytube.mymnd.org.uk/

Living with Tube Feeding - a site supporting patients and their families or carers who are making the decision to or already tube feeding.

Website: www.tube-feeding.com

If you have any comments about this leaflet or the service you have received you can contact :

Calderdale Community Dietitians: 01484 728909

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

ਕਿਸੀ ਵੀ ਭਾਸ਼ਾ ਵਿੱਚ ਪ੍ਰਾਚੀਨ ਅਤੇ ਪ੍ਰਾਚੀਨ ਸੰਭਾਸ਼ਾ ਵਿੱਚ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਕਾਸ ਵਿੱਚ ਸਾਡੇ ਰਾਲ ਸੰਪਰਕ ਕਰੋ।

اگر آپ کو یہ معلومات کسی اور فارمنٹ ٹریزبان میں درکار ہوں، تو برائے مہربانی مندرجہ بالا شعبے میں ہم سے رابطہ کریں۔

"إذا احتجت الحصول على هذه المعلومة بشكل مغایر أو مترجمة إلى لغة مختلفة فيرجى منك الاتصال بالقسم المذكور أعلاه"