Gastric Fluid Leak

Some gastrostomy tubes and devices can leak intermittently. This isn't always gastric fluid and may not cause problems. However, this should be evaluated by a health care professional.

Common problems related to gastric fluid leak with possible causes and recommended options for management are included in *Table 12 below*.



Gastric fluid leak *PHOTO: A Kennedy*

Table 12: Gastric fluid leak

| Problem | Possible causes | Options for Management |
|-----------------------------------|--|---|
| Balloon is not inflated enough | Valve failure Pin-hole in the balloon Volume loss by osmosis Balloon inflation volume not as | Regular checking of the balloon fill and valve competency Refer to manufacturers guidelines Consider high volume balloon |
| Balloon rupture | Balloon inhation volume not as per manufacturers guidelines Accidental balloon over fill Inappropriate access to balloon port Age of device Yeast colonisation | Replace the device |
| Gastrostomy position | Product fault Site too close to the pylorus Conditions where the relative positions of the stomach and the stoma tract change (e.g. worsening scoliosis) | Review enteral tube feeding regimen - consider reducing volume and increasing bolus frequency or transition from bolus to continuous Review device type and consider change of brand or to a tube/device with different features of the internal bumper for less interference with the gastric outlet If not resolved, medical review; consider re-siting |
| Inadequate stoma seal | Weight loss or patient growth Poor device fit and/or correct device fit not maintained Movement of device by external forces (e.g. wheelchair straps, belts, clothing etc.) | Dietetic review and consider change in tube feeding regimen Assess stoma seal - review the fit and condition of the existing device. Consider over filling of the balloon within manufacturer's device specifications. Adjust or replace the device as appropriate Note the external flange should move away from the skin by a few millimetres when traction is applied to the device Patient/carer education |
| | Increased intra-abdominal pressure (coughing, straining to open bowels, retching) Infection | Medical review Manage constipation if present Consider venting of the gastrostomy (See page 40) |
| Poor gastric emptying | Gastroparesis associated with conditions including but not limited to Parkinson's disease, multiple sclerosis, diabetes mellitus, idiopathic. ¹⁴² | Consider regular prokinetics If not resolved, medical review; consider post-pyloric feeding.¹⁴² |