



Royal Berkshire
NHS Foundation Trust

Gastrostomy tube feeding and management

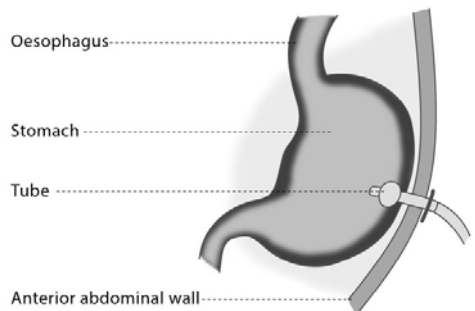
Information for parents & carers

This leaflet outlines management of and feeding via a gastrostomy. If there is anything you don't understand or if you have any other questions, please ask your doctor or nurse.

What is a gastrostomy

A gastrostomy is the hole made in the stomach wall through which a tube is inserted to allow your child to be given specially formulated feed and medicines. It is necessary for a number of reasons, either to supplement your child's existing diet or because your child is unable to swallow safely.

Gastrostomy



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There are two main types of tube; Button gastrostomy and PEG tube. You will be informed of the size and type your child has in place.

Daily care of the gastrostomy

Looking after the skin

- You need to check your child's gastrostomy site at least twice a day. A small amount of mucous is usually produced by the opening. The opening is called a 'stoma'.
- You need to clean the area with cooled boiled water and dry it thoroughly by patting with a clean cloth or towel.
- You need to turn the gastrostomy tube around completely (360 degrees) once a day to stop it from sticking to the skin.

- You need to check the skin around the tube for any signs of redness or infection.
- You should not apply a dressing to the skin as this will make the area moist and may lead to infection.

Glossary

Balloon	A very small balloon at the end of gastrostomy tube (inside the stomach) which is inflated with water to hold the tube securely in place.
Bolus	Feed delivered by syringe (not slow continuous feed).
Button	A low profile type of gastrostomy feeding device, held in place with a balloon. A tube called an extension set is connected to the button at feed times through which the feed is given.
Extension/ Kangaroo set	This is attached to the gastrostomy for feeding.
Gastrostomy	The opening on the abdominal wall, through which the feeding tube is placed.
PEG	A gastrostomy tube placed by a surgeon directly into the stomach held in place by a clamp/fixator
Port	A part of the tube you attach to for feeding.
Reflux	A condition whereby the stomach is unable to hold all the feed.

Looking after the tube

- If your child has a Button gastrostomy tube never give medication directly into the button, as the valve will break. Always attach the extension set first.
- We recommend that if your child has a Button gastrostomy, which is held in place with a balloon, you should check and change the

water in the balloon every week.

- If your child has a PEG (Percutaneous Endoscopic Gastrostomy) tube, you will be shown how to release the clamp and clean it. Neither of these will be done for at least one month after the insertion of the tube. This is to allow enough time for a tract (channel) to form between the stomach and the abdominal wall.
- Your Community Children's Nurse (CCN) will give you an emergency kit containing a spare tube/ Button, Enplug device, (which can be used if the gastrostomy tube falls out and cannot be replaced easily) water, syringes and lubricant. Your CCN will explain how to use this.

Changing the water in the Button gastrostomy balloon

Equipment you will need

- 5ml of sterile water for injection or cooled boiled water.
 - Two 5ml syringes.
1. Get your child ready by making sure they are in a comfortable and safe position.
 2. Wash your hands thoroughly using soap and water.
 3. Draw up 5ml of sterile water for injections or cooled boiled water into the syringe – some children may need more or less but your nurse will advise how much you will need.
 4. Use the empty 5ml syringe to draw out water via the balloon port and throw away. If there is less fluid than originally put into the balloon, this may indicate that tube may need changing soon and the balloon may be leaking. Please tell your nurse if this is the case.
 5. Insert the fresh water into the balloon.
 6. Check that the gastrostomy tube is secure by gently pulling on it. The balloon should feel secure. You should also be able to turn it around completely (360 degrees).

Feeding your child with a gastrostomy

It is important that your child is still included at mealtimes. He/she will benefit from the social interaction involved. There are also a number of ways to continue to stimulate the senses that are involved when feeding, which will help prepare your child for their feed.

- Hearing: talking about what is going to happen.
- Touch: washing your child's face and hands, rubbing a sponge across their lips, massaging your child's cheeks, making gentle circular movements with a finger.
- Smell: letting them smell the food.
- Taste: if appropriate, give your child a tiny taste of food.
- Feed: give your child their gastrostomy feed.
- Teeth: freshen their mouth by cleaning their teeth and gums.
- Lips: rub some lip balm on your child's lips.
- Involve your child in the family's mealtimes and social occasions centred around food, as much as possible.
- Position: your child should be sat up slightly and should stay in that position for at least 30 minutes after the feed.

The dietitian will advise you whether your child should be fed using a pump or a bolus.

Bolus feeding

Equipment you will need

- 60ml syringe or kangaroo giving set/extension set.
- Feed.
- Cooled boiled water.
- Extension set.

1. Wash your hands thoroughly using soap and water.
2. Get the equipment ready and open packets. If the feed has been in the fridge, warm it to room temperature by taking it out approximately 30 minutes before you are ready to feed.
3. Get your child ready, in a comfortable and safe position.
4. Prime the extension/kangaroo giving set with water.
5. Attach the set to the gastrostomy tube (for button tubes – line up the black lines and turn three-quarter ways around).
6. Flush the gastrostomy with water before and after the feed (refer to feed plan for volume of flush to be given).
7. Add the feed, making sure that no air gets into the stomach.
8. Adjust the height of the syringe to slow down the rate at which the feed is given.
9. The feed should be given over at least 20 minutes.
10. Remove the extension/giving set and syringe. Your nurse will advise you how and when to get rid of the syringe/giving sets. The extension sets for the button gastrostomy tubes can be washed with soapy water or sterilised and then stored away. These should be replaced every week.

Feeding via a pump

The Abbot Nurse Advisors will show you how to use your feed pump.

Equipment you will need

- Feed (this may come ‘ready to hang’).
- Cooled boiled water.
- Feeding set and pump.
- Button extension set, if appropriate.

1. Wash your hands thoroughly with soap and water.
2. Get the equipment ready and open the packets. If the feed is in the fridge, warm it to room temperature by taking it out at least 30 minutes before you are ready to feed.
3. Get your child ready, in a comfortable and safe position.
4. Flush the tube with water prior to and after the feed (refer to feed plan for volume of the flush).
5. If your child has a button, prime extension set, attach it to the gastrostomy by lining up the black lines and turning it three-quarter ways around.
6. Attach the feed to the giving set.
7. Put the giving set in the pump, press the priming button which is a tear-drop symbol.
8. Once primed, attach the giving set to the gastrostomy tube.
9. Set the rate and volume according to the feed plan.
10. Ensure that all the necessary clamps are open and begin the feed.
11. At the end of the feed, disconnect the feeding set and flush the gastrostomy with water.
12. The giving set should be changed every 24 hours for children over 1 year, for babies and immunosuppressed patients the giving set needs to be changed at every feed.

If you experience problems with your feeding pump, either read the instructions that came with it or telephone the number on the side of the pump.

Changing your child's Button gastrostomy device

This should not be uncomfortable for your child. Your nurse will support you when you carry this out for the first time and until you feel happy to carry it out yourself.

Equipment you will need

- New tube.
 - Water for injections / cooled boiled water.
 - 5ml syringes x 2.
1. Wash your hands thoroughly with soap and water.
 2. Get the equipment ready and open the packets.
 3. Get your child ready, in a comfortable and safe position. The ideal time to do a tube change is before a feed.
 4. Use one of the 5ml syringes and draw up 5mls of water. Your child may need more or less water – your nurse can advise you how much is needed.
 5. Check the balloon of the new tube by using a 5ml syringe to add water to the balloon. This should be symmetrical (the same shape both sides) with no leaking. Withdraw the water.
 6. Draw out the old water from the old gastrostomy tube.
 7. Remove the tube. It may be necessary to gently hold down the skin surrounding the tube.
 8. Clean around the stoma (opening) with cooled boiled water.
 9. Insert the new tube.
 10. Inflate the balloon with 5mls of water for injection.
 11. Ensure that the gastrostomy tube is secure by gently pulling on it. The balloon should feel secure. You should also be able to turn it around completely (360 degrees).
 12. Attach extension set and aspirate small amount of gastric content to ascertain correct placement using pH sticks. It should be ≤ 5.5
- If you have any worries or concerns please contact the children's community nurses on 0118 322 7532 (between 9am and 5pm Mon to Fri) or out of hours call the paediatric wards on 0118 322 8079/8075.

Troubleshooting

Problem	Cause and prevention	Solution
Leakage of stomach contents.	<ul style="list-style-type: none"> • Balloon may not have enough water in it due to a puncture. • Or more water may be needed to ensure the button fits snugly. • Clamp/fixation device may need adjusting. 	<ul style="list-style-type: none"> • The tube may need changing. • Add additional water to the balloon. It can hold up to 10mls (but it is then more likely to burst). • Use a barrier spray/cream to protect the skin.
Tube becomes blocked.	<ul style="list-style-type: none"> • This may be caused by feed or medication and can be prevented by flushing the tube with at least 20mls water before and after every feed and medication. 	<ul style="list-style-type: none"> • Try to flush the tube with a pumping motion with warm water or fizzy water. Do not use excessive force. • Try and squeeze the tube up and down between two fingers to ‘crush’ the blockage. • Do not force anything down the tube to unblock. • If the tube stays blocked, call your nurse or the hospital.
Gastrostomy tube has come out.	<ul style="list-style-type: none"> • Always ensure that the gastrostomy tube is secure. Your child may need to wear a vest that fastens below or is tucked in. If your child is going out for the day, check the water in the balloon before you leave the house. 	<ul style="list-style-type: none"> • Replace tube as soon as possible. The gastrostomy stoma will only stay open for 2-3 hours. • Always ensure the emergency kit is with the child. • If convenient, take the spare gastrostomy tube as well. • Don’t panic. The procedure is the same as when a planned tube change is being done. • Tape old tube in place until convenient to change.

Problem	Cause and prevention	Solution
Skin around gastrostomy becomes sore and over granulated (raised and bleeding).	<ul style="list-style-type: none"> • The balloon may not have enough water. • The skin may have become infected, particularly if the area has not been cleaned and dried properly. 	<ul style="list-style-type: none"> • Add additional water to the balloon. • A barrier cream may need to be applied to the skin. • A steroid/antibiotic cream may need to be applied to the skin. • Speak to your nurse for advice on how to obtain creams for skin.
Vomiting and diarrhoea.	<ul style="list-style-type: none"> • May be caused by bacteria which could have been prevented with good hand washing and clean equipment. • Feed may have been given too quickly or the volume may have been too large. Gradually build your child's feed up to right amount. 	<ul style="list-style-type: none"> • Always maintain high standard of hygiene with feed and equipment. • Contact your CCN or dietitian for further advice. • Give the next feed more slowly. • If necessary, give smaller feeds more often.
Coughing.	<ul style="list-style-type: none"> • May be caused by reflux. 	<ul style="list-style-type: none"> • Feed may need to be stopped until your child recovers. • Discuss with your doctor or nurse. Medication or change of feeding regime may be needed.
Seizures.		<ul style="list-style-type: none"> • Stop the feed until your child recovers.

Useful contacts

- Community Children's Nurses: 0118 3227532
- Children's Ward RBH: 0118 322 8079/8075
- Children's A&E: 0118 322 6875
- Abbot Hospital to Home: 08000 183799
- Community Dietitians: _____
- Hospital Dietitians: _____

Royal Berkshire NHS Foundation Trust
London Road
Reading RG1 5AN
Telephone 0118 322 5111
www.royalberkshire.nhs.uk

This document can be made available in other languages
and formats upon request.

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