



Pediatric Gastrostomy Guide for Parents



Your Child's Feeding Tube Information

Supply Company Name: _____

Supply Company Phone: _____

Tube Type: _____

Tube Size: _____

Tube Length: _____

Balloon Volume: _____

Feeding Regimen: _____

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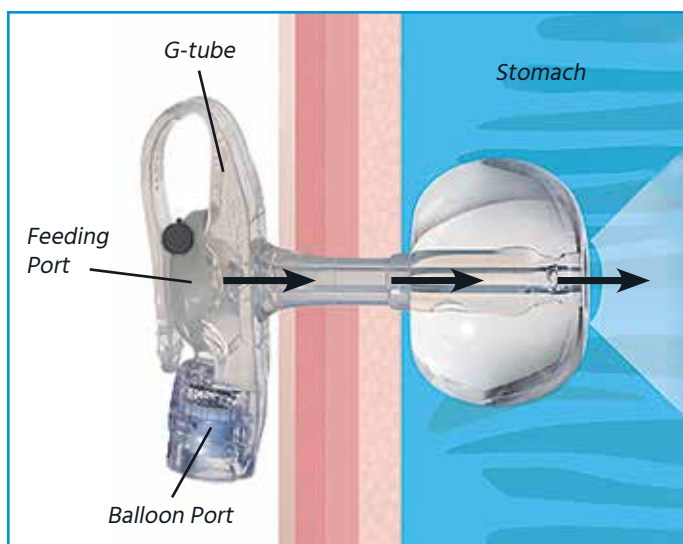
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What is a Gastrostomy Tube?

A Gastrostomy tube (G-tube) is an opening made through the wall of the belly area (abdomen) into the stomach.



G-tubes are used if a child cannot eat enough food by mouth to grow and develop. Some children will continue to eat by mouth even with a G-tube in place.



Types of Gastrostomy Tubes

We use several types of G-tubes at Ochsner. These include the **low profile button gastrostomy**, **traditional catheter gastrostomy**, and **gastrojejunostomy**.

Your child has a _____

Low Profile Button Gastrostomy

Low profile gastrostomy tubes are skin level G-tubes. This means they come out of the stomach and rest just above the level of the skin. These tubes are held in place by a silicone stopper or balloon inside the stomach.

Feeding

There are two types of feeding routines: bolus and continuous.

- **Bolus**, or intermittent, feeding allows nutrition to be delivered at a fast rate over a short time. This can be delivered by gravity or by a feeding pump.
- **Continuous** feeding allows nutrition to be delivered at a slow rate over a long period. This style of feeding is delivered by a feeding pump.

Gastrostomy tubes come with two external adapter tubes: a straight tube and a right-angle adapter. The straight adapter is used for bolus feedings. The right-angle adapter is used for continuous feedings. These adapters can be used interchangeably.



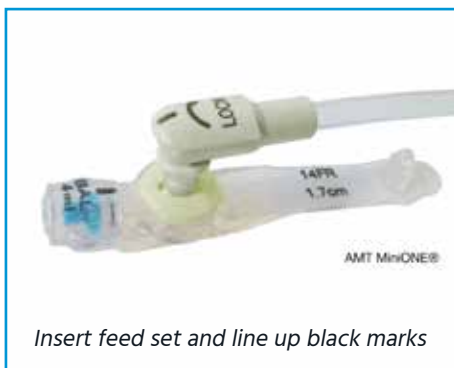
Non-balloon button G-tube



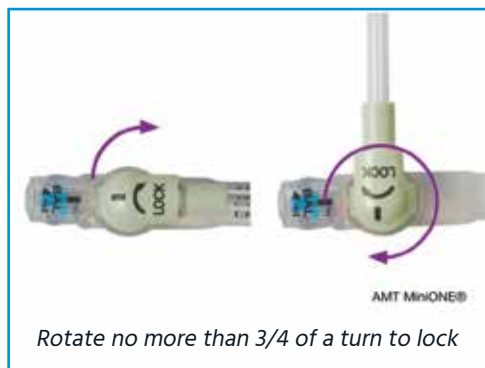
Balloon button G-tube



Hold button firmly



Insert feed set and line up black marks



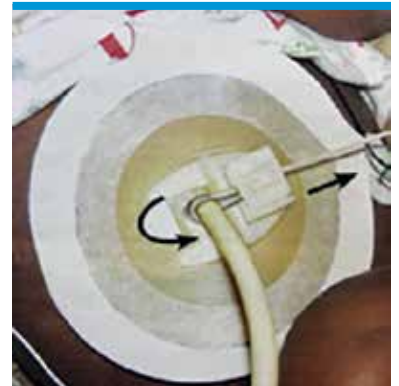
Rotate no more than 3/4 of a turn to lock

Traditional Foley or Malecot Gastrostomy Tube

Sometimes a soft, flexible rubber tube (foley catheter/Malecot) is used instead of a button. These tubes DO NOT require special adapters to give feedings. VTADs (Vertical Tube Attachment Devices) should be used to secure the catheter to the skin.

Feeding

- Attach a 60ml syringe to the end of the tube. Clamp the tube.
- Hold the syringe upright while pouring in breast milk or formula.
- Release the clamp and slowly pass the breast milk or formula into the stomach.
- You may need to start the feeding with a gentle push on the syringe plunger.
- As the syringe empties, clamp the tube and add more breast milk or formula until you have given the prescribed amount.
- Feedings may also be delivered by a feeding pump.



To prevent air from getting into the stomach, do not let the syringe run dry. There should still be a tiny bit of fluid left in the syringe.

Gastrojejunostomy Tube (GJ-tube)

Food is given into the small intestine (jejunum) by continuous drip. In general, these tubes are used for those patients who do not tolerate feeding directly into the stomach.

These tubes have two ports: one port goes into the stomach (gastrostomy) and the other port goes into the small intestine (jejunostomy).

Feeding

- Gastrojejunostomy feeds should always be given continuously by pump into the J (jejunostomy) port.



With all types of gastrostomy tubes, your physician will determine a feeding schedule that best fits your child's specific dietary needs.

General G-tube Information

Tube Care

- Wash the skin around the tube with mild soap and water 1 to 2 times per day. Gently remove any crusty drainage on the skin and dry well.
- Inspect the skin around the tube daily. Look for redness, swelling, tenderness, irritation, or thick drainage. It is normal to have a small area of redness or drainage.
- The best way to help prevent any skin breakdown is to keep the area clean and dry.
- If a VTAD is used, change it at least once a week and assess the skin underneath for any changes.
- **Button gastrostomy tubes** should be turned in a complete circle 1 to 2 times per day to prevent scar tissue from forming.
- **Gastrojejunostomy tubes (G-J tubes) SHOULD NOT be rotated.** This could kink the tube.
- Button G-tubes that have balloons should be changed every 3 months to prevent balloon breakage.



Tube Cleaning

After each feeding, wash all tube adapters and syringes in hot, soapy water. Rinse well and let them air dry.

Dispensing Medications

Before giving any medication, follow the steps below to first prepare the medication, then flush the port.

- Thick medications can clog the feeding tube. Dilute them with breast milk or formula before administering or as directed by your physician.
- If your child's medicine is in tablet form, crush it well and mix with breast milk or formula before giving it.
- Give all medications at the beginning of a feeding. The rest of the breast milk or formula can wash the medication out of the tube and into the stomach.
- To give a medicine, flush the medication port with 5-10 mL of water using a small syringe.
- Give one medicine at a time. Give the first medicine, then flush with water. Give the second medicine and then flush with water and so on.
- Flush the tube with water after giving last medication to help prevent clogging of the tube.
- **For babies, do not flush with water until directed by your physician.**

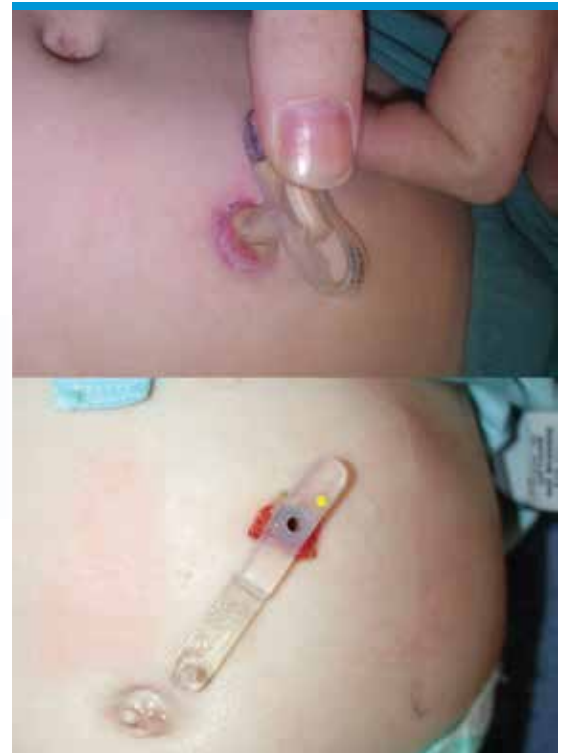
Granulation Tissue

Granulation tissue is the new tissue that forms as a wound is healing. It occurs as a response to friction from movement of the tube, pressure from the tube, or moisture in the area.

Granulation tissue is NOT an emergency.



If you are concerned about the appearance of the G-tube, remember that you can send your provider a photo on MyOchsner.



Supplies

The supply company will contact you at home or while you are still in the hospital. All home supplies will be sent home with you or will be sent directly to your home. The Social Worker/ Discharge Coordinator in the hospital will help make these arrangements. She/he will coordinate with a home medical equipment company near your hometown.

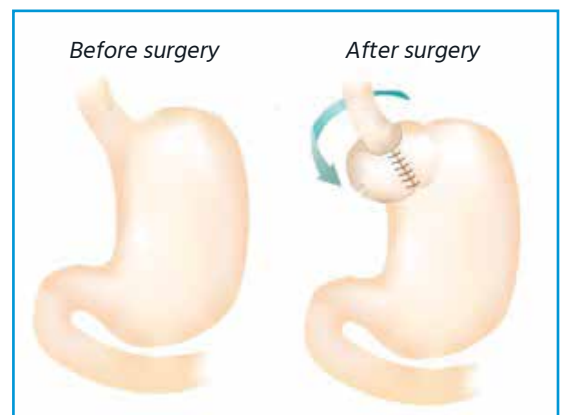
The supply company will coordinate with you when to reorder supplies.

Nissen Fundoplication

A Nissen Fundoplication is a surgical procedure that uses part of the baby's stomach and wraps it around the esophagus. Think of a scarf wrapped around the neck. The wrap creates a valve-like mechanism between the esophagus and stomach. This helps to decrease reflux. Reflux is when stomach juices slosh up into the esophagus.

Reflux can make your baby spit up often. It can also irritate the esophagus, lead to breathing problems (apnea), or cause milk and stomach juices to get into the baby's lungs.

This procedure is sometimes performed at the same time that the gastrostomy is placed. Your team will decide if a Nissen fundoplication is needed.



- Vent or decompress the stomach 1 or 2 times a day if your child has a Nissen.

Troubleshooting Common Problems

The G-tube falls out LESS than 6 weeks after surgery

This is an emergency! Go to the Emergency Room immediately to have tube replaced.

The G-tube falls out MORE than 6 weeks after surgery

Possible causes:

- The balloon holding the tube inside the stomach may not have the right amount of water in it.
- The balloon is broken.
- The tube is just dislodged / not in the right position.

The solution:

- If the tube is simply dislodged and you were trained on how to replace it, replace the tube immediately. Then place 4 to 6 mL of water in the balloon.
- If you have a traditional catheter or non-balloon G-tube, you can replace it then call the pediatric surgery clinic or go to the Emergency Room before the next feeding.
 - To do this, place a new catheter into the gastrostomy site in the abdomen then tape the tube to the abdomen.
- If you are unable to replace the G-tube or place a foley into the gastrostomy tract, call the pediatric surgery clinic. **The pediatric surgery clinic phone number is: 504-842-3907.** At night or on the weekend, please go to the nearest emergency room. If you have a back-up tube at home, bring it with you.

G-tube is clogged

Signs of clogging:

- You're unable to put breast milk, formula or medications through the tube
- You feel pressure or resistance when trying to flush water into the tube
- You cannot flush water into the tube.

Possible causes:

- Breast milk, formula and medications can clog the tube.
- This can happen more often if you are not flushing the tube with water enough. Remember flush the tube with water before and after all medications and bolus feeds. Flush with water once a day with continuous feeds.

The solution:

- Flush the tube with 10-15 mL of warm water.
- If unable to flush the G-tube, pull back on the syringe, hold for about 10 seconds, and then release the handle of the syringe. This can be repeated multiple times before attempting to flush the tube again with water.
- If the tube remains clogged, contact the pediatric surgery clinic.
- If your child has significant pain after attempting to flush the tube, go to the nearest Emergency Room.
- For babies, do not flush with water until directed by your physician.

G-tube keeps leaking

It is normal to have some leakage around the tube.

Possible causes:

- Sometimes the opening in the abdomen can become larger than the G-tube. This can happen if the tube has moved a lot or if the site has not healed well.
- Wrong size tube or button
- The balloon does not have enough water in it
- The tube is not in the proper position
- Other health conditions can increase the pressure in the stomach and increase the risk of leaking. Leakage is often due to slow emptying of the stomach.

The solution:

- Clean around the tube with a mild, scent-free soap and rinse the area with water. Pat it dry.
- Assure that the tube has 4-6 mL of water in the balloon and that it is in the proper position and not too loose.
- Zinc oxide paste can be spread on the skin around the tube. Place a single, split square of a non-adhesive gauze over the zinc oxide paste to keep the skin dry and protected. If the gauze becomes wet, replace it.
- If there is constant leakage coming from the tube and causing irritation around the site, contact your provider or send a photo on MyOchsner.

G-tube looks infected

It is normal for the G-tube site to have some redness or drainage, but if there is a large area of redness or swelling, it may be a sign of infection.

Signs of infection:

- Thick, yellow/green pus
- Foul-smelling discharge around site
- Temperature greater than 100.4 degrees
- Redness or streaking around and extending from the opening in the abdomen
- Swelling
- Pain/ tenderness around the tube

Possible causes:

- The skin can become irritated from the tube leaking
- Not cleaning the site well increases risk of infections

The solution:

- Clean around the tube with a mild, scent-free soap and rinse the area with water. Pat it dry. If the redness and swelling worsen, contact your provider.
- Remember, photos can always be sent to your provider on MyOchsner!
- If your child has skin changes around the opening and a temperature over 100.4, please contact your provider. Your child may need antibiotics.

Frequently Asked Questions

Can I hold my baby during the feeding?

Yes, you may hold your baby when you feel comfortable with feeding your baby by gastrostomy.

How can I relieve my baby's gas if burping is not helping?

Attach the syringe (without the plunger) to the decompression tube and insert the tube into the G-tube to expel gas. You can also leave the tube attached to the syringe and elevate it for 30-60 minutes. Do NOT leave the tube unattended. The baby can expel their feeding through the tube. Routine venting is not required, unless the patient has a Nissen, is ventilated, or has increased abdominal fullness.

When should I increase my baby's feeding?

Your doctor will tell you when to increase the feeding. Your baby should also be weighed once a week as feeds are initiated.

Is my baby able to swim and take baths?

Yes, when the site is completely healed (approximately 2 weeks) the G-tube may be submerged under water for brief periods.

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Blank lined area for notes.



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