

## Caring for your gastrostomy tube

Date of insertion: \_\_\_\_\_

Facility inserted: \_\_\_\_\_

### Tube details

Brand: \_\_\_\_\_ Tube size (French): \_\_\_\_\_

Retention:  Collapsible internal bumper  Balloon  Other: \_\_\_\_\_

Level of bumper at skin: \_\_\_\_\_ Level of tube at end of external bumper: \_\_\_\_\_

Balloon tube: Balloon capacity: \_\_\_\_\_ Balloon fill volume: \_\_\_\_\_

### Daily gastrostomy care summary

1. **Ensure clean hands prior to touching the tube or site**
2. **Clean and dry site thoroughly twice a day**
3. **Flush tube minimum twice daily**
4. **Rotate tube daily, unless otherwise advised**
5. **Confirm tube position prior to use**
6. **Monitor for signs of infection**

### Care of feeding tube & stoma site

- The stoma should be cleaned with mild soap and water twice a day. The site should not be submerged in water (bath or swimming) until the gastrostomy site/skin wound is healed. Please check with your health professional prior to swimming.

- It is very important to dry around the tube and under the external bumper.
- 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.

### Water flush

- To prevent tube blockages and maintain integrity of the tube, it is important that you flush your tube regularly with water. Use a start/stop flush action to create a turbulent flow.
- It is important to flush:
  - twice daily if not using the tube for nutrition
  - before and after each bolus feed

- every 4 hours if your feeds are delivered with a pump
- before and after each medication.
- Ask your pharmacist if your medication is available in liquid or dissolvable form.
- Always crush medication well before giving it through the feeding tube.

### **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.

### **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 at the top of this sheet.
- 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 2-5mm 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 the same as the level recorded at the top of this sheet.
- Try to rotate the tube 360 degrees (discussed in the previous 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 the hospital department that inserted the tube or present to the emergency department of your local hospital.

### **What if I think I have an infection?**

- Prevention is better than cure – always be sure to wash your hands 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. Signs of a possible infection are:
  - redness, swelling or pain around the site

- yellow-green smelly ooze leaking from around the tube
- your temperature is above 37°C.
- If you have any of the above signs, 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 and if necessary prescribe antibiotics.
- If you are prescribed antibiotics and you cannot swallow, check with your doctor or nurse to see if it can be crushed or mixed with water so it can be put down the tube.

### **Dressings**

- Dressings are not normally required following insertion of a gastrostomy tube.
- However, if there was some bleeding after 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, as 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 known as proud flesh/ granulation tissue and is quite common.
- It can be left alone unless it causes pain, bleeds or leaks. If it becomes a problem, talk to your doctor or nurse.

### **Balloon tubes**

If your gastrostomy tube has a balloon:

- You should know how much water is meant to be in your balloon.
- You should check the water volume in the balloon as per the manufacturer/ health care professional's instructions. Nursing staff will show you how this is done.

### **Using the tube**

- Formula feeds, water and medications (liquid/ crushed appropriately) are the only things permitted to be delivered via the feeding tube.
- When connecting giving sets/ syringes to feeding tubes, do not apply excessive force or overtighten the connectors. In most instances, 1/4 turn is sufficient to connect the ends together.
- Ensure correct positioning, sitting upright or elevating the head of the bed to at least 30 degrees during

feeding and for 30 minutes after feeding.

### Tube blockages

If your tube becomes blocked **do not** insert any object into the tube to try to unblock it, as you may put a hole in the tube or your stomach.

- Tubes should be easy to flush, so do not force!
- Only use water to try to unblock your tube. Do not use acidic fluids e.g. cola/lemonade to unblock the tube, as this may damage the tube or cause it to block in future.
- 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 your local gastroenterology unit or present to the emergency department at your local hospital.

### 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 and 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 until you can get it replaced.
- You will need to contact your local gastroenterology unit or emergency department to organise a new tube.

### Acknowledgements

Department of Gastroenterology, Royal Brisbane and Women's Hospital kindly contributed to this resource as co-authors.

#### **If you have any problems please contact**

Department of Gastroenterology: \_\_\_\_\_

Dietitian: \_\_\_\_\_

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

Or present to your local Emergency Department