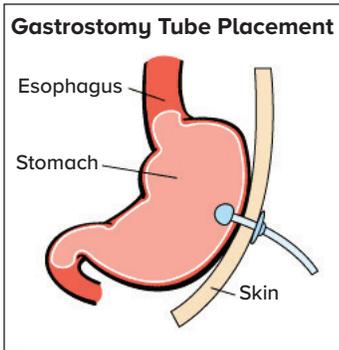




# Gastrostomy Tube Care (G-tube/G-J tube)

## What is a G-tube (Gastrostomy Tube/Button)?

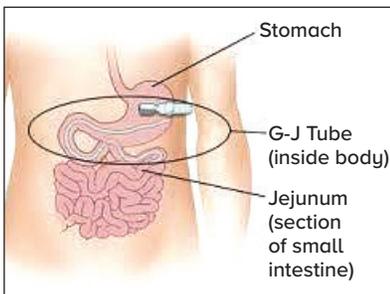


A gastrostomy tube, or “G-tube,” is a feeding tube that is placed by surgeons through the skin and directly into your child’s stomach. After recovering from surgery, the tube is used to give liquid food (formula or blended foods), liquids (such as water or Pedialyte) or medications directly into the stomach. These tubes are placed in children who have a hard time taking enough calories by mouth for appropriate growth, or who cannot take their required medications reliably by mouth.

A G-tube can be used to give “bolus” feeds (fast feeding rate, like normal eating to the stomach) or “continuous” feeds (slow feeding rate that is easier to tolerate for the small intestine but not as much like traditional eating). The type of feeding that will be better for your child will be determined through conversations with your child’s gastroenterologist and nutritionist.

The length of time that a G-tube remains in place is also determined through evaluations with your child’s gastroenterologist and nutritionist. If needed, a G-tube can remain in place for years, with occasional changes of the tube to adjust for your child’s growth. However, once your child’s caretakers decide it is no longer needed, the G-tube can be removed very easily in the office.

## What is a G-J tube (Gastro-jejunal)?



A Gastrostomy-jejunostomy tube or “G-J tube” is a feeding tube that has both a stomach portion and a small intestine portion. Like a G-tube, it is used when a child cannot reach his/her calorie goals when taking food by mouth. A G-J tube is designed with a long tube that extends through the stomach and into the small intestine (the jejunum) to allow liquid feeding to be placed directly in the small intestine. There is also a portion that stays in the stomach, which can be used for drainage of gas or fluid, or to provide medication that is best absorbed in the stomach. This type of tube is often used to replace an existing G-tube for children who are not able to safely get feedings into their stomach. This tube is often placed by a radiologist, who uses X-ray pictures to guide the long tube safely into the jejunum.

A G-J tube can only be used for “continuous” feeds (slow feeding rate that is easier to tolerate for the stomach) because the small intestine cannot handle large amounts of fluid quickly. You cannot give bolus feeds into the J-port of a GJ tube.

As with a G-tube, a G-J tube can be removed very easily when all of your child’s caretakers decide it is the best time to remove it.

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## How to Care for your child's Gastrostomy or Gastro-jejunal tube

Younger children can wear snapped bodysuits or onesies to protect the tube from being pulled out. Older children may use a binder, tube top or wide ACE Wrap snug enough to keep little hands from reaching under the binder, but not tight enough to exert excessive pressure directly on the tube.

There are some children who repeatedly attempt to grab or pull at the tube. An online search of "G-tube protective belt" will result in different kinds of protective belts that can be purchased. Please contact the child's insurance to determine if the cost of such a belt would be covered by the insurance plan.

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### DO:

- › [for G-tube only, NOT G-J tube] Gently **ROTATE** the G-tube ½ turn during routine daily hygiene.
  - › **CHECK SKIN** around the tube for redness, tenderness, irritation, drainage (yellow, green or foul smelling), or bleeding. These may be signs of skin infection. Some children develop a rim of extra tissue around the stoma (the hole through the skin into the stomach) that is moist, bright red and bleeds easily. This is called granulation tissue that is caused by friction/irritation at the site. This extra tissue is not painful but looks "angry" and can bleed easily. Contact your child's Healthcare Provider for evaluation of any of the above findings.
  - › **WASH** the skin around the tube (peristomal skin) with warm water and a small amount of gentle soap, using a washcloth or a cotton swab. Rinse the skin well. Gently pat the skin dry.
  - › **FLUSH** G-tube (and J-tube, if appropriate) and feeding extension tubing with 10-15 ml water before and after each feeding and medication administration, to prevent sticky build-up and clogging within the tubing.
  - › After each feeding and medication administration, **WASH** extension tubing with warm soapy water, rinse **very** well, and then allow the tubing to air-dry. These extensions are reusable.
  - › **ALWAYS REMOVE EXTENSION TUBING AFTER EACH USE:** By removing the feeding extension after tube feedings and medication administration, you help prevent accidental dislodgement of the G-tube or G-J tube.
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### DO NOT:

- › Immerse the stoma and tube in water **for the first week** after it is surgically placed. Sponge bathe the child for this first week. Children can swim after 3 months.
  - › Participate in activities where there might be a blow to the child's belly including contact sports or gym activity until approved by your child's surgeon or gastroenterologist.
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## How to change a G-tube

In general, routine G-tube changes are recommended every 3–4 months, and are arranged with Pediatric GI Clinic. It is recommended that **a spare G-tube kit** accompany your child wherever he/she goes away from home (school, camp, sleep-over, etc.), so it is accessible with the child.

If the tube becomes dislodged (falls out), or if it malfunctions, the spare can be replaced by a family member who has been trained and is comfortable with this procedure, or by a medical professional.

This spare tube should be provided and delivered by your child's home care equipment company (prescribed by your child's GI provider). However, it is the family's responsibility to call their home care equipment company to request a replacement G-tube kit when the spare G-tube kit has been used.

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**How to give Medications through a Feeding Tube:**

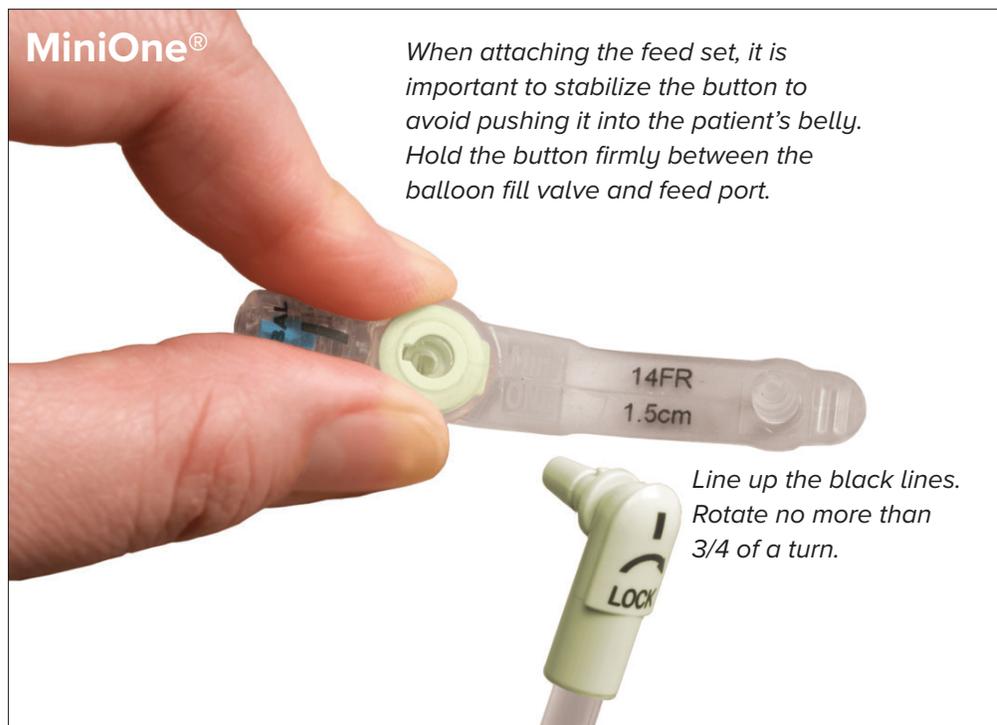
**Tablets or Capsules:** You should always check with your pharmacist or provider to make certain that if your child's medicine only comes in pill or capsule form, that it can be safely crushed. If safe, the medicine should be crushed by a pill crusher that can be purchased at a pharmacy.

Do not mix one medication with another unless you have checked with your child's nurse/doctor/pharmacist. Use the G-Tube extension tube when giving medication mixed with fluid through the tube. The crushed medicine should be mixed in enough water that it is thin, and flows easily through the syringe and extension tubing.

After the medicine is given, flush an additional 10–15 mL of water through the extension and G-tube to prevent clogging of the tube.

**Liquid Medications:** Always flush your child's tube before and after giving a medication with at least 5–10 ml of water. If giving sticky or extra thick medication, flushing with additional water may be needed. If your child is on a fluid restriction, check with your child's provider about the exact volume of water to use.

1. Pause the feeding pump if your child is receiving continuous feeds
2. Open the medication port
3. Flush the extension tubing with water
4. Push the medication into the small port
5. Flush the medication through with water
6. Close the medication port
7. Resume the feeding if child on feed



*continued*

For more information on the MiniOne® gastrostomy button go to:  
<https://www.appliedmedical.net/gi-products/minione/balloon/>

For more information on the G-Jet gastrojejunostomy button go to:  
<https://www.appliedmedical.net/gi-products/g-jet/>

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## TROUBLESHOOTING

**In case of LEAKING of formula around the G-tube:** Make sure that the G-tube balloon is inflated with the correct amount of water. The water can evaporate, loosening the seal with the skin, allowing leakage. The amount of water recommended to fill the balloon is printed on the balloon port of the G-tube and the G-J tube. Never fill the balloon with air. Tap water is used to inflate the balloon. Some people choose to use spring water or sterile water, but this is not necessary. You should check the amount of water in the balloon once or twice a week, and do this check on the same day(s) of the week.

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**In case of accidental DISLODGE MENT of the tube:** Cover stoma (hole) with a gauze, band aid or clean cloth. If tube has been placed surgically less than 3 months ago, you must have tube replaced by the Pediatric Surgeon (preferably) or by an Emergency Room Medical Provider. Within 1–2 hours, go to the Pediatric Surgery clinic (call ahead 617-636-5025), or the local emergency department (ED) if after 4 pm Monday–Friday, weekend, or holiday. The opening in the stomach (stoma) may close or get smaller quickly, so it is VERY important to seek medical attention QUICKLY. **Bring your spare G–tube kit** with you to the clinic or ED, or bring the OLD G-tube with you. If you do not have a spare G-tube kit, please bring the Foley provided at discharge. If the clinic or ED does not have the same size G-tube, they might temporarily place a catheter of the same size to prevent the stoma from closing, until the correct size G-tube can be located. (Call the facility ahead of time, if possible, to let them know the size tube that is needed).

If your child’s G-tube has been in place for more than 3 months, and you have been taught how to replace it, you can do this in your home setting. Always feel free to contact Pediatric GI clinic with questions or concerns 617-636-3266.

**G-J TUBES need to be replaced in Radiology, under fluoroscopic guidance. This would be arranged by the GI specialist, but is a condition that requires that you seek medical attention in GI clinic or the ED.**

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**In case of BLOCKAGE of G-tube:** Gently flush with 5–10 ml warm water. This may need to be repeated a few times. If you are unable to flush and the blockage continues, please contact your healthcare provider immediately. For the longer G-J tube, you may need to use more water to flush, approximately 20–30 ml warm water.

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**When to call your child’s doctor or nurse:**

- The tube is clogged and trouble-shooting as instructed above is not successful
- The skin around the site is red, swollen, warm to touch, or bleeding
- There is pus or drainage around the site
- Your child has fever of more than 101.5 and any of the above concerns
- The tube falls out and you cannot easily replace it
- Your child is missing feeds for any reason

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**How to contact your child’s care team:** **For problems that occur within the first month of G-tube placement:**  
*Monday to Friday from 8 am to 4:30 pm:*  
Pediatric Surgery clinic at Floating Hospital for Children: 617-636-5025

*Monday to Friday after 4:30 pm and Weekends/Holidays:*  
Call the Floating Hospital for Children/Tufts Medical Center Page Operator at 617-636-5114. Ask for the Pediatric Surgery attending on call.

**For problems that occur one month or more following G-tube placement:**  
*Monday to Friday from 8 am to 4:30 pm:*  
Pediatric GI clinic at Floating Hospital for Children: 617-636-3266

*Monday to Friday after 4:30 pm and Weekends/Holidays:*  
Call the Floating Hospital for Children/Tufts Medical Center Page Operator at 617-636-5114. Ask for the Pediatric GI attending on call.

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