

## Appendix 9 – Gastrostomy care

*Adapted from Chelsea & Westminster Dept. of Paediatric Gastroenterology advice sheets*

### IMPORTANT

- With newly inserted gastrostomies if there are leaks of fluid around the tube, or pain on feeding, or new bleeding, **stop feed immediately** and telephone 020 3315 8000 Bleep 4441 or 4448 for urgent advice.
- Always wash hands with soap and water or alcohol gel before and after handling the tube or feeds (please be aware that extra hygiene care must be taken with jejunal feeding).

### Corflo 12 Fr Gastrostomy - PEG (percutaneous endoscopic gastrostomy)



### Daily care

- Clean around the exit site of the stoma daily using water and a soft cloth—it is important that the area is dried gently but thoroughly.
- 7 days after the surgery - gently rotate the tube 360° daily.
- Tape the tube to the abdomen.
- For the first 3 weeks you should not fully immerse the stoma in water so a shower or very shallow bath is best.
- Check the area around the tube for redness, inflammation, swelling, irritation, skin breakdown, soreness or excessive movement of the tube—if you are concerned about any of these or there is a temperature or smelly discharge present please contact the hospital
- Change the position of the clamp on the tube regularly.
- Flush the tube before and after all feeds and medications with at least 10mls of water.
- Ensure all medications are in liquid form.
- Maintain oral hygiene with regular teeth brushing.

### Emergency care

- If the tube is pulled out a tube will need to be put in the stoma as it will close over in 1–2 hours.
- You have been supplied with a nasogastric tube - insert an inch length of this tube into the stoma and tape it down, then come to the hospital where a new tube can be inserted (there may be bleeding—if so place light pressure with a cloth at the exit site).

### Tube blockage

1. Warm water (meaning room temperature but not cold or hot water) in a large syringe flushing and aspirating back and forth.

2. Consider that the tube may be kinked so reposition and wait 30 minutes to allow for peristalsis in the small bowel and try step 1 again—it is worth during any of the unblocking stages to consider repositioning.
3. Warm water in a 2 or 5ml syringe applying gentle pressure while flushing then convert to a 20–50ml syringe and try flushing with the larger volume of water.
4. Try flushing with sparkling water 10–15mls in a 20–50ml syringe.
5. Use clog zapper as directed if works then flush with 30mls water.
6. Try clog zapper a second time and if successful flush with 30mls of water.
7. If any of the above fails, please contact your local hospital or visit A&E.

### **Stomach swollen and/or feels hard (venting or decompression)**

Some children suffer from trapped wind. This gas can be released by decompressing the stomach via the gastrostomy tube.

- Take a 50ml syringe, remove plunger and connect the syringe to the end of the extension set.
- Unclamp the tube to start the venting (removing air out of stomach) process—this can be done for up to 3 minutes.

### **Leakage from gastrostomy site**

- Try venting the stomach to relieve pressure.
- Clean and dry around the stoma site thoroughly.
- Cover with alleyvn or lyofoam dressing.
- If leakage persists and is starting to irritate the skin, try to apply orabase paste/cavilon sticks around the gastrostomy stoma to protect the skin and continue to cover with alleyvn or lyofoam dressing.
- If leakage persists, please contact your community team for assistance.

### **MINI Gastrostomy (Button)**



### **Daily care**

- Clean daily around the exit site of the stoma using water and a soft cloth.
- It is important that the area is dried gently but thoroughly.
- Gently rotate the tube 360° daily.
- Check the area around the tube for redness, inflammation, swelling, irritation, skin breakdown, soreness or excessive movement of the tube—If you are concerned about any of these or there is a temperature or smelly discharge present please contact the hospital.
- Flush the tube before and after all feeds and medications with at least 5–10mls of water (please use less if your child is fluid restricted).
- Ensure all medications are in liquid form.
- Change the water in the balloon once a week with 2.5mls of water.

- Maintain oral hygiene with regular teeth brushing.
- The extension sets will need to be changed every 2 weeks, please clean once every 24 hours.
- The mini button needs to be changed every 4 months—it your responsibility as a parent to inform the community nurse when this is due to be done.

### **Emergency care**

If the tube is pulled out a tube will need to be put in the stoma as it will close over in 1–2 hours. You have been supplied with a 10FR NG tube or 12Fr G-tube.

Please insert 1 inch or 3cm length of this tube into the stoma (gastrostomy hole) and tape it down—then come to the hospital where a new tube can be inserted. There may be bleeding—if so place light pressure with a cloth at the exit site.

### **Tube blockage**

1. Warm water in a large syringe flushing and aspirating back and forth.
2. Consider that the tube may be kinked so reposition and wait 30 minutes to allow for peristalsis in the small bowel and try step 1 again—it is worth during any of the unblocking stages to consider repositioning.
3. Warm water in a 2 or 5ml syringe applying gentle pressure while flushing, then convert to a 20–50ml syringe and try flushing with the larger volume of water.
4. Try flushing with sparkling water 10–15mls in a 20–50ml syringe.

If any of the above fails please contact your local hospital or visit A&E.

### **Stomach swollen and/or feels hard (venting or decompression)**

Some children suffer from trapped wind. This gas can be released by decompressing the stomach via the gastrostomy tube.

- Connect the feeding extension set to the stomach port.
- Take a 50ml syringe, remove plunger and connect the syringe to the end of the extension set.
- Unclamp the tube to start the venting (removing air out of stomach) process—This can be done for up to 3 mins.

### **Leakage from gastrostomy site**

- Try venting the stomach to relieve pressure.
- Clean and dry around the stoma site thoroughly.
- Cover with alleyvn or foam dressing—preferably non-adhesive foam dressings please.
- If leakage persists and is starting to irritate the skin, try to apply orabase paste/cavilon sticks around the gastrostomy stoma to protect the skin and continue to cover with alleyvn foam dressing.
- If leakage persists, then please contact your community team for assistance.

### **Discharge stock**

- X10—2.5ml clear syringes for the balloon.
- X2–3 mini extension sets.
- 12fr gastrostomy G-tube or 10fr and 12fr nasogastric tube.
- Roll of tape—micropore or mepore and gauze.
- Please ask the community team to give parents a spare mini gastrostomy tube of the child's size—for example 12fr x 2cm.

## Dressing Instructions

Post Insertion of surgically placed low-profile MINI gastrostomy button or MICKEY PEG-J tube with T-fasteners.



Primary Mini Gastrostomy Button



Primary Mickey PEG-J tube with T fasteners

## Routine Care

- Initial dressing to be done 3–4 days post insertion.
- Thereafter, dressing needs to be carried out once a week for another 4 weeks
- Please instruct community team accordingly.
- Child to be discharged with appropriate dressings and 2 feeding extension sets.

## Dressing instructions

- Change the water in the balloon every 2 weeks only when the T-fasteners are still in situ.
- Remove the old dressing, including disconnecting the feeding extension from the button.
- Clean the site using saline and gauze—please note to clean underneath the T-fasteners by sliding a wet gauze underneath the T-fasteners and moving the gauze sideways.
- Dry the site well including underneath the T-fasteners.
- Place jelonet or mepitel underneath each T-fastener only.
- Cut a medium size square amount of the alleyvn/foam dressing and attach this underneath the button. The foam dressing should be underneath the button and covering all the T-fasteners.
- Attach a new feeding extension and cover the whole dressing with IV 3000 (please note that part of the feeding extension is also covered with the IV 3000)—Up to 2 or 3 IV 3000 may be needed to secure the dressing.
- The T-fasteners usually fall off by themselves in the first 4 weeks—if the TT fasteners have not come off after 4 weeks they will need to be cut off (this is the same as removing sutures—community nurses are able to do this).
- The above dressing will still need to continue for up to 4 weeks even if all T-fasteners come off.
- After 4 weeks the water can now be changed in the balloon weekly—please refer to normal gastrostomy or PEG-J care after this.
- Please teach parent how to change the water in the balloon as they would not have done this - if you have any questions please contact the specialist nurse or the surgical team on 020 3315 8000 bleep 4988/4441 or 020 3315 8627.