



## Button (Gastrostomy) (GAS-STRAW-STOW-ME)

### CONTENTS

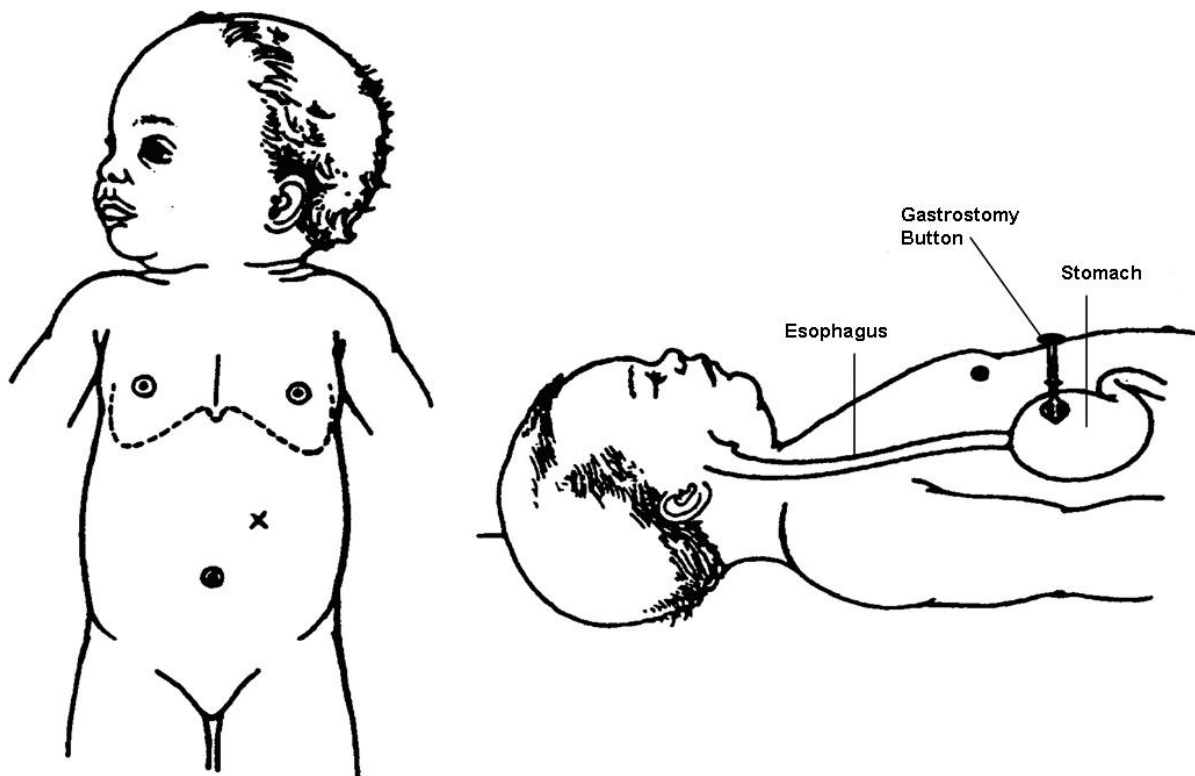
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- The Gastrostomy Button
- What Happens After Surgery
- Care of Gastrostomy Tube: Cleaning the Stoma (Opening)
- Feeding
- Giving Medications
- Complications
- When to Call the Doctor
- Safety Precautions
- Daily Activities

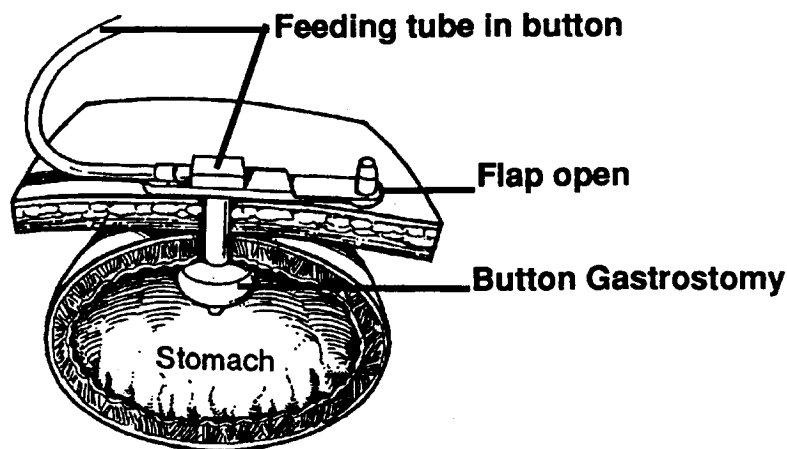
### THE GASTROSTOMY BUTTON

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- A Gastrostomy Button is a way to feed babies who are not able to suck or swallow enough for good nutrition. The baby may have a problem with his heart; esophagus; mouth – such as a cleft palate; may be on a ventilator for a long time; may not be able to suck and/or swallow well; or not be able to drink or eat enough formula or food by mouth.

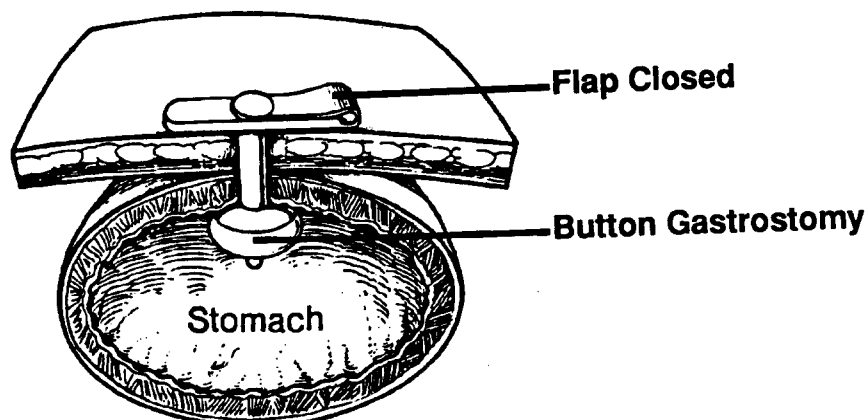


- A surgeon makes a hole through the skin on the baby's belly into the stomach. This is called a Gastrostomy and the opening is called a stoma.
- If an endoscope is used to guide the placement of the button, this is called a "PEG" (Percutaneous Endoscopic Gastrostomy).
- The button is used in babies who will need a gastrostomy for feeding for some time.
- The button has a one way valve inside that makes it difficult for milk to come out of the stomach and Button. This means that babies who have problems with gas may not do well with this type of gastrostomy.
- The button is kept in place by a bulb at the end which the doctor stretches out with a guide when it is inserted. The bulb is too big to fit through the opening in the skin.



**BUTTON GASTROSTOMY WITH FEEDING TUBE**

- A special tube is placed in the Button for feeding. It is removed and the outside flap closed after each feeding.



**BUTTON GASTROSTOMY WITHOUT FEEDING TUBE AND FLAP CLOSED**

### **WHAT HAPPENS AFTER SURGERY**

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- The button may not be used for about 24 hours or as long as your doctor feels necessary.
- The stoma may be weepy or bleed slightly the first day or two.
- Feedings may be started using the tube a few days after surgery.
- Feedings are started slowly.

### **SKIN CARE: CLEANING THE STOMA (OPENING) OF THE GASTROSTOMY BUTTON**

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Supplies: Soap and water  
Cloth to dry skin  
Cloth to wash skin

- Wash your hands.
- The stoma may be weepy or bleed slightly the first day or two after insertion. Clean the site outward in a circular motion with warm soapy water (do this 3 times or until area is clean). Infant may have a tub bath 5-7 days post-op with doctor's permission. Be sure the button is securely closed before putting your baby in the tub. Rinse well with plain water.
- Dry the skin well and leave open to air for about 15 minutes.
- Turn the Button in a complete circle each time you feed the baby the first 3-4 days after the button is placed, and after that, 1-2 times a day (or as recommended by the instruction manual or your baby's surgeon).

### **FEEDING**

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Supplies: Pacifier  
Breast milk or formula  
60ml catheter tip syringe  
Feeding set (adaptor)  
Tap water

- Warm all fluids given to the baby to room temperature.
- Make baby comfortable: change diaper; offer pacifier; place in infant seat, cuddle or place on right side with the baby's head elevated.
- Babies who need suctioning may be more comfortable if they are suctioned before starting feeding.
- Wash your hands with soap and water.
- Choose the correct feeding set for either bolus or continuous feeding.
- Open the flap in the top of the button and insert feeding adaptor. (The "MIC-KEY" device requires turning the adaptor to an open or closed position. See manual for specifics.)

### FEEDING CONTINUED

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- Open the clamp on the feeding adaptor/set.
  - Give the baby 3 to 5 ml (1/2 to 1 tsp) tap water so that you can check that the button is not blocked. Clamp the feeding set.
  - Attach the 60ml syringe to the feeding adaptor/set.
  - Pour the formula into the syringe. Unclamp the feeding set and let the feeding begin to flow. Hold the syringe 4 to 5 inches above the abdomen and let the feeding go in slowly by gravity over about 20 to 30 minutes.
  - To associate oral gratification with a full stomach, encourage infants to suck on a pacifier or thumb as feeding is given.
  - Add more formula as the syringe empties. Clamp the feeding set closed when adding more formula to prevent air from getting into the stomach. Do not let syringe run dry.
  - When the feeding is finished, flush the tube with 3-5mls (1/2 to 1 teaspoon) of tap water to clear it of formula. Disconnect the syringe and close the feed port.
  - Try to burp your baby (may not burp if a Nissen Fundoplication was done).
  - If your baby seems to have stomach discomfort or if the stomach appears to be enlarged and full, pass the decompression tube into the button. Attach a 60ml syringe barrel and hang above the baby for 20 to 30 minutes. This lets your baby “burp”.
  - After feeding, position your baby in the manner that is best tolerated.
  - Wash the syringe and feeding set with hot soapy water. Rinse completely. Let them air dry. Store on a clean towel.
  - **TUBE FEEDINGS ARE NOT TO BE HUNG OR LEFT UNATTENDED!!**
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### GIVING MEDICINE

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- Check with your baby's doctor about the route to give the medicine. Some medications work best if given by mouth and some work best if given by button. It does not matter which way some are given. Also check to see if medications should be given with formula or on an empty stomach and whether medications can be mixed.
- Wash and rinse hands.
- Draw up the medication(s) into a syringe.
- If the doctor wants the medicine given through the button, mix the medicine with 5ml (one teaspoon) of water.
- After the medicine is given, flush the tube with 5ml (one teaspoon) of water to be sure that all of the medicine went into the baby's stomach.

### COMPLICATIONS

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- If the gastrostomy button falls out accidentally, **DO NOT PANIC!** The hole will not close right away. Call the doctor at (860) 545-9520. A surgeon will be available ANY TIME!
- If your baby is vomiting, has diarrhea, a bloated stomach, or is more fussy than usual, this may mean:
  - You are feeding the baby too much or too fast.
  - The start of an infection.
  - Blockage of the tube.
- For bloating: The baby may need to "burp". Attach the decompression tube and a 60ml syringe without a plunger to the button like you do for feeding and hold the tube above the baby's stomach to let out the trapped air. Leave it open for 20 to 30 minutes. If the baby continues to be more fussy than usual and this does not work, then call the doctor.
- For tube blockage: Sticking of residue to the inside of the tube causes blockages. The residue may be from hardened stomach contents, medications and/or formula. Avoid this by flushing the button with tap water before and after each feeding. **CAUTION: DO NOT USE FORCE TO FLUSH THE BUTTON.** If the blockage does not clear, then call the surgeon.

### **CALL THE DOCTOR IF...**

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- Your baby has a fever.
- Residuals greater than 30ml (one ounce) or bloody residuals are seen.
- Stomach enlargement that is not helped by using the decompression tube for 1 hour.
- The button comes out.
- A lot of extra scar seems to build up around the stoma.
- Unpleasant smell or pus around the stoma, bleeding stoma, formula leaking around the button, rash, or a lot of redness on the skin around the stoma.
- Vomiting, diarrhea, constipation (no stool for more than 3 days), the baby is more fussy than usual.

### **SAFETY PRECAUTIONS**

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- Keep emergency phone numbers by all your telephones. Pediatric Surgical Group: (860) 545-9520.
- Keep an extra gastrostomy device at all times.
- Keep an emergency kit of supplies for travel with baby when you are gone for a long time.
- Teach other children not to pull on the gastrostomy button.
- Be sure you and everyone who cares for the baby knows CPR and emergency first aid for choking.

### **DAILY ACTIVITIES AND CONSIDERATIONS**

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- With your baby's doctor's permission, your baby may have a tub bath (once the incision has healed). Be sure the gastrostomy button is firmly plugged. The skin around the gastrostomy tube should be cleaned with soap and water in the tub. After the bath, dry area well. It is only necessary to do this once per day once healed.
- If your baby's mouth is very dry, you may want to gently wash his or her lips two or three times a day with clean water.
- Watch for early signs of dehydration (dry lips, fewer wet diapers, dark colored urine, crying that does not produce tears and irritability) and call your doctor for these symptoms.
- It is important to protect the button from accidentally being pulled out. Clothing such as "onesies" and one-piece outfits may help.