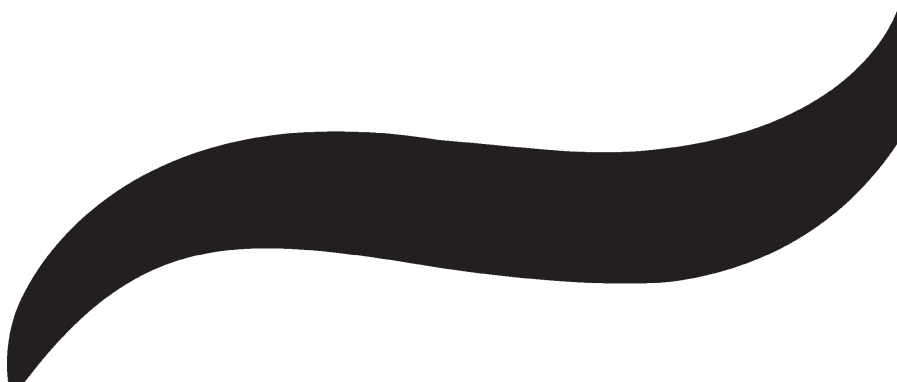




Balloon Gastrostomy Guide

Information for patients



GASTROSTOMY FEEDING

You are currently unable to take enough food and fluid by mouth to meet your nutritional needs or you may be unable to take any food or fluids by mouth at all. The gastrostomy feeding tube will help you to meet your nutritional needs by feeding you directly into your stomach.

Gastrostomy tubes are used for longer term feeding; lasting more than four to six weeks.

- ❖ These gastrostomy tubes can last between three to six months.

BALLOON RETAINED GASTROSTOMY TUBE

- ❖ Balloon Gastrostomy tubes can be used to replace the initial PEG tube or may be a primary tube.
- ❖ A water filled balloon holds the tube in place in your stomach.
- ❖ The amount of water in the balloon should be checked weekly. Your district nurse can do this for you or if you prefer you or your carer may be trained to do this.
- ❖ The balloon valve will have the amount of water required to be administered written on it.
- ❖ Use cooled boiled water to fill the balloon.
- ❖ Whenever the balloon is checked or your tube is replaced it is important to check the tube is still in your stomach. This can be done by drawing out a small amount of stomach contents and testing this with pH paper. Your district nurse may do this or train you or your carers how to do this.

A pH of 5.5 or below indicates the tube is in your stomach.

- ❖ Your tube will require to be changed every 4-6 months. The replacement can be carried out in your own home by the Feeding company nurses or community nurses or may require to be done in the hospital. You should have been given a spare balloon gastrostomy tube, please keep this to hand for the person attending your home to replace the tube or take it to hospital if you have attend there. Please always ensure you have a spare tube at all times.
- ❖ In preparation for the tube replacement you should remain nil by gastrostomy/nil by mouth. This means no feed for four hours and no fluids for two hours before the tube replacement takes place.

Stop feeding and contact your Healthcare professional immediately if:

- ❖ There is pain on feeding
- ❖ External leakage of gastric contents
- ❖ Fresh bleeding

CARE OF YOUR GASTROSTOMY TUBE AND STOMA

Effective care of your tube and stoma are vital for your well-being. The aim is to prevent your tube blocking, maintain a healthy stoma site and to prevent infection and breakdown of the surrounding skin.

Wash your hands thoroughly before and after handling the feeding system.

- ❖ Clean your stoma with mild soap and water, rinse and dry thoroughly.
- ❖ Loosening and rotating the gastrostomy tube 360 degrees (a full turn) daily helps prevent the build up of scar tissue.
However, if this is a primary (first) tube it should not be rotated for the first 14 days.
- ❖ Flush the tube regularly with cooled boiled water before and after the administration of feed to help prevent your tube blocking.
- ❖ If you give medication down your tube it must preferably be in a liquid or dispersible form, please discuss this with your pharmacist. Always remember to flush your tube before and after medication with 30-60 mls of cooled boiled water.
- ❖ If several medications are going down the tube, flush with at least 5-10mls cooled boiled water between each medication.

If your tube becomes blocked see troubleshooting guide.

TROUBLE SHOOTING GUIDE

(i) Problem	Possible Cause	Solution
Pain, vomiting and abdominal tenderness particularly during feeding.	<ul style="list-style-type: none"> ♦ Dislodged tube. 	<ul style="list-style-type: none"> ♦ Stop feeding immediately. ♦ Nil by mouth. ♦ Secure tube to abdominal wall and contact your Health Professional.
Tube will not flush.	<ul style="list-style-type: none"> ♦ Clamp still on. ♦ Incorrect sitting/lying position. ♦ Tube blocked. 	<ul style="list-style-type: none"> ♦ Check clamp is open. ♦ Change sitting/lying position. ♦ Try flushing tube with 60mls of warm water. If this doesn't work, try flushing with soda water. ♦ Avoid using cola drinks and fruit juices. ♦ You can try this several times. ♦ Using a push/pause type of motion when flushing water with the syringe you may be able to displace any debris. ♦ If all of the above are unsuccessful contact your feeding company nurse or health professional.

Problem	Possible Cause	Solution
Gastrostomy tube is loose.	<ul style="list-style-type: none"> ♦ External fixator may have moved. 	<ul style="list-style-type: none"> ♦ Tighten back to original position - 2mm from skin.
Gastrostomy tube falls out.	<ul style="list-style-type: none"> ♦ Accidental removal ♦ Balloon failure 	<ul style="list-style-type: none"> ♦ Stoma site will heal/close within two to four hours. The stoma site must be kept open if possible. If the tube is still in place do not remove it and secure in place. Arrange for tube to be replaced as soon as possible. If you have a spare tube or an Enplug this can be inserted into the stoma to prevent the stoma closing. for more information see page 9. Do not use the tube for feeding. Please contact your feeding company nurse or district nurse to confirm the tube is in the correct place before use. ♦ Arrange for tube to be replaced as soon as possible. Contact your health professional.
Gastro-intestinal (GI) problems such as nausea and vomiting.	<ul style="list-style-type: none"> ♦ Feeding regime not tolerated. ♦ Symptoms of underlying condition. 	<ul style="list-style-type: none"> ♦ Ask dietitian to review feeding regime. ♦ Consult GP. ♦ Reduce rate of feeding
Diarrhoea.	<ul style="list-style-type: none"> ♦ Medication ♦ Feed not tolerated. ♦ Underlying condition 	<ul style="list-style-type: none"> ♦ Ask GP to review medication. ♦ Ask dietitian to review feed. ♦ Consult GP.

Problem	Possible Cause	Solution
Constipation.	<ul style="list-style-type: none"> ♦ Not having enough fluid. ♦ Not having enough dietary fibre. ♦ Medication 	<ul style="list-style-type: none"> ♦ Ask dietitian to review fluid regime. ♦ Ask dietitian to review feed. ♦ Ask GP to review medication
Gastric Reflux	<ul style="list-style-type: none"> ♦ Incorrect sitting/lying position. ♦ Feeding regime not tolerated. 	<ul style="list-style-type: none"> ♦ Change sitting/lying position, ensure a semi - upright position of at least 30-45 degrees. ♦ Ask dietitian to review feeding regime.
Redness/oozing/bleeding around the stoma site.	<ul style="list-style-type: none"> ♦ Irritation due to leakage. ♦ Inward movement of feeding tube. ♦ Friction caused by clothing or fixation device. ♦ Infection. 	<ul style="list-style-type: none"> ♦ Ensure the fixation device is correctly positioned. Approximately 2mm from skin surface. ♦ If the feeding tube has been pulled into your stomach, gently pull back out to original position. Approximately 2mm from skin surface. ♦ If there is any sign of irritation or infection contact District Nurse or GP for advice.
Coated (white/black)/lumpy tube	<ul style="list-style-type: none"> ♦ Fungal infection, for example, Candida. 	<ul style="list-style-type: none"> ♦ If there is any sign of infection contact District Nurse or GP for advice.

INSTRUCTIONS ON USING YOUR SYRINGE

- ❖ The syringes you have been given can be reused for up to seven days.
- ❖ Clean your syringe straight after use
- ❖ Fill a bowl with hot soapy water
- ❖ Clean the end of the syringe by drawing the water in and out through the syringe until all traces of food or medicine are removed from the tip.
- ❖ Separate the two parts of the syringe and wash them.
- ❖ Then rinse them in water under the cold tap.
- ❖ Shake off the excess water and dry with a clean paper towel. Tapping the end of the syringe on a clean paper towel will dislodge any water that maybe still in the tip of the syringe.
- ❖ Store the syringe, still separated in a clean dry container.
- ❖ Put the syringe back together when you need to use it.
- ❖ You will usually be given one syringe for medicine and one for flushing cooled boiled water through your tube.
- ❖ If while you are using your syringe it becomes stiff or difficult to use, or if you can see any damage to the syringe or the markings become unclear you should throw it away and start to use a new one.
- ❖ If you use an extension set this can be reused for two weeks. Wash and store it in the same way as your syringes.

How to use a gastrostomy stoma plug (ENplug ™)

- ❖ You should have been given a pack of stoma plugs on or just after discharge. These are used in the event that your gastrostomy tube falls out as your stoma (the hole in which your tube enters your stomach) will close very quickly, normally within 1-3 hours. Placing the stoma plug within your stoma straight away will keep it open until a new tube can be inserted. Please always ensure you have a pack of stoma plugs. If you require a new pack contact your Dietitian.

- ❖ Stoma plugs are for emergency use only and should only be used if your stoma is more than 1 month old. If your stoma is less than 1 month old or you have any pain and/or bleeding at your stoma site due to the tube falling out then you should refrain from using the stoma plug and contact the person who is responsible for replacing your tube as soon as possible. If it is out of hours you will need to attend A&E and take your spare tube with you.
- ❖ If your stoma is more than 1 month old and there is no pain and/or bleeding you may insert the stoma plug by doing the following:
 - o Clean and dry your hands
 - o Clean and dry the area surrounding your stoma site in the usual way
 - o Start with an stoma plug that is the same size of the tube you had in (the colours indicate the sizes - please see the pack and the tube size should be documented on this booklet)
 - o Wet the stem of the stoma plug with cooled boiled water (or water soluble lubricant if available)
 - o Insert the stem of the stoma plug slowly and gently into the stoma tract. This is fully inserted when the head disk is flush against the skin
 - o If the stoma plug doesn't go in easily then attempt to place the next smallest size out of the pack and if required continue this until you have successfully placed an stoma plug in your stoma.
 - o If placement is difficult, painful or bleeding occurs stop and contact the person who is responsible for your tube placement or attend A&E.
 - o Secure the stoma plug with a plaster or tape
 - o Contact the person who normally replaces your tube to arrange to have your gastrostomy replaced.

TUBE INFORMATION

Type Tube:

Size Tube:

Date of Insertion:

Feed plan:

.....
.....
.....
.....

Additional water flushes

Before and after feed:.....

Before and after medication:

Dietetian:
.....
.....

Telephone Number:

Enteral Feeding

Company Number:

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