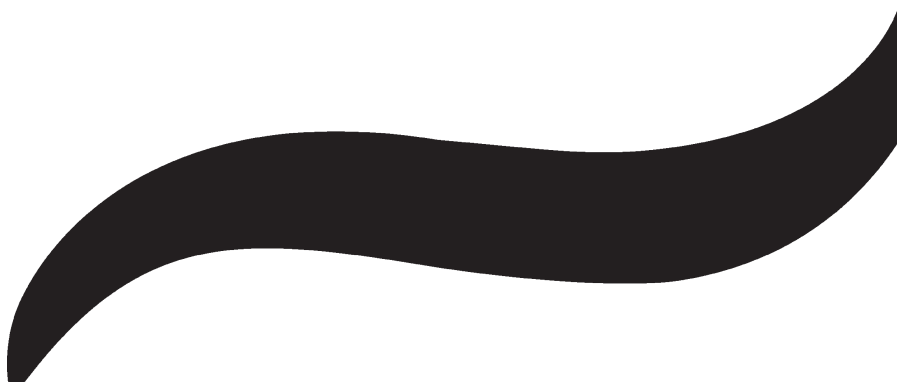




Balloon Gastrostomy Guide

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.

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 will 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 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.
- ❖ You should have been given a spare feeding tube, please keep this to hand for the person coming to the house to replace the tube or take it with you if you have been advised to attend hospital to get your tube replaced. If you do not have a spare tube please let your health professional know.
- ❖ These gastrostomy tubes can last between three to six months.
- ❖ 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.
 - ❖ 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
<p>Pain, vomiting and abdominal tenderness particularly during feeding.</p>	<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.
<p>Tube will not flush.</p>	<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 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
<p>Gastrostomy tube is loose.</p> <p>Gastrostomy tube falls out.</p>	<ul style="list-style-type: none"> ◆ External fixator may have moved. ◆ Accidental removal ◆ Balloon failure 	<ul style="list-style-type: none"> ◆ Tighten back to original position - 2mm from skin. ◆ 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. 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.
<p>Gastro-intestinal (GI) problems such as nausea and vomiting.</p> <p>Diarrhoea.</p>	<ul style="list-style-type: none"> ◆ Feeding regime not tolerated. ◆ Symptoms of underlying condition. ◆ Medication ◆ Feed not tolerated. ◆ Underlying condition 	<ul style="list-style-type: none"> ◆ Ask dietitian to review feeding regime. ◆ Consult GP. ◆ Reduce rate of feeding ◆ 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)/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.

TUBE INFORMATION

Type Tube:

Size Tube:

Date of Insertion:

Order code:

Feed plan:

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

Additional water flushes

Before and after feed:

Before and after medication:.....

Dietitian:

.....

.....

Telephone Number:

Enteral Feeding

Company Number:

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