

EURACARE

PATIENT INFORMATION FORM

GASTROSTOMY FEEDING TUBE

What is gastrostomy?

A gastrostomy is a technique in which a narrow plastic tube is placed through your skin and into your stomach. The tube can then be used to give you liquid food directly into your stomach to provide nutrition.

Why do you need a gastrostomy?

You may be unable to eat or drink enough to satisfy your nutritional needs or you may have a problem with swallowing which makes it unsafe to eat and drink. Having a gastrostomy will help to ensure that you get enough nutrition and fluids.

Are there any risks?

Gastrostomy is a safe procedure but, as with all medical procedures, there are some risks that can arise. In around 6% of procedures there is a leak around the tube which can lead to the skin around the tube becoming red, sore, and painful (localised peritonitis). To reduce the risk of bleeding during the procedure we will check your blood clotting before the procedure starts. The needle which is passed into your stomach, or the gastrostomy tube itself, may puncture the bowel. Occasionally the feeding tube may become dislodged or fall out and must be replaced. Occasionally it is not possible to position the tube in your stomach whilst in radiology and you may need to have a surgical operation. Please be assured that we take great care to reduce the chances of these complications occurring.

Who has made the decision?

The consultant in charge of your care and the interventional radiologist performing the procedure have discussed your case and feel that this is the best option.

Are you required to make any special preparations?

The procedure is usually carried out under local anaesthetic. You will be asked not to eat for four hours before the procedure, although you may drink clear fluids such as water if you are able. You will be given antibiotics. If you have any allergies or have previously had a reaction to the X-ray dye you must tell the radiology staff before the procedure.

Where will the procedure take place?

In the radiology department – in the Cath lab.

Who will be performing this procedure?

A specially trained doctor called a Radiologist. Radiologists have special expertise in using x-ray and scanning equipment and in interpreting the images produced. They need to look at these images while carrying out the procedure to make sure the tube is placed correctly.

What happens during the procedure?

A nasogastric tube will be inserted before the procedure. They will give you some x-ray dye down through the tube before the procedure so that the radiologist can see an outline of your bowel. You will lie on your back on the x-ray table. The radiologist will use x-ray and ultrasound to decide the best place for the tube. The nasogastric tube will be used to inflate and distend your stomach with air before making a cut (incision) over your stomach. The doctor will inject local anaesthetic into the skin on your stomach to numb the skin where the tube will be placed. The doctor will make 3 small

cuts in your skin to place sutures directly into your stomach. A fourth cut will be made in your skin to insert the feeding tube. The doctor will then insert the feeding tube through this cut and will be able to check that it is in the right position.

Will it hurt?

When the local anaesthetic is injected it will sting to start with, but this soon wears off, leaving the skin and deeper tissues numb.

How long will it take?

Expect to be in the department for about an hour altogether.

What happens afterwards?

Nursing staff will carry out routine observations including blood pressure and heart rate and will also check the tube site. You will stay in bed for a couple of hours. The nasogastric tube will be removed once feeding has started. It is normal for your stomach to feel a bit sore for a few days and you may have some discomfort and discharge at the gastrostomy tube site. The tube will stay in place until you can eat and drink safely and normally. You must always wash your hands before handling the tube or feeding equipment. You should clean your teeth regularly and use a mouth wash. Before leaving hospital, you will be shown how to use the feeding equipment. If you notice any leaks of fluid around the gastrostomy tube, pain when feeding, or new bleeding, you must stop the feed immediately and report to the nearest clinic. After 2-3 weeks when the gastrostomy tube site is fully healed you can bath or shower as normal.

Finally:

Some of your questions should have been answered by this leaflet but remember that this is only a starting point for discussion about your treatment with the doctors looking after you. Make sure you are satisfied that you have received enough information about the procedure.

Giving my consent (permission):

The staff caring for you will ask your permission to perform the procedure. You will be asked to sign a consent form that says you have agreed to the procedure and that you understand the benefits, risks, and alternatives.