Top Ten List of ?'s

•what kinds of tubes are there? •how are they inserted? •how do you prevent tube blockages? •how do vou 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 balloon type 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



Frequently Asked Questions About Tube Feeding

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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

•i tubes usually require a continuous feeding regime you can not bolus feed through a jejunostomy •j tubes become blocked more frequently ·if a gi 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 f or 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?

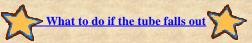
 sometimes granulation tissue is called proud flesh •it is the body's reaction to the tube, the body is "walling off" the tube

•this tissue produces a yellow, sticky drainage & is often itchv

•the tissue can be treated with silver nitrate or short term hydrocortisone cream



•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 •sulcrafate & 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



•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 laparascopically, 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



•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



MIC KEY(skin level device) •this is a skin level device with a balloon •this tube can be inserted laparascopically 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 gi 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 v jejunostomv allows for a skin level device to access jejunum (in this case a balloon can be inflated)



