

FREQUENTLY ASKED QUESTIONS

A Clinician's Guide: Caring for people with gastrostomy tubes and devices

ACI Gastroenterology and Nutrition Networks

The ACI released *'A Clinician's Guide: Caring for people with gastrostomy tubes and devices – From pre-insertion to ongoing care and removal'* in 2014.

These are answers to some frequently asked questions about gastrostomy tubes and devices and patient care drawn from the guide. Page numbers here refer to this document.

For more detailed information see the full document on the ACI website:

www.aci.health.nsw.gov.au/resources/nutrition/gastrostomy-tubes-and-devices/caring-gastrostomy-tubes

You can also read the supporting document *'A Clinician's guide: Caring for people with gastrostomy tubes and devices – Key Principles and Practice Points'* (December 2014).

Why would someone need a gastrostomy feeding tube or device?

A person may need a feeding tube or device if they are unable to eat and drink enough to meet their nutrition requirements. If this situation is expected to be short-term (less than four to six weeks), a nasogastric tube may be suitable. If it is expected to continue for more than four to six weeks, the person may require a gastrostomy feeding tube. (Refer to page 16)

What are the differences between gastrostomy tubes and low profile devices?

A gastrostomy tube is around 20 cm long with an internal retention device (an inflatable balloon or a soft disc known as a 'bumper') that sits inside the stomach and an external retention device (or 'flange') that rests on the skin. There is a capped feeding port at the end of the tube, and there may also be a medication port.

A low profile gastrostomy device consists of a short tube (1 to 5 cm) with an internal retention device on one end and a capped feeding port on the other end that rests flat on the skin surface. Low profile gastrostomy devices are often called 'buttons'. (Refer to pages 7–9)

Can adults have a low profile gastrostomy device?

Yes.

What is a PEG?

Percutaneous Endoscopic Gastrostomy (PEG) is a method of inserting a gastrostomy tube. A PEG tube is a gastrostomy tube that has been inserted endoscopically. *(Refer to page 17)*

When should a newly inserted tube or device be rotated?

Rotating standard gastrostomy devices (ballooned or non-ballooned) is encouraged 24 hours after insertion. This is unless the devices are sutured, anchored or if rotation is specifically contraindicated. Rotate the tube or device daily when the patient is comfortable and free of pain after insertion. *(Refer to page 27)*

Is a dressing around the tube required?

The use of dressings is not generally recommended. *(Refer to page 26)*

How often should a stoma be cleaned and what should it be cleaned with?

Daily cleaning with soap and water is recommended. It is very important that the stoma is dried thoroughly after cleaning. *(Refer to page 44)*

How long must I wait before using a newly inserted gastrostomy tube or device for feeding?

Adults can commence enteral tube feeding within two to four hours of the insertion procedure. With children, the recommendation is to start tube feeding four to six hours after the device has been inserted. *(Refer to page 29)*

Are water trials needed before starting enteral feeds?

There is no evidence to support the practice of water trials prior to starting enteral nutrition via the gastrostomy tube or device. *(Refer to page 29)*

Should enteral feeds be diluted?

Dilution of enteral formula is not required and may affect osmolality and delay achieving nutritional targets. *(Refer to page 30)*

What can be used to flush a tube or device?

Sterile water is recommended for water flushes in:

- patients who are immune-compromised
- patients in critical care
- children under 12 months of age in hospital
- cases in which the position of the tube or device is compromised (for example, suspected buried bumper).

Cooled boiled water can be used for flushing the tubes of children under 12 months of age who are being cared for at home.

Tap water is acceptable for use in all other patient groups, before and after feeds and the administration of medications. *(Refer to pages 30-31)*

Can all medications be given via the tube or device?

No. Only administer medications that are liquid, soluble, dispersible or crushable via a feeding tube or device. *(Refer to pages 32-34)*

How do I unblock a tube?

- Visually inspect the tube for mechanical occlusions.
- Massage the tube.
- Use an enteral dispenser of warm water and an aspiration flush (or 'push and pull') technique. Repeat the process as required. It may take several minutes.
- Cola beverages or acidic fruit juices are not recommended for unblocking tubes and devices.
- Acid, alkaline or enzyme solutions may be used to unblock a tube or device if flushing with warm water is unsuccessful. Advice should be sought from an experienced healthcare professional. *(Refer to page 49)*

How often does a gastrostomy tube or device need to be changed?

A gastrostomy tube should be changed only when clinically indicated. For example: when the tube or device has deteriorated; if the tube or device is blocking or leaking regularly, or causing stoma site complications; if the patient has gained weight; or if there are signs of incorrect fit of the tube or device incorrect fit, etc. *(Refer to page 57)*

Can parents, carers, ambulance officers or dietitians change tubes?

Yes. Parents and carers can change tubes or devices if they have been appropriately trained. Dietitians can change a tube or device if they have completed an approved, extended scope-of-practice training program. Extended care paramedics can also change tubes or devices. *(Refer to pages 13 and 58)*

When is a gastrostomy tract mature?

A gastrostomy tract matures at around six weeks post procedure. *(Refer to page 54)*

If a tube falls out, will the stoma close over immediately?

No, but a replacement tube or device should be inserted, ideally within two hours, otherwise the stoma will constrict, making replacement more difficult. *(Refer to page 56)*

Can a Foley catheter be used as a feeding tube?

Foley catheters are not recommended as long-term feeding devices. A Foley catheter may be used as a temporary measure to maintain the gastrostomy tract if the dedicated tube or device has been accidentally removed. *(Refer to page 54)*

What is the best way to decompress the stomach using a gastrostomy tube or device?

Attach the empty barrel of an enteral dispenser to the feeding port of the gastrostomy tube (or the extension tube of the low profile device) and raise it above the level of the patient's stomach, making sure any clamps are open. *(Refer to page 40)*

Common Questions Asked by Patients and Carers

Can I put blenderised (pureed) food down the tube?

We do not recommend giving home-made formula (including blenderised, pureed and vitamised food) via a feeding tube due to the increased risk of bacterial contamination and nutritional inadequacy. Patients or carers wishing to do this should get advice from a dietitian. *(Refer to page 30)*

Can I eat normally if I am also using a feeding tube or device?

Some people with a gastrostomy tube or device are also able to eat and drink. The medical team can advise on this. *(Refer to page 36)*

Can I go swimming with a tube or device?

Yes. People with a gastrostomy tube or device can swim once the gastrostomy site or skin wound has healed. Any ports and clamps should be closed; the tube or device should fit snugly and be secured well within the bathing suit or rash vest. *(Refer to page 36)*

Can I have a bath or shower with a tube or device?

Yes. People with a gastrostomy tube or device can shower from day one, but the gastrostomy site should not be submerged in water until it heals. *(Refer to page 36)*

Where do I get a replacement or spare tube or device from?

The nutrition support team will either:

- provide replacement tubes or devices
- arrange for patients to purchase replacements
- arrange replacement tubes or devices via Enable NSW (for eligible patients). *(Refer to page 57)*

When can the tube or device be removed?

Permanent removal of a gastrostomy feeding tube or device should be considered when the patient is clinically stable and able to consume adequate intake orally in order to maintain their goal weight and other nutrition parameters. *(Refer to page 60)*

About the ACI

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW.

Our Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate to develop successful healthcare innovations. We support the case for change using evidence, health economics and evaluation.

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