



Caring for your Gastrostomy Tube

TUBE DETAILS

TUBE TYPE:

- Original Gastrostomy
- Balloon Replacement Tube

BRAND: _____

TUBE SIZE (FRENCH): _____

DATE OF INSERTION: _____

LEVEL OF BUMPER AT SKIN: _____

LEVEL OF TUBE AT END OF EXTERNAL BUMPER or LENGTH OF VISIBLE TUBE

BALLOON TUBE – VOLUME OF WATER: _____

INSERTED BY

- Gastroenterology Phone: 07 3646 7019
- Medical Imaging Phone: 07 3646 8451
- Surgery

CARE OF FEEDING TUBE & STOMA SITE**Cleaning the site**

- The stoma can be cleaned with mild soap & water in the shower daily
- It is very important to dry around the tube & under the external bumper, this will help avoid skin irritation
- Do not tuck your tube into your underwear. If you have a long tube, the nurse will provide you with some tape to secure it in place

Tube position

- Most tubes have either numbers or marks to indicate how long the tube is.
- Before using your tube, always check that the bumper is at the same level that is recorded in the front of this booklet.
- If you don't have markings on your tube, it is important to measure the length of tube visible, and monitor the length
- If your gastrostomy tube is inserted by the gastroenterology department, it is useful to know that the external bumper is not fixed to the tube. This is so that when weight changes, the external bumper can be adjusted to fit.
- There should be approximately 2mm between the external bumper and your skin – that is, it should be firm, but not leave a mark on the skin

What if I don't think my tube is in the right place?

- Check that the bumper level is at the level recorded at the front of this booklet
- Try to rotate the tube 360 degree (discussed in the next section)
- If you cannot move the tube, or you are worried about it:
 - Do not flush the tube
 - Do not put feed down the tube

Contact:

Business Hours	After hours
Gastroenterology Unit 9th Floor Ned Hanlon Building Weekdays 9.30am – 5pm 07 3646 7019	Department of Emergency Medicine Ground Floor, James Mayne Building Royal Brisbane & Women's Hospital

Tube rotation

- If your tube has been stitched in place, you should not attempt to rotate the tube
- For other gastrostomy tubes, it is important to rotate the tube gently 360 degrees each day
- This is to prevent scar tissue from forming, which can make tube removal and replacement difficult

Dressings

- Dressings are normally not required following insertion of a gastrostomy tube
- If however, there was some bleeding after the insertion, then a dressing can be placed over the site. This should be removed on return to the ward
- It is important never to place dressings under the bumper even if there is ooze, and this places unnecessary pressure on the skin around the stoma

Skin care

- You may notice over time dark pink fleshy tissue that grows around the stoma site. This is known as Granulation Tissue, and is quite common
- It can be left alone unless it causes pain, bleeds or leakage
- If it becomes a problem, talk to your doctor or nurse

What if I think I have an infection?

- Prevention is better than cure – always be sure to wash your hands before using the tube & keep the tube, skin & feeding equipment clean & dry
- It is possible to get an infection in your stoma. Signs of a possible infection are:
 - Redness or swelling around the site (Skin warmer than usual)
 - Yellow-green smelly ooze leaking from around the tube
 - You have a temperature above 37°C
 - If you have any of these signs or are concerned, make an appointment to see your doctor.
- The doctor may take a sample of the ooze from around your stoma site so it can be tested.
- If you are prescribed antibiotics & you cannot swallow, checked to see it can be crushed or mixed with water so it can be put down the tube.

Balloon Tubes

- If you have a Balloon Tube:
 - You should know how much water is meant to be in your balloon.
 - You should check the water volume in the balloon every 7 days. Nursing staff will show you how this is done.

Using the tube

- Formula feeds, Water & Medications – in liquid form, are the only things permitted to be delivered via the feeding tube.

Preventing Tube Blockages

- Flush your tube regularly with warm water. Your dietitian will advise you on how much water you require for flushing the tube.
- It is important to flush:
 - After each bolus feed
 - Every 4 hours if your feeds are delivered with a pump
 - Before and after each medication
- Always crush medications well before giving it through the feeding tube
- Ask your pharmacist for medications in liquid or ones that can dissolve
- **Do not insert** any object into the tube to try and unblock it, as you may put a hole in the tube or your stomach

If your tube becomes blocked

- Tubes should be easy to flush, so do not force!
- Only use water to try and unblock your tube
- If you are having difficulty feeding or flushing your tube, follow these steps:
 - Check that the feeding tube is not kinked
 - Gently massage the tube with the fingers if the blockage is visible
 - If this doesn't work, fill a 60ml syringe with warm water and gently try to flush
 - If it is still blocked, try pulling back on the plunger of the syringe and hold for 10 seconds, then gently push the plunger forward – this is known as the 'Push-pull' method.

If this is unsuccessful contact:

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What if my tube comes out?

- Don't Panic!
- If your tube comes out, you must act quickly as the stoma can begin to close quite quickly
- If the tube has been in place for less than 3 months, do not try and reinsert the tube
- If your tube has been in place for more than 3 months & you, a relative or carer has been changing your tube, they may wash the tube, place it back in the tract and tape it down with tape until you can get it replaced
- You will need to contact your local Gastroenterology Unit or Department of Emergency Medicine to organise a new tube.