

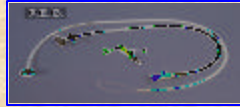
Top Ten List of ??s

- what kinds of tubes are there?
- how are they inserted?
- how do you prevent tube blockages?
- how do you unblock a tube?
- how common is skin irritation?
- what is granulation tissue?
- what is the difference between a “G tube” & “J tube”?
- what do you do if the tube falls out?
- who do you call for problems?
- where can I go for help?

Name That Tube

PEG (percutaneous endoscopic gastrostomy)

- this is the primary tube used for gastrostomies inserted via the endoscopic route
- the tube stays in place for at least 3 months, to establish the tract - this does not mean that the tube must be changed after 3 months
- the tube is removed under an anesthetic and replaced with one of the other feeding devices



MIC G

- this is a skin level device
- it is used when an open gastrostomy is performed or as a replacement tube
- the tube lasts for approximately 4-6 months



Bard Button

- this is a skin level device
- most often it is inserted into an established stoma
- insertion of this device may require anesthetic
- the tube lasts for approximately 12 months
- always make sure that the feeding and bolus adapters are the same size as the tube
- to decompress or drain the stomach you must use the decompression tube



MIC KEY (skin level device)

- this is a skin level device with a balloon
- this tube can be inserted laparoscopically or inserted into an established tract / stoma
- the tube lasts for about 4-6 months
- all the feeding adapters are universal and are changed on a monthly basis
- families can change these tubes at home



Jejunostomy Tubes

- this is a tube that facilitates feeding into the small intestine
- a gj tube is a tube that passes through the stomach via the gastrostomy into the jejunum - it is inserted by a radiologist - the tube is replaced every 4 months
- a surgical jejunostomy is a tube that is placed via an open surgical route (MIC) - this tube will last about 1-2 years and then needs to be replaced with a foley catheter with the balloon cut off (don't want to inflate the balloon in the jejunum)
- both the gj and the foley need to be well secured to avoid dislodgment
- a roux en y jejunostomy allows for a skin level device to access jejunum (in this case a balloon can be inflated)



Frequently Asked Questions About Tube Feeding

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Blocked Tube

Prevention is the key - flush, flush, flush

- if the tube is blocked - try mixing the powder of a cotazyme capsule ordered by physician with 325mg of sodium bicarbonate (1/2 tsp. of baking soda) & warm water - instill this solution into the tube - use a “push / pull” method to unblock tube
- repeat this procedure 2X - you can leave the instillation for 1 hour
- if unable to unblock the tube - a new tube may be in order

What is the difference between G & J

•a G tube is a gastrostomy tube - a tube that feeds into the stomach

•a J tube is a jejunostomy tube - a tube that feeds into the small intestine - this route is used for those who do not tolerate gastrostomy feeding due to reflux

- j tubes usually require a continuous feeding regime
- you can not bolus feed through a jejunostomy
- j tubes become blocked more frequently
- if a gj tube becomes blocked or dislodged - a Foley catheter should be placed through the stoma until the gj tube can be replaced. The tube (now a g tube) can be used for medications. If feeds are not tolerated via this route - an IV may need to be started until a radiologist is available to replace the gj tube (Monday - Friday 0800 to 1600 hrs)



Who to call for tube problems?

- if it is a new tube and there are surgical concerns the surgeon should be called
- if there is a question about tube placement - a surgeon should be called
- most children who are fed enterally have a pediatrician or an attending who plan care for the child - feeding and medical concerns should be addressed to this group
- the surgical nurse clinician, the clinicians at Sunny Hill or the gastroenterology nurses are most often involved with these children - they are available resources during weekday hours
- for dislodged gj tubes a physician must fill out a requisition for radiological replacement - this procedure is done Mon-Fri from 0800-1600
- a child with a feeding tube may require a variety of services - surgery, pediatrics, gastroenterology, physiotherapy, occupational therapy, nutrition services, child life and social work may need to be involved for equipment funding issues

What is Granulation Tissue?

- sometimes granulation tissue is called proud flesh
- it is the body's reaction to the tube, the body is “walling off” the tube
- this tissue produces a yellow, sticky drainage & is often itchy
- the tissue can be treated with silver nitrate or short term hydrocortisone cream



Irritation Around the Stoma



- the skin around the tube is often red or irritated due to leakage of gastric contents and/or movement of the tube
- creams & lotions are not necessary unless there is a problem
- sulcratef & desitin are often prescribed for “burned” skin
- cicatrin powder for wet and mucky skin
- hydrocortisone creams - sparingly only - may be used to help treat granulation tissue



What to do if the tube falls out



- if the stoma is newly formed (especially via the PEG route) a physician should reinsert the tube
- if the stoma is mature (more than 6 weeks old) a Foley, MIC G or MIC KEY can be inserted into the stoma - lubricate the new device with water soluble lubricant and insert about 5 cm into the stoma - inflate balloon (to 5ml) and secure with tape
- if gastrostomy was performed via the open surgical route or laparoscopically, there is less risk of improper placement of the replacement tube
- encourage families to always carry an emergency kit and appropriate feeding adapters for their tube
- if you are at all unsure of placement - do not feed



Available Resources

- Home Tube Feeding Manual
- BC Children's web site
- video on enteral feeding
- Home enteral feeding supply duotang
- surgical nurse clinician (7720)
- Sunny Hill clinicians (8280)
- GI nurses (2772)
- attending physician