

# Gastrostomy Care

## Parents / Caregivers Guide

Name:

# Key Information

Date of Insertion: \_\_\_\_\_

Type of Gastrostomy Tube: \_\_\_\_\_

French Size: \_\_\_\_\_

Button Length cm: \_\_\_\_\_

Balloon Fill Volume mls: \_\_\_\_\_

If your child has a PEG or G-tube  
cm mark at skin level: \_\_\_\_\_

**Always keep your child's feeding extension tube and spare gastrostomy button / tube with them.**

Home Care Team: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Key Nurse: \_\_\_\_\_

## Supplies

The feeding extension tube should be changed every two weeks.

Your District Nurse will provide you with your gastrostomy tube supplies.

If you go away on holiday, please remember to inform your District Nurse and arrange to take any supplies you may need with you.

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# Introduction

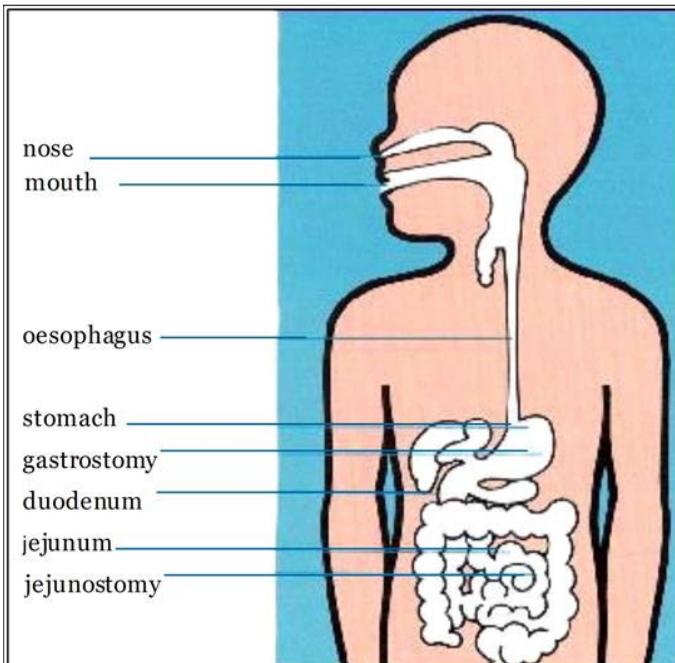
Your child has had an operation to form a gastrostomy.

This booklet is to support the education you will receive on the ward and to help you at home. Your community nurse will provide ongoing support once you go home to enable you to care for your child with their gastrostomy.

## What is a gastrostomy?

- The gastrostomy is a surgical opening through the abdominal wall into the stomach.
- This allows a gastrostomy tube (feeding tube) to be placed through the opening into the stomach.
- The gastrostomy tube (g-tube) will usually replace the nasogastric feeding tube your child may have needed until now.
- The g-tube allows you to feed your child directly into their stomach, bypassing the mouth and throat.

**Gastro** - stomach. **Stoma** – opening or mouth



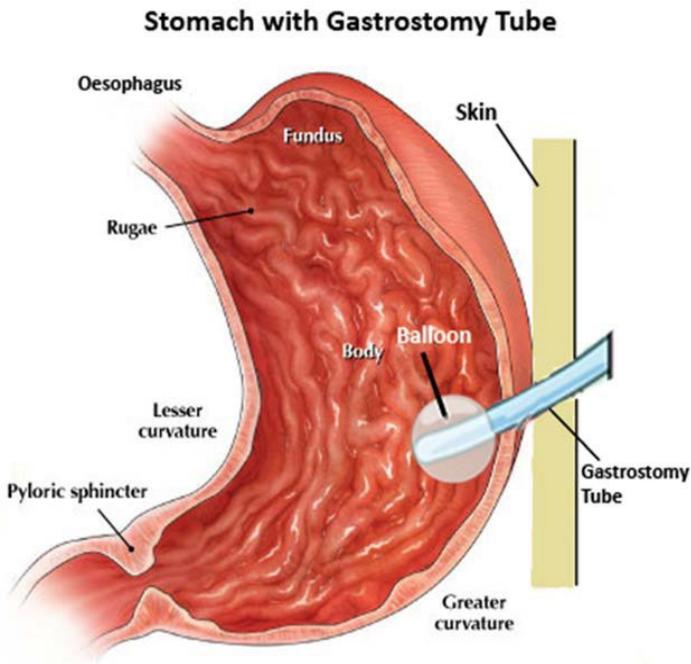
## What is a Gastrostomy Tube (G-tube)

- A g-tube is a feeding tube
- It is placed in the gastrostomy and allows feed to be given directly into the stomach.
- A g-tube is an alternative to a nasogastric tube (NG).

There are many types of g-tubes available. We will cover the different types we use at Starship.

## Why use gastrostomy feeding?

- G-tube feeding can replace the NG feeding they were having.
- Your child is unable to take enough food and drink by mouth.
- It may be unsafe for them to have food or drink by mouth.



# Feeding

## Starting gastrostomy feeding

The dietitian will talk with you about the most appropriate feeding regime for your child.

This will depend on your child's medical condition and needs. They will take into account your family and home circumstances.

There are three different methods of feeding your child - **bolus** (intermittent), **continuous** or a **combination of both**. For example, bolus feeds during the day and a continuous overnight feed.

Your child may need extra water/clear fluids during the day as well as their normal feeds. This is especially important if the weather is hot.

## Bolus feeding

A bolus feed is where a set amount of feed is given in one go (usually over 20 – 30 minutes) in a similar way to a baby taking a bottle.

The feed is given using gravity. You do this by using a large volume syringe (30-60ml), without the plunger, connected to the g-tube.

You hold the syringe, with feed, above the level of the child allowing the feed to slowly flow into the stomach. Sometimes a feeding pump can be used instead.

## Continuous feeding

If your child is having continuous feeds, they will receive the feed slowly over a number of hours through a feeding pump.

## Tolerating their feed

If your child vomits after feeds or has bad gastro-oesophageal reflux they may need to have continuous feeds. These can be signs that they are unable to cope with bolus feeds.

Ongoing leakage of feed from around your child's g-tube can also be a sign that they are not tolerating the amount or rate of feed they are having.

## Flushing the G-tube

Flushing the g-tube regularly with water can help stop it from becoming blocked.

Flush your child's G-tube with at least 5-10mls of sterile water, or cooled boiled water (unless told otherwise):

- Before and after any tube feeding
- Before and after any medicines
- At least 3 times a day if your child is having continuous feeds.

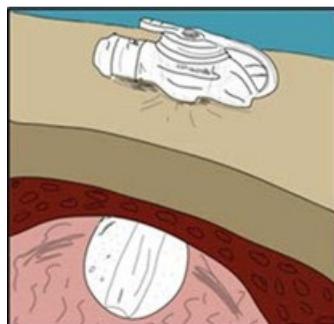
## Giving Medicine via the G-tube

- Give liquid medicines when possible through your child's g-tube.
- **Always flush with 5-10mls of water (unless told otherwise) before and after each medicine to prevent the g-tube blocking.**
- For medicines that are thick add a small amount of water to make it easier to give. Flush with extra water as above after giving them.
- For tablets check with your doctor or pharmacist to see if it is safe to crush them.
  - Crush the medicine into a powder and mix with enough water to make a liquid.
- For capsules, check with your doctor or pharmacist before opening the capsule.
  - Open and dissolve the powder with enough water to make a liquid.
- **Always** give one medicine at a time and flush with water in between each medicine.
- **Never** mix your child's medicine with their feed.
- **Remember:** Flush the g-tube with water **before and after** feeds and giving medicine in order to keep the tube from blocking.

# Types of Gastrostomy Tubes

## Mic-Key Button (Low Profile Device)

- The button is held in the stomach by a small balloon filled with water.
- You will need to check the water level in the balloon as directed (usually once a week).
- To use your child's button you need to connect the feeding access tube. **Always keep your child's feeding access tube with them.**
- The extension feeding access tube should be changed every two weeks
- The button comes in a range of lengths from 0.8cm - 5cm.
- Your child will be fitted with a button that is the best length for them. **Always bring your child's spare button if coming to hospital. The correct size and length for your child is then available if it needs to be changed.**
- Your community nurse will provide you with spare buttons and feeding access tubes.
- The button is removed by deflating the balloon.
- You or your child's community nurse can change the button at home as necessary.



How a button should sit

## Gastro-jejunal Feeding Tube (G-J tube)

The g-j tube is placed via the gastrostomy into the stomach. Then the jejunal portion is passed into the small intestine (also called the small bowel).

A g-j tube is used if the child is unable to cope with being fed into their stomach.

The g-j tube has a gastric (stomach) and a jejunal (small intestine) port.

If the g-j tube needs to be replaced this is done by a radiologist.

**Remember:** each port of your child's G-J tube should be flushed with sterile or cooled boiled water at least 3 times a day:

10mls via the gastric port

30mls via jejunal port

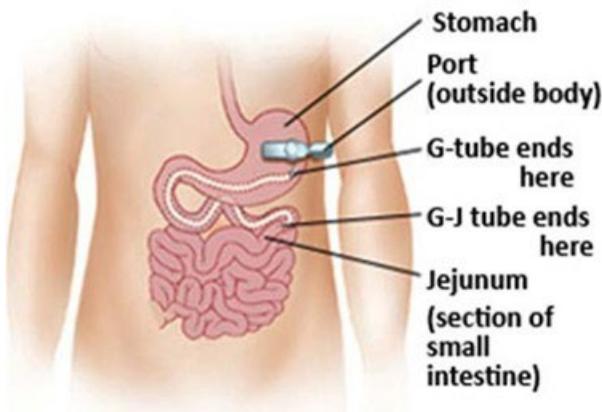
**For infants under 1 year**

3mls via gastric port

10mls via jejunal port (with bottle changes)

Flush **before and after** giving medicines to prevent the tube blocking.

**NEVER** rotate your g-j tube.

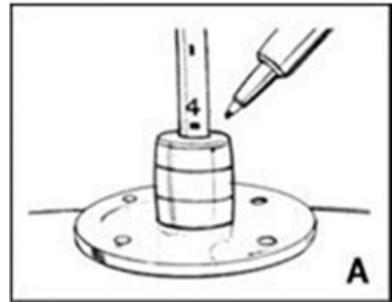
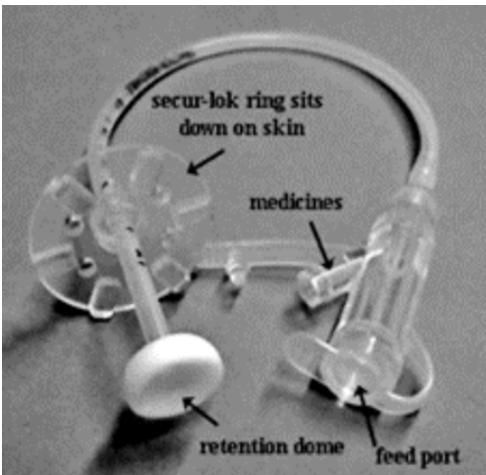


# Types of Gastrostomy Tubes

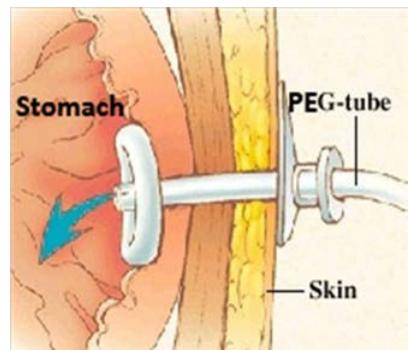
## Percutaneous Endoscopic Gastrostomy— PEG

This type of tube can stay in for many months before it needs to be changed.

- An internal mushroom shaped retention flange holds it in place.
- The external ring flange sits down on the skin to stabilise and prevent the PEG from moving in and out of the stoma.
- The cm marks on the tube help tell how much of the tube is inside the stomach.
- It is **important** to note the cm mark at skin level after insertion of their PEG. This will help **alert** you if the tube has moved.
- PEG's are traction removal devices and tube changes take place in theatre.
- You can start rotating the PEG after 3-4 days depending on the child's comfort.



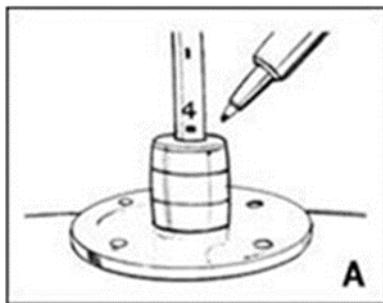
Note the internal tube length



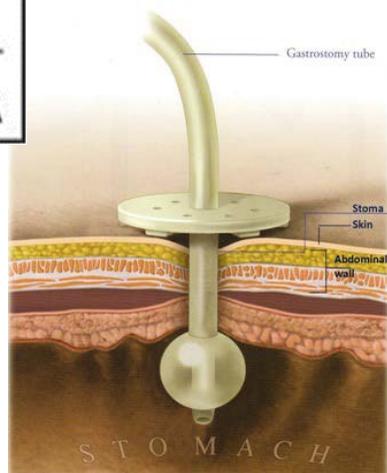
How a PEG tube should sit

## Gastrostomy Tube (Mic G-tube)

- The Mic g-tube is held in the stomach by a small balloon filled with water
- You will need to check the water level in the balloon as directed. (Usually weekly)
- The external ring flange sits down on the skin to stabilise and prevent the Mic g-tube from moving in and out of the stoma.
- There are cm marks on the tube to help you tell how much of the tube is inside the stomach.
- It is **important** to note the cm mark at skin level after inserting the g- tube. This will help **alert** you if the tube has moved.
- The g-tube is removed by deflating the balloon.
- G-tube changes can be done at home by you or your child's community nurse.



Note the internal tube length



How the G-tube should sit

# Skin Care

## Looking after your child's mouth

Your child should continue to brush their teeth with toothpaste morning and night. They should also have regular visits with their dentist.

## Stoma Skin Care

- The gastrostomy is a surgically made opening with a g-tube placed in it.
- Sometimes the body may react against the g-tube.
- Good skin care is important to reduce any problems that can happen because of this.
- It takes about 6 -8 weeks for the gastrostomy tract to mature. After this time the tract is usually secure between the stomach and skin.

## Protecting your child's g-tube

For the first 3 weeks it is important to secure the g-tube using tape to stop it rotating within the tract and as added safety to falling out.



- After the first 3 weeks you may start to rotate the g-tube a little each day when bathing.
- Do not allow your child to pull on the g-tube. A one piece outfit is best for infants and toddlers.
- Use tight fitting clothing to keep the g-tube secure. This will help stop it getting tangled or accidentally pulled.

If your child has a button **always remove** the feeding access tube when the feed is finished.

- If a Secur-lok ring is present place this down on the abdomen. This will help support the g-tube and stops it from sliding in and out of the stoma.



### Caring for the Skin around the Stoma

For the first few days after the operation the stoma may bleed slightly and have some clear/yellowish watery discharge.

- During this time the stoma site should be cleaned with saline.
- Try to avoid putting a dressing around or under the g-tube.
- If a dressing is used it should be changed as soon as it is damp to touch.

#### After the first few days:

- Your child can bath as normal.
- Your child's gastrostomy should be cleaned with soap and water daily
- Pat it dry with a towel. Do not rub around the stoma site as this can make it sore.
- Their daily bath is a good opportunity to check that the skin around the stoma is not sore or infected.
- If you see any changes and are worried, please call your community nurse or GP for advice.

# Tips for Managing Common G-tube Problems

## Dislodgement — G-tube falls out

Remain calm this is urgent but not a medical emergency.

- The g-tube should be replaced as soon as possible. This so the stoma does not close. This will prevent the g-tube from being put back in.
- If the gastrostomy operation was within 6 weeks ago, cover the stoma with a clean dressing and take your child and g-tube to hospital.
- If you **do not live** in the Auckland region the doctor at your local hospital **should** call the paediatric surgical registrar at Starship for advice.

If the tract is mature (older than 6 weeks)

- You can replace the g-tube if you feel able to. Otherwise contact your community nurse who can assist you.
- Check the g-tube is in the stomach before using it.
- Check the water in the balloon as per directions **To prevent accidental dislodgement:**
- Keep g-tube secure to prevent getting tangled and/or your child pulling on g-tube.
- **Don't** leave the feeding access tube attached to Mic-Key buttons.

## What is hypergranulation tissue?

- Hypergranulation (overgranulation) tissue is light red or dark pink in colour and often grows around the g-tube site.
- It is moist and soft to the touch and bleeds easily.
- This is a common problem for children who have a gastrostomy.
- It may cause a small amount of bleeding, leaking, or irritation around the g-tube site.



- Friction (rubbing, moving in/out of stoma) from the g-tube is the main cause.
- Ensuring the correct length button or correctly placed silicon ring (g-tube) can help prevent hypergranulation tissue.
- Hypergranulation tissue can be treated with a steroid ointment or silver nitrate.
- If you your child has hypergranulation tissue contact you community nurse or GP for advice.



# Tips for Managing Common G-tube Problems

## What should I do if my gastrostomy is leaking?

A small amount of leaking (pale yellow watery fluid) around a g-tube site is normal. All you need to do is clean it with a damp cloth and then pat dry.

Leaking can often be caused by:

- A g-tube that is not secure and stable [See page 11 for how the g-tube should sit.](#)
- A Mic-key button that is too long
  - This allows it to move in and out the stoma instead of sitting snugly against the skin. This can lead to leakage. [See page 8 for how the button should sit](#)
  - Ask your community nurse to check this. They can replace it with one that is the right length for your child.
- The balloon is not filled with enough water.
  - Ensure the balloon has the recommended amount of water.
    - 12fr tube 3-5mls water
    - 14fr tube 5-10mls water
  - Sometimes too much water in the balloon can cause leakage.

Please call your community nurse or GP for advice if the leakage:

- is a thick yellow/green colour and has an odour
- the skin around the site is becoming irritated (like nappy rash)

If the skin is becoming irritated then you can use a barrier cream (nappy rash cream) to help protect the skin.

- Constipation can also cause leakage because the stomach is unable to empty properly.
- Make sure your child is having regular bowel motions

- Some illnesses can cause leakage e.g. a respiratory illness or tummy bug.
  - Think of it as vomiting around the g-tube
  - The gastrostomy tract from stomach to outside is very short so does not require as much effort as normal vomiting

The leakage will usually settle down as your child gets over their illness. In the same way that normal vomiting would.

### Significant leakage of milk or gastric fluid

- This is rarely a gastrostomy (stoma) cause. The gastrostomy is a hole in the stomach.
- This type of leakage is more a symptom of how your child is coping with their feeding regime.
- Your child's dietitian or paediatrician may need to investigate whether your child's stomach is functioning normally.
  - If they have bolus feeds they may need to change to continuous
  - If they are already on continuous feeds it may need to go slower
  - Or they may need to move to jejunal feeding
- Good skin care is important if there is significant leakage.

### My child has stomach cramps

- Check the rate of feeding. You may need to slow down the feeding rate.
- The feed may be too cold. Let the feed reach room temperature before giving it to your child.
- Try venting, or "burping," the tube or button:

### My child has diarrhoea (loose/watery bowel motions)

- Check the rate of feeding.
- You may need to slow down the feed rate. If the diarrhoea continues, contact your GP or community nurse for advice.

## Tips for Managing Common G-tube Problems

### How can I tell if my child's stoma is infected?

Some children can get skin infections around their g-tube. Bath time is a good time to inspect their skin and stoma site.

- redness around the g-tube site that spreads out past the area immediately around the stoma insertion site
- swelling around the g-tube
- warmth or soreness at the g-tube site
- unexplained fevers
- Thick green or yellow drainage coming from the g-tube site

Please call your child's GP or community nurse if you think your child has a skin infection at the gastrostomy site.

### My child is vomiting

If your child is well then consider the below:

- Check the rate of feeding. You may need to slow down the feeding rate.
- If you are using prepared feeds, always check the expiry date.
- The feed may be too cold. Let the feed reach room temperature before giving it to your child.
- Check the length of g-tube outside the stomach and compare to an earlier measurement.
- Gently pull g-tube back into position if able and secure.

If the vomiting continues after you have tried the above, contact your community nurse, dietitian or doctor for advice.

## Bloating after feeding

If your child's belly becomes hard or swollen after a feed, try venting ("burping") the tube or button:

- Attach a syringe without the plunger to the tube to allow air to escape.

If your child has a Mic-key button you will need to connect the feeding access tube first.

## What should I do if the g-tube is blocked?

**Always** remember to flush the g-tube before and after use, and between medications to prevent the g-tube from blocking. See "Flushing the g-tube" on page 7.

If despite regular flushes the g-tube becomes blocked (clogged) try to unblock it as soon as possible:

- Use a 30ml or larger syringe to slowly flush the g-tube with warm water.
- Use a gentle back and forth motion of the plunger (push then pull) to clear the tube.
- Repeat if this does not work the first time.
- Roll the g-tube between your fingers to try and break up anything clogged in the tube.
- If warm water does not work then you can try using baking soda and water.
  - $\frac{1}{4}$  teaspoon baking soda in 20mls water
- Do not try to push an object into the g-tube to unblock it.

If you are able to flush the g-tube you can continue to use the tube.

If you are **not able** to flush the g-tube, call your community nurse or doctor for advice.



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