

Caring for your gastrostomy tube

This resource is to provide guidance on how to care for your feeding tube. You may also share this information with your healthcare provider.

Your tube details

Tube type: Gastrostomy Jejunostomy Gastrostomy with jejunal extension

Original gastrostomy, inserted _____ (dd/mm/yy)

Balloon replacement tube, inserted _____ (dd/mm/yy)

Device change next due: _____ (dd/mm/yy)

Brand: _____

Tube size: (French/ Charrière): _____

Measure of bumper at skin: _____ cm

Length of visible tube/ length of tube from outer external bumper: _____ cm

Volume of water used to inflate internal balloon (balloon tube only): _____ mL

Daily feeding tube care key points:

1. Clean your hands well with soap and water before touching the tube or stoma site.
2. Clean and dry stoma site thoroughly twice a day.
3. Flush tube at least twice daily.
4. Rotate tube daily, unless otherwise advised.
5. Confirm tube position before tube use.
6. Check stoma site daily for signs of infection.

What is allowed in my feeding tube?

It is recommended that you only provide nutrition formula, water, and liquid or crushed medications through your feeding tube. If you would like to use blended feeds, your dietitian can assist with this.

Caring for your feeding tube and stoma site

- The stoma is the small opening of your abdomen. The tract is the tunnel between your stomach and the stoma that the tube sits in. The external bumper is the disc that sits on top of the skin.
- Clean the stoma with soap/ body wash and water twice a day. An alternative is salty water or saline. Do not submerge the stoma in water (bath or swimming) until the stoma and tract have healed. Check with your health professional before swimming.
- Dry thoroughly around the tube and under the external bumper to prevent skin breakdown due to moisture.
- Do not tuck your tube into your underwear. If you have a long tube, ask your health professional how to secure it in place hygienically and safely, e.g. tape.

Feeding position

It is best not to give your feeds while lying flat. Sit in a chair or lay with your head raised to at least 30 degrees or on three pillows. Try to remain in this elevated position for 30-60 minutes after finishing a feed.

Water flush & medication

Water flushing helps prevent tube blockages and keeps the tube functional. A “stop-start” method should be used to clear any tube blockages as this provides strong movement of the water to clear the tube.

- It is important to flush with a 60mL syringe when providing water flushes through your feeding tube. Follow your feeding plan:
 - Twice daily with 60mL of water
 - Before and after each bolus feed
 - Every 4 hours while awake if feeding via a pump
 - Before and after each medication
- Don't rush to crush - ask your pharmacist if your medication is suitable to be provided through your feeding tube.
- Crush appropriate medications to a fine powder to prevent tube blockage.
- Administer all medications one at a time via your tube unless otherwise advised.

Tube position

- Most tubes have either numbers or marks to show how long the tube is. Before using your tube, always check that the bumper is at the same number or mark recorded in your tube details (see front page).
- If you don't have markings on your tube, it is important to measure and check the length of visible tube.
- The external bumper is not fixed to the tube. Bumpers can be moved by a health professional to adjust your tube fit if your weight changes.
- There should be approximately 2-5mm between the external bumper and your skin. It should be firm but not leave a mark on your skin.

Is my tube in the right place?

- Check your bumper is at the same level recorded in your tube details (see front page).
- Try to rotate the tube 360 degrees (discussed in previous section).
- If you cannot move the tube or are worried it is longer or shorter than it should be:
 - Do not flush the tube.
 - Do not put feed down the tube.
 - Contact the hospital department that inserted the tube or present to the Emergency Department of your local hospital.

What if my tube comes out?

- If your tube comes out, don't panic. However, you must act promptly as the stoma can close quite quickly, particularly if your tract is new.
- If your 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, it is safe to:
 - Wash the tube.
 - Place it back in the tract.
 - Tape it down until you can get it replaced.
- In each case, contact your local gastroenterology unit or present to the Emergency Department of your local hospital to organise a new tube immediately.

Troubleshooting a blocked tube

Try the following steps if your tube becomes blocked:

- Check that the feeding tube is not kinked.
- Gently massage the tube with your fingers from the bumper outwards.
- Do not insert any objects into the tube to attempt to unblock it.
- Try to flush the tube with lukewarm water. Use a 20mL syringe with plunger as this can give more pressure than a 60mL syringe:
 1. Push the water gently, and then with increasing pressure for 10-15 seconds.
 2. Pull back a few times on the syringe plunger for a few minutes.
 3. If unsuccessful, wait for 30 minutes, then repeat step 1 and step 2.
 4. If your tube remains blocked, present to the Emergency Department at 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 360 degrees each day. This helps to prevent scar tissue from forming. If scar tissue forms, it can make tube removal and replacement difficult.

Balloon tubes

- If your gastrostomy tube has a balloon, you should know how much water is in your balloon. This is recorded in your tube details (see front page).
- Check the water volume in the balloon as per your health professional's instructions.

Dressings

- Usually, dressings are not required following insertion of a gastrostomy tube.
- A dressing can be placed over your gastrostomy site if you experience some bleeding after insertion, however this dressing should be removed once bleeding stops.
- It is important not to place dressings under the bumper even if there is ooze. This places unnecessary pressure on the gastrostomy site and can lead to complications.

Skin care

- Over time you may notice dark, pink, fleshy tissue that grows around the stoma site. This is "proud flesh" or granulation tissue and is quite common.

- It does not need treatment unless it causes pain, bleeds, or leaks. If it becomes a problem, talk to your treating health professional.

What if I have an infection?

- Prevention is better than cure. Always wash your hands well before using the tube and keep the tube, skin and feeding equipment clean and dry.
- It is possible to get an infection in your stoma. Contact your doctor if you have:
 - Redness, swelling or pain around the site.
 - Yellow-green, smelly ooze leaking from around the tube.
 - A fever.
- The doctor may take a sample of the ooze from around your stoma site. They will send it to the lab for testing and if necessary, prescribe antibiotics.
- If you cannot swallow, discuss this with your doctor or nurse. You may need to be given an antibiotic that can be crushed, or a liquid antibiotic that is appropriate for use with your tube.

For further information, contact your dietitian or nutritionist _____