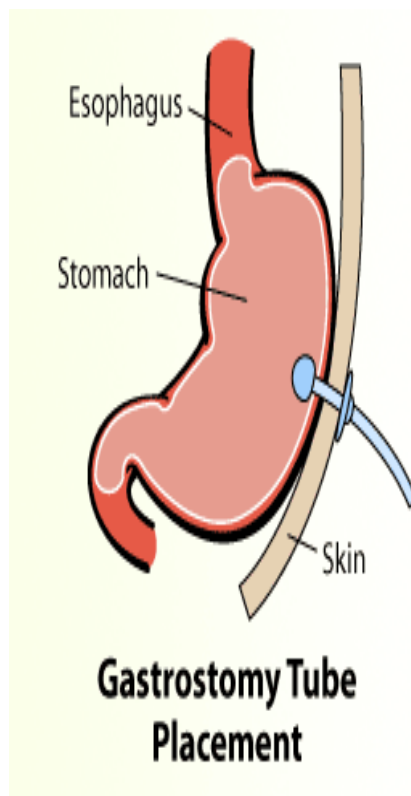


# Preparing & Caring for Your G-tube

## Your gastrostomy G-tube

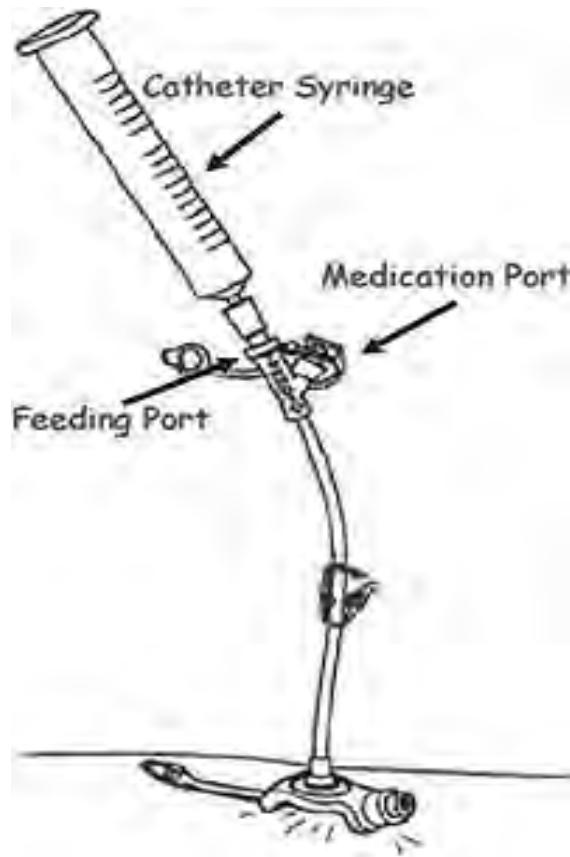
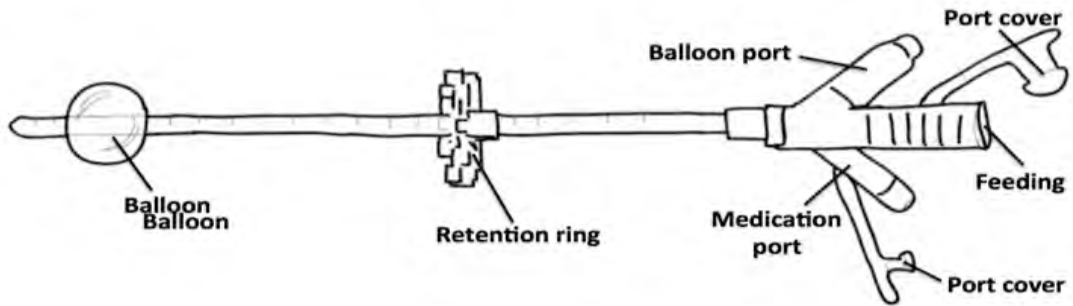
- A gastrostomy (stoma) is a surgical opening made through skin through the abdomen and into the stomach. A feeding tube (called a gastrostomy tube or G-tube) is placed through this opening.
- This allows food and medicine to be given directly into the stomach instead of through your mouth
- The G-tube can be permanent or temporary
- The G-tube is placed during an Upper Endoscopy in the hospital by a Gastroenterology Physician



## After your G –tube has been inserted

- Please do not shower for at least 24 hours after insertion
- No Bathing for 48 hours
- No Aspirin or Motrin type medications called NSAIDS for 24 hours
- Clear liquid diet today, then regular diet tomorrow
- Ok to take all other medications today with clear liquids
- Tylenol is ok to use for pain
- If there is excessive bleeding or pain, please call us immediately at (630) 717-2600
- Keep the area clean and dry
- Apply light dressing under bumper /retention ring as needed for drainage

## Getting to know the G-tube parts



## Taking your medications with a G-tube

- Do not take over the counter medication through your G-tube unless approved by your physician
- The liquid form of your medication is best if available at your pharmacy
- If the liquid form is not available, you must crush your Medications. Crush pills thoroughly, open capsules and dilute with water before administration
- If the letters “SR” appear after the drug name on the label, this indicates the medication is “sustained-release.” Do not crush these pills. Check with your pharmacist or nurse to be sure that your pills may be crushed and given at the same time
- Place your medication into the syringe
- Flush the tube with 20cc of water after giving your medication
- Some medications should be given with food; others on an empty stomach. Check with your physician



## G-tube site care

- The stoma (opening site) in the skin heals very slowly. Stabilize the tube from shifting or moving about can help healing and reduce pain. Careful skin care is imperative.
- Until the site is healed you should clean the area twice a day before a feeding and as needed if drainage occurs. Once healed you can clean the area once a day. Healing may take 4 - 8 weeks
- Follow these steps:
- Wash your hands well with soap
- Have the following supplies ready
  - Clean soft wash cloth
  - Cotton tip applicators
  - Mild hand soap
  - Dry towel
  - Gauze pad if needed
- Remove old gauze, if present
- Observe your site daily for redness, pain, swelling, or unusual drainage around the tube. A smear blood or clear yellow drainage is normal. If drainage is yellow, green or smells bad, call your physician
- Gently cleanse the site under the bumper using outward circles around the site using cotton type applicator and warm soapy water
- After cleaning, rinse the area around the site with water and pat dry
- Allow skin to air dry

## G-tube care

- Protect your G –tube
- Try to keep your tube stable so it does not shift. Movement can cause tube slippage, undue abdominal pain and prevent healing
- Place a piece of tape around the tube leaving a tape tag. Then attach a safety pin to the tag and then to your clothing. This may help stabilize the tube
- There are other devices available to hold your tube in place. Please ask your provider
- PEG tube CARE when not in use
- If you are currently not using your tube for feedings or medications, flush the tube with 20 cc of water daily
- Most G-tubes need to be in place for at least 4 months before it can be removed safely
- Call your GI physician to discuss discontinuance of your G- tube

## G-tube feedings

- There are several ways to give a G-tube feeding. DO NOT change your diet without consulting your physician
- Bolus feeding:
  - Feedings over a short period of time.
- Continuous feeding-
  - Feedings over a long period of time. A feeding pump is usually needed to allow a slow steady rate of nutrition.
- Checking for residuals (left over feedings in the stomach). This can be done before each feeding; ask your physician if this is necessary.
  - Attach the 60 cc Syringe with plunger. To feeding port. Pull back on the plunger gently. You should see some gastric juices (yellow-green fluid). This is normal stomach contents.
  - If you pull back over 30 cc of (feeding colored material) hold your next feeding for another hour. Gently push residual feeding back into your stomach.
  - If this occurs after two attempts call your physician.
- Ready to proceed:
- Set aside the entire amount of food needed for each feeding and supplies
- Attach a clean 60cc syringe to the end of your feeding tube port without the plunger or attach a feeding tube kit with bag.
- Begin by filling the syringe halfway with the required nutritional supplement; you may gently push with the plunger to start feeding.
- If you have a clamped tube:
  - Open the clamp slowly to adjust the speed of the feeding allow the feeding to flow by gravity. Do not hold the syringe higher than 6 inches above your stomach
- Your meal should last 45 minutes to an hour. It is important to sit up or prop your head up while receiving your feeding. If you choke or have difficulty breathing during a feeding, stop and call your doctor immediately
- When the feeding is done, fill the syringe or bag with 20 cc of water to flush the tube
- Cleaning your equipment
  - Rinse after each use
  - Use warm soapy dish soap, rinse and air dry on a clean towel
  - When dry store in clean covered container

## When to contact your physician & how to trouble shoot problems

If your G tube falls out	Contact our GI physician immediately and go to your nearest emergency room . The opening will not close up immediately, but a new tube should be place within 1-2 hours. Cover the stoma with a small clean dressing . Bring your g tube with you to the emergency room.
Redness, pus like drainage, or bad smell around the stoma	Clean the area with warm soapy water, let air dry, apply dressing underneath stabilizer, if this occurs frequently (more than twice within 2 hour time frame) CALL YOUR GI PHYSICIAN
Residuual more than 60cc before a feeding (as directed by your physician)	Check the residual again at next feeding. If it occurs more than twice in a row. Stop the feeding and call your GI physician.
Vomiting, upset stomach, Gas	Make sure your feeding is at room temperature. Give the feeding more slowly. If this continues call your GI physician.
Fever over 101 F	Call your physician.
Increased abdominal size	Leave the tube feeding port open to air to vent gas. Call your physician if the size of your abdomen does not decrease.
Leaking around the stoma (more than small amount) Leaking of feeding around stoma	Try and adjust the stablizer, apply dressing underneath, slightly reposition the stabilizer and tube if this persists call your GI physician.
Bleeding	Apply gently pressure with clean gauze for 5 minutes. If the bleeding continues call your GI physician.
Clogged tube	Check for kinks, closed clamps try to gently push feeding in with the plunger. Add warm water into the tube with plunger Try adding cola to the syringe an gently push with plunger. If you still cannot unclog it call your GI physician.
Redness or irritation around the stoma, soreness	Keep the dressing clean and dry. Change the hand soap you may be using and let the area air dry. Call your physician if worsens.
Tube breaks or cracks	Call your GI physician.
If you think your tube have moved ( longer or shorter than usual	CALL YOUR Physician Immediately to discuss.



## G – tube information

Your tube size and length	
Date it was inserted-	
Bolus feeding amount-	
Bolus feeding frequency	
After feeding	flush with 30 cc of room temperature water
If you need extra water	give ___cc , ___ times a day
Check for residual every day or as directed by your physician	If more than 60cc twice in a row, call your physician

Units of measurement:

1 ml = 1cc

1 fluid ounce = 1 ounce = 30cc

1 cup = 8 ounces = 240ml

Can of liquid food is measured in fluid ounces or milliliters