



# Gastrostomy Insertion

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

## A. Interpreter / cultural needs

- An Interpreter Service is required?  Yes  No
- If Yes, is a qualified Interpreter present?  Yes  No
- A Cultural Support Person is required?  Yes  No
- If Yes, is a Cultural Support Person present?  Yes  No

## B. Procedure

The following will be performed (*Doctor/doctor delegate to document – include site and/or side where relevant to the procedure*)

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A Gastrostomy is the insertion of a feeding tube through the abdominal wall directly into the stomach. It is also called a 'PEG' tube.

This procedure will require an injection of local anaesthetic and a sedation anaesthetic.

## C. Risks of the procedure

In recommending the Gastrostomy, the doctor believes the benefits to you from having this procedure exceed the risks involved.

The risks and complications with this procedure and having a gastrostomy tube can include but are not limited to the following.

### Common risks and complications include:

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the insertion site. This may require medication.
- Gastrostomy tube may become dislodged or blocked by medications or nutritional fluid and may need to be replaced.
- Pneumonia may occur if fluid from the stomach goes into the lungs, requiring antibiotics and further treatment.
- Bleeding or bruising may occur. This is more common if you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin).
- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

### Less common risks and complications include:

- Infection, requiring antibiotics and further treatment.
- Peritonitis from leakage of fluid from the stomach or from an infection, requiring further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

### Rare Risks and complications include:

- Sepsis (*very bad infection*) requiring antibiotics and further treatment.
- An increased lifetime cancer risk due to the exposure to x-rays..
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is *very rare*.

### Sedation risks include:

- faintness or dizziness, especially when you start to move around
  - fall in blood pressure
  - nausea and vomiting
  - weakness
  - an existing medical condition getting worse
  - heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
  - stroke resulting in brain damage.
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## D. Patient consent

I acknowledge that the doctor/doctor delegate has explained the proposed procedure.

I understand;

- the risks and complications, including the risks that are specific to me.
- the sedation/anaesthetic required for this procedure. I understand the risks, including the risks that are specific to me.
- that no guarantee has been made that the procedure will improve my condition even though it has been carried out with due professional care.
- if immediate life-threatening events happen during the procedure, they will be treated based on my discussions with the doctor/doctor delegate or my Acute Resuscitation Plan.
- a doctor/doctor delegate undergoing further training may conduct this procedure.

I have been given the following Patient Information Sheet/s:

**Gastrostomy Insertion**

- I was able to ask questions and raise concerns with the doctor/doctor delegate about the proposed procedure and its risks. My questions and concerns have been discussed and answered to my satisfaction.
- I understand I have the right to change my mind at any time including after I have signed this form but, preferably following a discussion with my doctor/doctor delegate.
- I understand that image/s or video footage may be recorded as part of and during my procedure and that these image/s or video/s will assist the doctor to provide appropriate treatment.
- I understand that Queensland Health may release my relevant de-identified information obtained from this and related procedures for education and training of health professionals.

On the basis of the above statements,

## I request to have the procedure

Name of Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Patients who lack capacity to provide consent

Consent must be obtained from a substitute decision maker/s in the order below.

Does the patient have an Advance Health Directive (AHD)?

Yes ▶ Location of the original or certified copy of the AHD: \_\_\_\_\_

No ▶ Name of Substitute Decision Maker/s: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Date: \_\_\_\_\_ PH No: \_\_\_\_\_

Source of decision making authority (tick one):

- Tribunal-appointed Guardian
- Attorney/s for health matters under Enduring Power of Attorney or AHD
- Statutory Health Attorney
- If none of these, the Adult Guardian has provided consent. Ph 1300 QLD OAG (753 624)

## E. Doctor/delegate Statement

I have explained to the patient all the above points under the Patient Consent section (D) and I am of the opinion that the patient/substitute decision-maker has understood the information.

Name of Doctor/delegate: \_\_\_\_\_

Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## F. Interpreter's statement

I have given a sight translation in \_\_\_\_\_

(state the patient's language here) of the consent form and assisted in the provision of any verbal and written information given to the patient/parent or guardian/substitute decision-maker by the doctor.

Name of Interpreter: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE IN THIS BINDING MARGIN

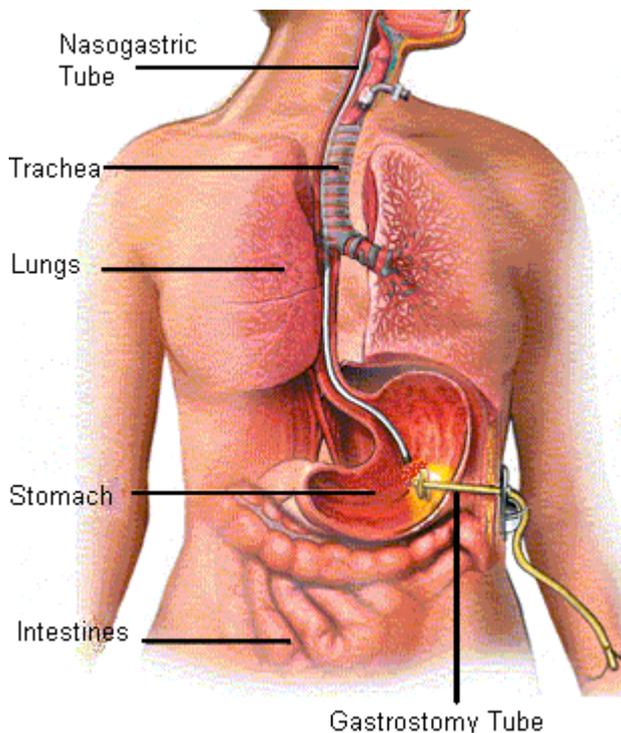
# Consent Information - Patient Copy

## Gastrostomy Insertion

### 1. What is a Gastrostomy?

A Gastrostomy is the insertion of a feeding tube through the abdominal wall directly into the stomach. It is also called a 'PEG' tube.

A gastrostomy tube is placed in people who require long term nutritional support because they are unable to eat food normally.



### 2. Will there be any discomfort, is any anaesthetic needed?

This procedure will require an injection of local anaesthetic and a sedation anaesthetic.

### 3. What is sedation?

Sedation is the use of drugs that give you a 'sleepy-like' feeling. It makes you feel very relaxed during a procedure that may be otherwise unpleasant or painful. You may remember some or little about what has occurred during the procedure.

This procedure may only have a light sedation. You need to be able to fully co-operate at times by holding your breath when instructed by the doctor.

Sedation is generally very safe but has a risk with side effects and complications. Whilst these are usually temporary, some of them may cause long-term problems.

The risk to you will depend on:

- whether you have any other illness
- personal factors, such as whether you smoke or are overweight.

### 4. Preparation for the procedure

The medical imaging department will give you instructions on how to prepare for your procedure.

- If you are having nutrition through a nasogastric tube, you will be told when to have your last feed. This is to make sure your stomach is empty so that if you vomit during the procedure there will be nothing to go into your lungs.
- Please tell the staff if you are or suspect you might be pregnant or are breastfeeding.
- If you take Aspirin, Warfarin, Clopidogrel (Plavix and Iscover) or Dipyridamole (Persantin and Asasantin) or any other drug that is used to thin your blood ask your doctor/health practitioner if you should stop taking it before the procedure as it may affect your blood clotting.
- List or bring all your prescribed drugs, those drugs you buy over the counter, herbal remedies and supplements.
- Do not drink any alcohol and stop recreational drugs 24 hours before the procedure as these may later affect the effects of the sedation anaesthetic. If you have a drug habit please tell your doctor.

### 5. During the procedure

A fine needle (IV cannula) will be inserted into a vein in your arm. You will be given some sedation.

A nasogastric tube (a small tube that enters through your nose or mouth and ends in the stomach), will be inserted. Your stomach will be filled with air through this tube. This pushes the wall of your stomach against the wall of your abdomen to make it easier to insert the gastrostomy tube.

After the tube insertion, the Radiologist (x-ray doctor) will use ultrasound to check the position of your stomach before injecting local anaesthetic into the skin where the gastrostomy tube will be inserted.

A small cut is made into the skin. A needle is inserted through the abdominal wall and into your stomach.

The gastrostomy tube is then threaded through the hole and into the stomach.

Contrast (once called x-ray dye) will be injected through the tube into the stomach. X-ray pictures will be taken to check the tube is in the correct position.

A small balloon at the end of the gastrostomy tube will be blown up with sterile water. This will keep the tube in place.

### 6. After the procedure

The recovery time varies depending on the sedation given. It can be anywhere between 2 hours to 4 hours.

The IV cannula and nasogastric tube may be removed after you have recovered

Staff will discuss with you what level of activity is suitable after your procedure.

### *Feeding through the Gastrostomy Tube*

Nothing will be given through the gastrostomy tube until the position has been checked with an x-ray. This is usually 6 to 24 hours after its insertion. After the check, clear fluids, often water, will be given through the gastrostomy tube. Once water tolerated, then feeds and medications may be given through the tube. Medications can be given through the gastrostomy tube but take care as some medications can clog up the tubing. Your pharmacist will advise you about this.

### *What care does the Gastrostomy Tube need?*

Bathing with mild soap can start 24 hours after the gastrostomy tube is inserted. Gently dry around the gastrostomy tube site. Keep this site clean and dry. Spin the tube full circle (360 degrees) every day.

### *How long does the Gastrostomy Tube last?*

This depends on the type of tube you have inserted, and how it is looked after.

A gastrostomy tube can last up to a year. It will need to be changed regularly due to the stomach acids. The tube can become blocked by food or medications so it should be flushed well after each use.

If the tube falls out, it is important to have it replaced as soon as possible to prevent the hole closing over.

The gastrostomy tube can be replaced by another tube or by a device, also called a 'button'. Discuss this option with your doctor when your gastrostomy tube is due to be changed.

If the gastrostomy tube is no longer needed it can be removed and the exit hole will quickly close over. Sometimes it may require a small operation by a surgeon to repair the hole once the tube is removed.

## 7. What are the risks of this specific procedure?

The risks and complications with this procedure and having a gastrostomy tube can include but are not limited to the following.

### **Common risks and complications include:**

- Minor pain, bruising and/or infection from the IV cannula. This may require treatment with antibiotics.
- Pain or discomfort at the insertion site. This may require medication.
- Gastrostomy tube may become dislodged or blocked by medications or nutritional fluid and may need to be replaced.
- Pneumonia may occur if fluid from the stomach goes into the lungs, requiring antibiotics and further treatment.
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- Failure of local anaesthetic which may require a further injection of anaesthetic or a different method of anaesthesia may be used.
- Nerve damage, is usually temporary, and should get better over a period of time. Permanent nerve damage is rare.

### **Less common risks and complications include:**

- Infection, requiring antibiotics and further treatment.
- Peritonitis from leakage of fluid from the stomach or from an infection, requiring further treatment.
- Damage to surrounding structures such as blood vessels, organs and muscles, requiring further treatment.
- An allergy to injected drugs, requiring further treatment.
- The procedure may not be possible due to medical and/or technical reasons.

### **Rare risks and complications include:**

- Sepsis (*very bad infection*) requiring antibiotics and further treatment.
- An increased lifetime cancer risk due to the exposure to x-rays.
- Seizures and/or cardiac arrest due to local anaesthetic toxicity.
- Death as a result of this procedure is *very rare*.

### **Sedation risks include:**

- faintness or dizziness, especially when you start to move around
- fall in blood pressure
- nausea and vomiting
- weakness
- an existing medical condition getting worse
- heart and lung problems such as heart attack or vomit in the lungs causing pneumonia. This may require emergency treatment
- stroke resulting in brain damage.

## 8. What are the safety issues when you leave hospital?

*Take care not to pull on the gastrostomy tube. Notify your nurse or clinic immediately if your tube has been tugged on or has fallen out.*

Go to the nearest Emergency Department or GP if you become unwell or have;

- severe ongoing abdominal pain
- sharp chest or throat pain
- bleeding or swelling at the insertion site
- a fever