

QUICK GUIDE TO GASTROSTOMY FEEDING TUBES AND DEVICES

A gastrostomy feeding tube or device is one which has been inserted directly through the abdominal wall into the stomach. It is secured by an internal retention device (either a balloon or a soft disc known as a “bumper”) on the inside and a firm external retention device (known as a “flange”) on the outside.¹¹

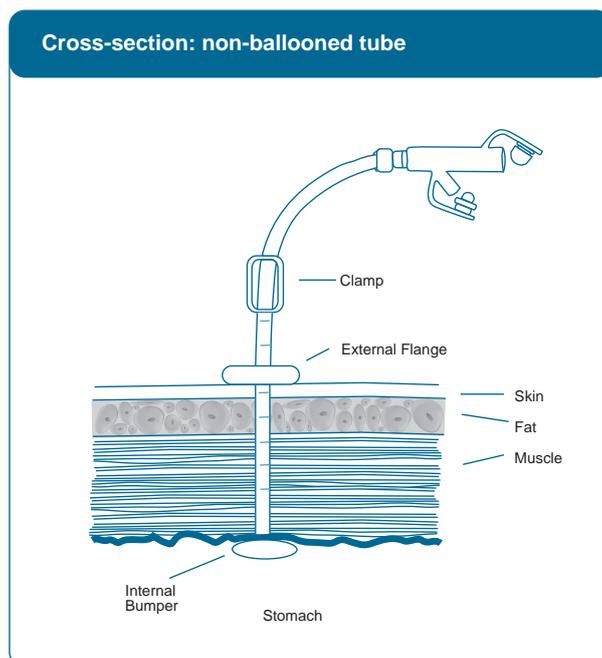
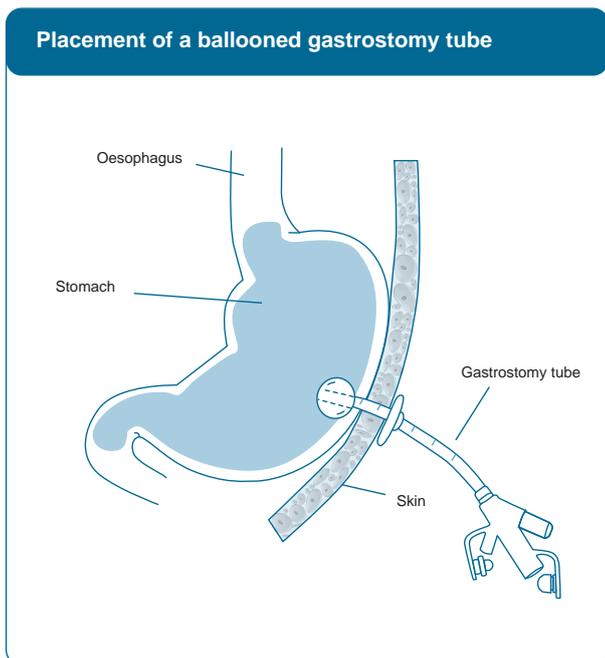


Photo: A Kennedy

Patient with a ballooned gastrostomy tube insitu



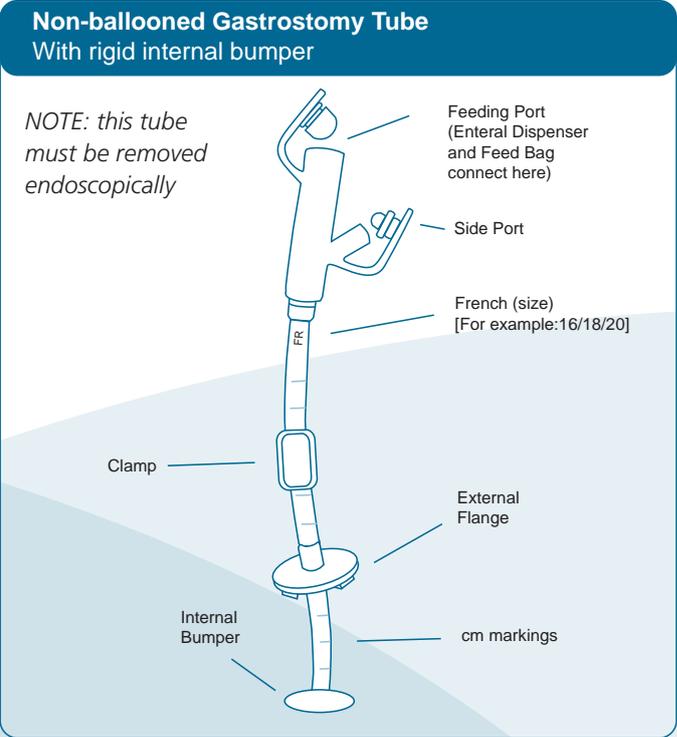
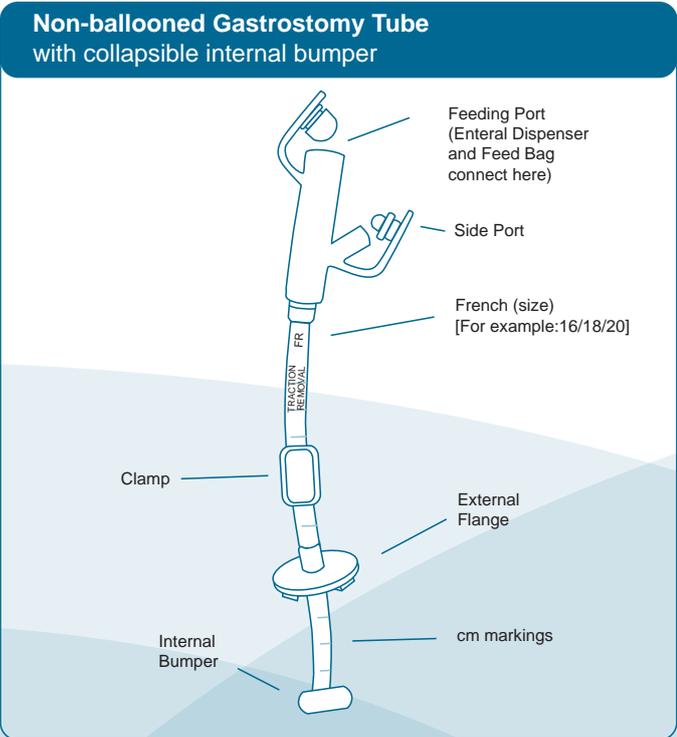
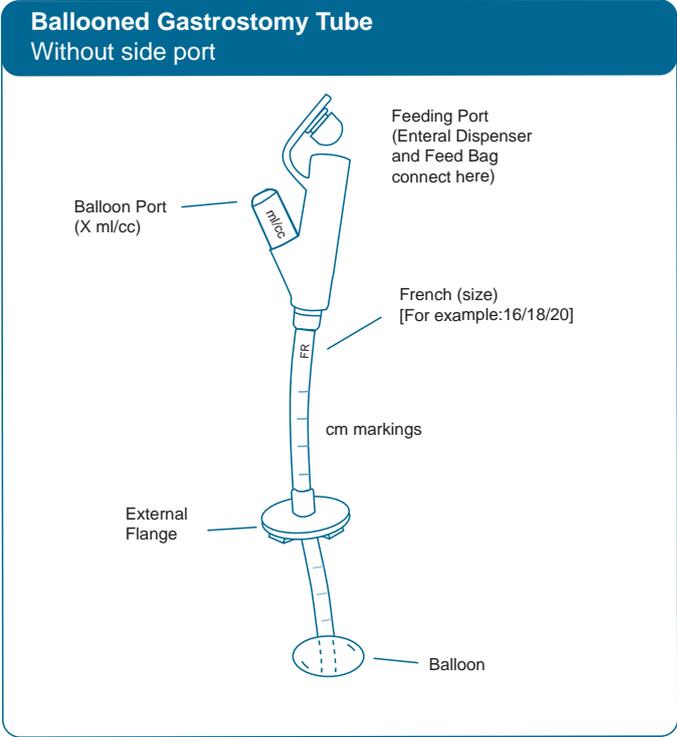
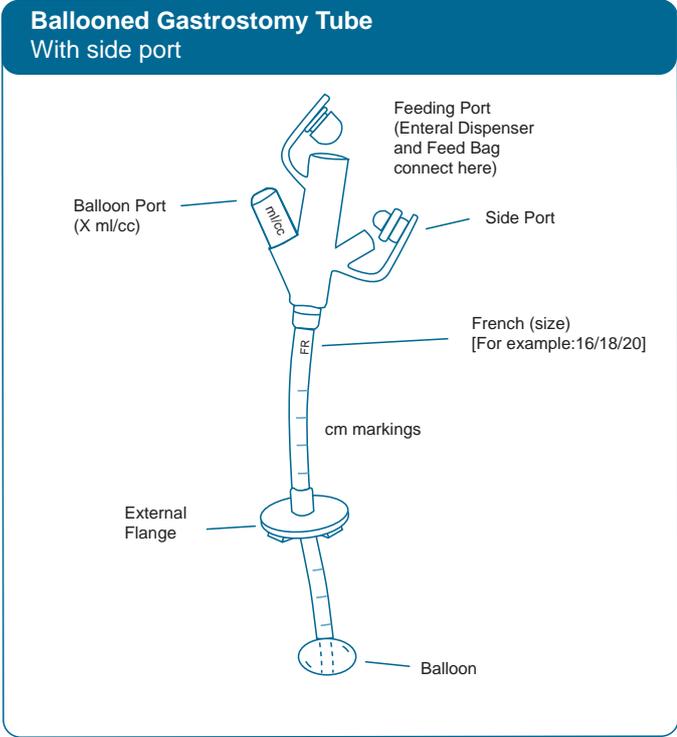
Photo: M Sutherland

Patient lying down with a non-ballooned gastrostomy tube in situ

See page 8 and 9 for a summary of the different types of tubes and devices you might see.

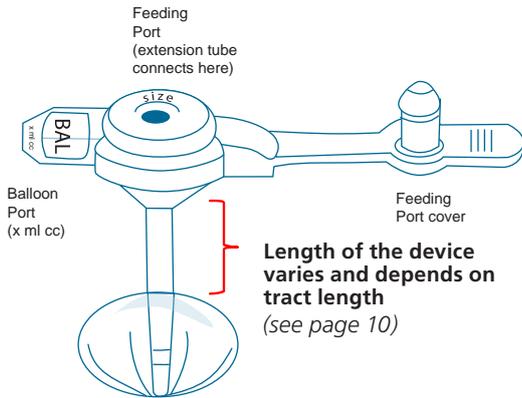
Common features of gastrostomy feeding tubes and devices include, but are not limited to:

Refer to manufacturer's guidelines for advice on brand specific tube and device features



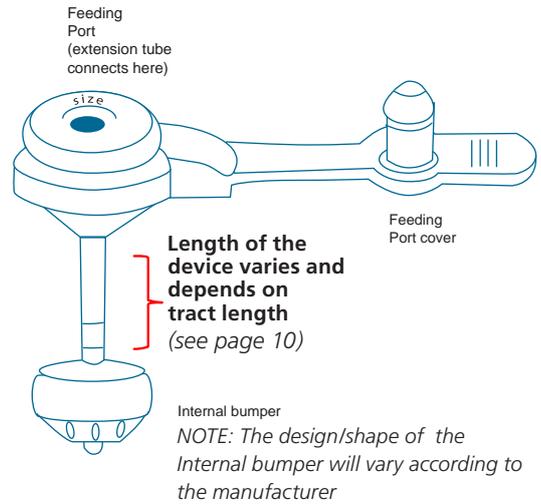
Low Profile (skin level) Gastrostomy Device With a balloon

Used with compatible extension tubes - see below.



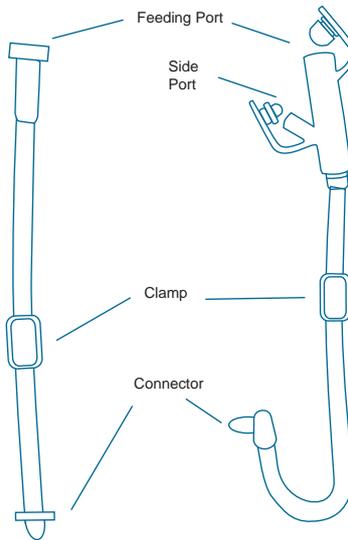
Low Profile (skin level) Gastrostomy Device Non-ballooned (obturator or traction removal)

Used with compatible extension tubes - see below.



Examples of extension tubes (used with compatible low profile device)

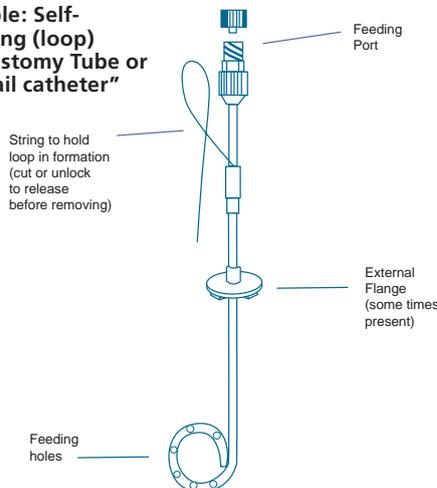
Bolus extension tube



Extension tube with right-angled connector (different lengths are available)

Specialised tubes and devices

Example: Self-retaining (loop) Gastrostomy Tube or "pig-tail catheter"



NOTE: New international design standards for medical device tubing connectors are anticipated to be released in 2014/2015 as part of a phased patient safety improvement initiative called "Stay Connected". The new design standard impacts connectors within the entire enteral feeding system, for example - the way a feeding tube or an extension set connects with the giving set.

For the most current information, visit: www.StayConnected2014.org

The initial gastrostomy tube or device may be placed endoscopically, surgically or radiologically.

The insertion of a gastrostomy tube or device is considered a relatively safe procedure for adults and children, depending on the underlying medical condition of the patient. The rates of complication with the formation of gastrostomy are estimated in the range of 8-30% depending how a complication is defined. ⁽⁶⁻¹⁰⁾ The rate of acute and severe complications such as perforation, serious abdominal haemorrhage or peritonitis requiring significant surgical intervention is less than 0.5%. ¹⁴⁻¹⁸ Consideration should also be given to the risks associated with sedation and anaesthesia.

Health care organisations providing care to patients with a gastrostomy tube or device should have local policies and guidelines in place to ensure best practice across the continuum of care including:¹⁹

- patient selection
- selection process for optimal access route where options available i.e. percutaneous endoscopic gastrostomy (PEG), laparoscopic or open gastrostomy or radiologically inserted gastrostomy (RIG)
- immediate pre and post gastrostomy tube/device placement guidelines (i.e. prophylactic antibiotics, oral care and wound care)
- education pre and post insertion
- systems for routine monitoring and review
- transition from paediatric to adult services
- termination of tube feeding.

Measuring the length of a stoma tract

- The length of the gastrostomy tract can be measured using the existing gastrostomy tube or a special “stoma measuring device” that is inserted into the stomach via the stoma.
- The length of the gastrostomy tract is the distance from the internal retention device to skin level (as measured by the centimetre markings) when the tube or measuring device is pulled gently to ensure the internal retention device is against the stomach wall.

See photos below



Measuring the length of the stoma tract



Post measurement – low profile gastrostomy device in situ

PHOTOS: A Kennedy