NHS
Queen Victoria Hospital
NHS Foundation Trust

# Having a feeding tube (gastrostomy) inserted

## Patient Information

This leaflet explains more about feeding tube (gastrostomy) placement, including the benefits, risks and any alternatives. It also provides information on what you can expect when you come to the hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

## What is gastrostomy?

A gastrostomy tube is a narrow tube that is inserted through the abdominal wall and directly into the stomach. Tube feeding, also called alternative or artificial feeding, provides nutrition and/or fluids when you cannot manage to take enough by mouth or safely. It is also a way that medications can be given. There are different types of tubes, and they are inserted differently. We don't insert gastrostomy at QVH hospital; therefore, you will be referred to the appropriate hospital for insertion.

## Why should I have a gastrostomy?

There are many different reasons why someone is not able to eat and drink enough. Some of the more common reasons are swallowing difficulties or unsafe swallowing (e.g. as a short or long-term side effect of some cancer treatments), obstruction of the digestive tract (e.g. head & neck cancers), or increased nutritional/fluid requirements (e.g. non-healing wounds, certain metabolic conditions, surgery) that cannot be met sufficiently by the diet.

There are several benefits to tube feeding, some of which are listed below:
It can prevent weight loss/ malnutrition and so prevent the consequences of undernutrition (such as weakness, reduced immunity, pressure sores etc.) and dehydration (lack of fluids)
It may help reduce the anxiety/pressure which often accompanies meals due to swallowing problems by allowing you to get all the nutrition you need.

It can promote weight gain and wound healing.
It can be used to administer medications.
It can minimise the risk of a chest infection if you have any swallowing problems by allowing you to limit your oral intake, but still receive the nutrition & fluids you require.

## What are the risks?

Gastrostomy tube insertion is a very safe procedure, but as with any procedure, there are associated risks, which will vary depending on the situation. There are some risks related to sedatives, which could affect your breathing, but light sedation can reduce these risks.
Also, while inserting the feeding tube, there is a small risk of internal bleeding or puncturing of the bowel. However, you will be monitored closely during and after the procedure. You will be assessed for suitability before the procedure to minimise these risks. The nutrition nurse and the doctor placing the tube will be able to discuss this with you in more detail.

Problems that can occasionally occur with tube feeding include:
- Infection/leakage from the site where the tube enters the body (called the stoma).
- Possible nausea, vomiting, heartburn, bloating, constipation, diarrhoea.
- Tube blockage.
- Tube misplacement.

You will receive training and written information on how to care for the tube, as well as contact numbers if you run into these problems. Your nutrition nurse specialist/dietitian/home feeding company nurse can advise you on how to deal with these issues if they arise.

## Are there any alternatives?

You could receive liquid feed via a tube placed through your nose into your stomach (a nasogastric or NG tube). There is no other long-term option available. The main drawbacks of this way of feeding are that the tube may become uncomfortable and that it is more easily displaced (falls out of the correct position).
Occasionally, it is not possible to place the tube into your stomach. This may require a different method, such as an operation to place the tube.

You can discuss this with your Nutrition Specialist Nurse or Doctor.

## How can I prepare for gastrostomy insertion?

Depending on your circumstances and the hospital you have been referred to for the procedure you might be admitted to the hospital either as a day case or for an overnight stay.

You may be asked not to eat for six hours before the procedure, although you may still drink clear fluids such as water. You may be asked to take a special shower and have antibiotics beforehand to reduce the chances of infection. If you have any allergies or have previously had a reaction to the dye (contrast agent), you must tell the doctor.

If you are taking warfarin or any other blood-thinning medication, these will need to be stopped according to the inserting hospital protocol.

Specific information on how to prepare for the procedure will be provided to you by the inserting hospital or Nutrition Nurse if you are a patient at QVH.

## Giving my consent (permission)

We want to involve you in decisions about your care and treatment. The procedure will be explained to you, and you will be given the opportunity to discuss any aspects of the procedure, including potential risks. If you decide to proceed, a form will need to be signed by you to consent to the procedure. This states that you agree to have the procedure and that you understand what it involves. This form is usually completed by a doctor looking after you in the clinic, on the ward or at the inserting hospital. For patients who cannot understand or are unable to make a decision, the medical team will need to make the decision in that person's best interest. They can be guided by knowledge of that person's wishes, where known, with help from the family or others close to them.
If you would like more information about the consent process, please speak to a member of staff caring for you.

## What happens during gastrostomy insertion?

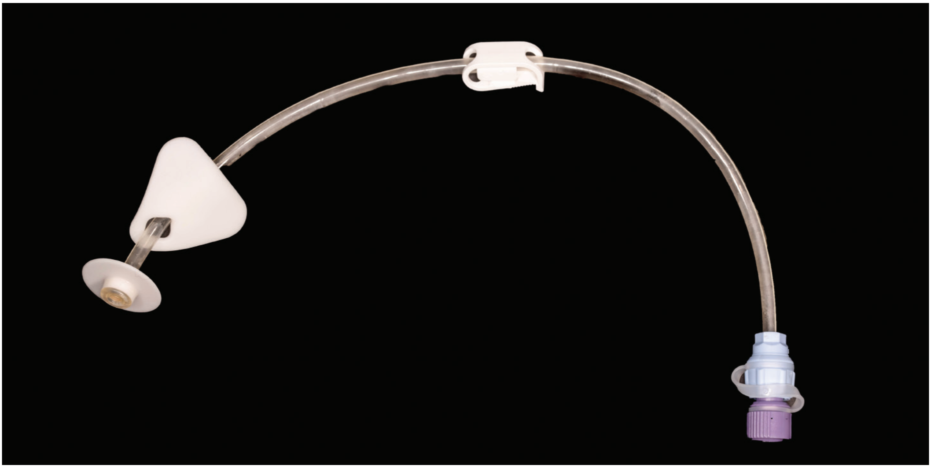
To have the tube inserted, you might attend the endoscopy or interventional radiology department or, occasionally, the theatre. There are different types of tubes which differ in the way that they are inserted.

1. PEG is the most common type of gastrostomy tube. The term PEG describes the way that it is inserted: Percutaneous (through the skin) Endoscopic (an instrument used to examine the stomach) Gastrostomy (opening into the stomach).
The tube is inserted during a minor procedure in the endoscopy department. You will be asked to lie down on a trolley, extra oxygen will be given to breathe through a soft plastic tube in your nose.

A small plastic guard will be put gently between your teeth to protect them. If you have any false teeth, you will be asked to remove them. You will be given a local anaesthetic throat spray and/ or a sedative drug through a cannula inserted in the back of your arm, using a small fine needle to make you feel comfortable and relaxed during the procedure.

An endoscope will be passed through your mouth or nose down into your stomach. Your windpipe will be deliberately avoided; therefore, your breathing will be unhindered. Any saliva or other secretion produced during the investigation will be removed using a small suction tube, like the one used at the dentist.

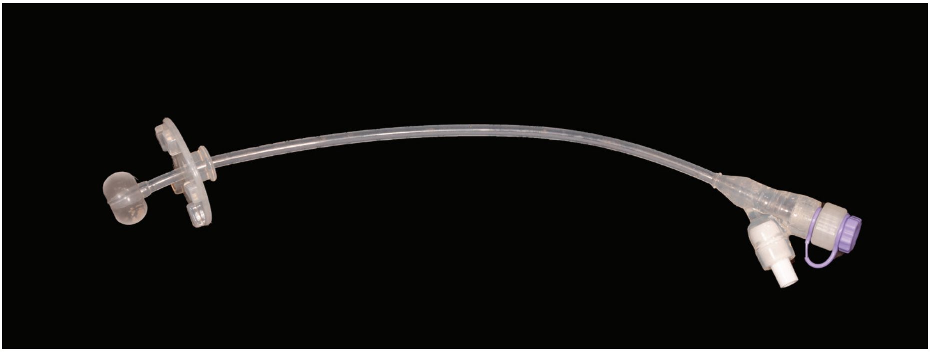
Using the light from the tip of the endoscope shining through the skin, a suitable point will be chosen to place the tube and local anaesthetics given to numb the skin. A small incision is then made in the abdominal wall and a needle is placed into the stomach, and the guide wire is passed through. This will then be taken up and out of your mouth through the endoscope. The tube is then attached to the guide wire and gently pulled back through the incision until the internal retention disk is lying against the stomach wall. Once the tube is in the position, a small plastic plate will be placed over the tube to hold it in place.  The endoscope is then once again passed down into the stomach to ensure that the PEG is in the correct position.
The whole procedure takes usually about 30 minutes.



*15fr Freka PEG*

2.	RIG is another main type of gastrotomy tube which looks slightly different and differs in the way that it is inserted and cared for. Radiologically (under X-ray guidance) Inserted Gastrostomy (opening into the stomach).  This type of tube may be recommended as an alternative to a PEG because there is an obstruction that would prevent the endoscope from reaching the stomach, or because the procedure would affect your breathing.

Tube placement is performed in the Interventional Radiology Department under sterile conditions. You will lie flat on your back, and you might have monitoring devices attached to your chest and finger and you might be given oxygen. A small cannula will be placed in your arm. A nasogastric tube is passed through your nose and into your stomach. Air is then put through this tube to inflate the stomach and a radiologist will use X-ray equipment to decide on the most suitable position for inserting the tube. Local anaesthetic will be injected into the skin to numb the area and two or three sutures (often referred to as buttons) will be used to hold the stomach wall in the position. A needle is then inserted into the stomach to allow placement of the guide wire and a tube is then inserted over the guide wire into the stomach. The guide wire is then removed, and the tube remains in place by a balloon inflated with sterile water. The nasogastric tube is then removed.
This procedure takes between 30 and 60 minutes.



*Balloon Rig*

Some other types of tubes may be recommended in certain situations (e.g. surgical placement of a tube, or tubes for feeding into the small intestine (called jejunal or jejunostomy feeding). Please feel free to discuss with your Nutrition Nurse Specialist, dietitian or medical team the reasons why a certain type of tube has been recommended for you.

## Will I feel any pain?

When the local anaesthetic is injected, it might sting for a short while, but this soon wears off.
You may feel some pain or discomfort during the procedure, but you will be given sedation or local anaesthetics to reduce this. After the procedure, you might experience some localized pain or tenderness. This is normal and can be controlled with regular analgesia. Longer-term pain is rare; most people are pain-free within 3- 4 days.

## What happens after gastrostomy?

After the procedure, you will be escorted to the recovery area and allowed to rest for as long as necessary.
If you are an outpatient, you will be monitored for around 4 - 6 hours after the procedure and if there are no problems or concerns, a nurse will flush your tube, and you can go home. You will be given a written report of the procedure, and a copy will be sent to your GP.

If you are an inpatient, you will be monitored for around 4 hours after the procedure and if there are no problems or concerns you will be moved back to your ward or brought back to QVH.  Nurses on the ward will carry out routine observations, such as taking your pulse and blood pressure, to ensure no problems. They will also look at the skin entry point to make sure there is no bleeding from it. You will generally stay in bed for 1 to 2 hours until you have recovered.

It is common to feel bloated after the gastrostomy, but this should settle. The site of the tube may be sore for two or three days. A dressing is rarely required, any dressing covering the site will be removed the day after the procedure. The feeding tube will be tested with a flush of sterile water after the procedure. If the test flush of water is satisfactory, you will then be allowed to eat and drink, or the tube will be used to give feed and fluid.

If feeding via the tube does not need to be started immediately because you can eat and drink to meet your nutritional requirements, you will be taught how to manage and care for the feeding tube. You will need to flush the tube at least once a day with water to maintain tube patency.

If feeding needs to start immediately, the dietitian will prescribe a feeding plan and you will need to stay in hospital for a few days. This will enable feeding to be established. You will be taught how to manage and care for the tube and feeding equipment.

## What do I need to do after I go home?

### The first 24 hours

If you are an outpatient and had sedation it is essential that a responsible adult comes to pick you up from the unit and accompanies you home by car or taxi. Public transport is not suitable.

When you arrive home, rest quietly for the remainder of the day with someone to look after you overnight. It is advisable that you have the following day off work.

Sedation can impair your reflexes and judgement. For the first 24 hours do not:

- Drive a car
- Drink alcohol
- Take sleeping tablets
- Operate any machinery or electrical items, even a kettle
- Work at heights (including climbing ladders or onto chairs)
- Sign any legally binding documents

If you are still feeling pain after you go home and after taking painkillers, please contact your GP, District Nurse or CNS for advice.

You will need to seek immediate advice if any of the following occur:

- Fever
- Pain on flushing or feeding through the tube or any increasing level of pain following the tube insertion.
- Fresh bleeding around the stoma (hole)
- Leaking of feed or stomach contents around the tube
- The tube becomes blocked or difficult to flush.
- The tube falls out.

Specific contacts will be provided at the inserting hospital or by your Nutrition Nurse/dietitian at QVH.

## Initial care

It is particularly important to clean your hands thoroughly before any contact with the feeding tube or feeding equipment. This will minimise the risk of infection.

In the first week following the tube placement, clean the site around the tube with sterile gauze and saline. This will be supplied by the hospital.

You may take showers during this first week, but it is important that you do not hold the shower head directly over the area where the tube is placed and make sure you dry it thoroughly afterwards. You should not need a dressing. Do not have a bath or swim until the wound has fully healed, this will take 2-3 weeks.

## Ongoing care

If you do not use the tube for feeding, then you need to flush your tube once daily with 30 – 50 ml of freshly drawn tap water, unless you have been advised to use an alternative.

If you are on a feed regime, then always flush the tube with 30 – 50mls before and after administration of feed and medication to avoid tube blockage.

If you have any doubts about the tube care, the care of the skin around the tube or if you notice any signs of infection such as redness around the area where the tube is placed, pain or discharge which has a smell, contact your Community Nutrition Nurse, GP, District nurse or dietitian.
Specific information on how to manage the feeding tube will be provided depending on the tube inserted.

## Will I have a follow-up appointment?

You will be reviewed by your community dietitian regarding your feed and registered with a home-feeding company.  The Community Nutrition Nurse Specialist will do a further follow-up visit to check how you are managing your feeding tube and provide further training if required.
If your tube has stitches holding it in place, these will be removed after about two weeks by the district nurse.

All appropriate contacts will be given to you after the gastrostomy placement.

## Useful sources of information

**PINNT** (Patients on Intravenous and Naso-Gastric Nutrition Treatments). National, non-profit charity offering support and advice to all nutrition patients and their carers.
t: 020 3004 6193 e: comms@pinnt.com w: www.pinnt.com

**Contact us**
If you have any questions or concerns about gastrostomy insertion or types of feeding tubes, please contact:

**CNS** Nutrition / Dietitian on 01342 414 4445 (Monday to Friday, 8am to 4pm).

**Pharmacy Medicines Helpline**
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.
t: 01342 414215 9am to 5pm, Monday to Friday

**Your comments and concerns**
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS) and ask to speak to the Patient Experience manager.
t: 01342 414000 e: qvh.pals@nhs.net

**NHS 111**
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.
t: 111

**NHS Choices**
Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.
w: www.nhs.uk

If you'd like to find out how you can support QVH,
please visit www.supportqvh.org

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