



Gastrostomy Tube (GAS-STRAW-STOW-ME)

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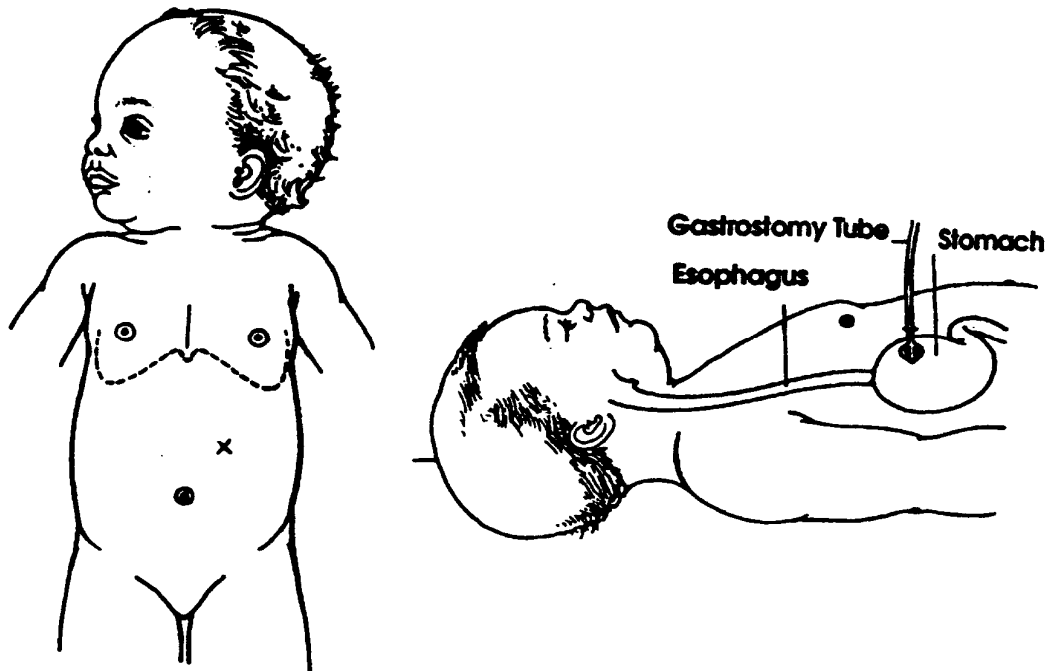
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WHAT IS A GASTROSTOMY

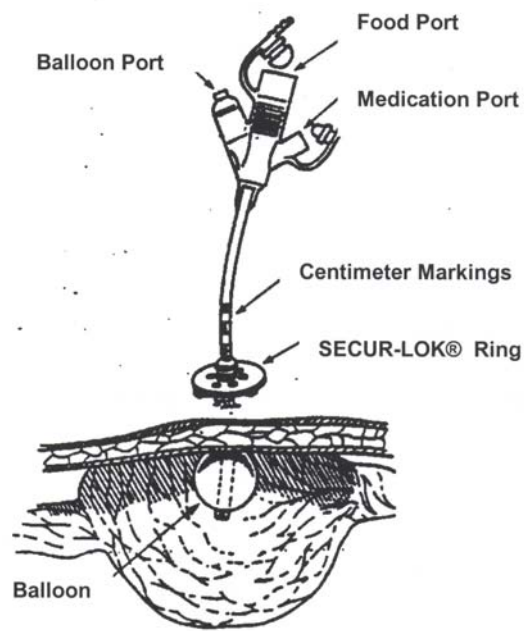
- A Gastrostomy Tube (GT) is a way to feed babies who are not able to suck or swallow enough for good nutrition. The baby may have a problem with his heard; esophagus; mouth – such as a cleft palate; may be on a ventilator for a long time; may not be able to suck and/or swallow well; or not be able to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



WHERE THE TUBE GOES



- 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.
- A tube is placed through the stoma (Gastrostomy Tube) and the baby can be fed through it.
- The tube is kept in place by a balloon filled with water.



WHAT HAPPENS AFTER SURGERY

- The tube is hung in the crib or isolette to “rest” for about 24 hours or as long as your doctor feels it is 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.

CARE OF THE GASTROSTOMY TUBE: CLEANING THE STOMA (OPENING)

<u>Supplies:</u>	Scissors	Cloth, gauze or q-tips to wash skin
	Soap and water	Cloth, gauze or q-tips to dry skin
	Tape	Small gauze

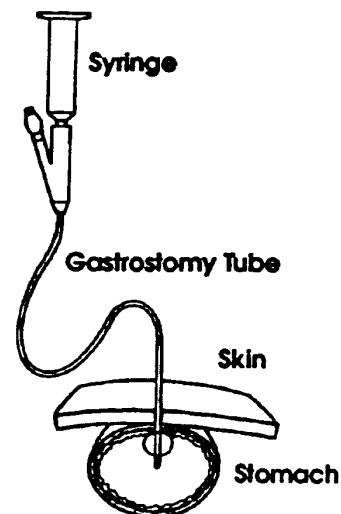
Gastrostomy Tube Dressing and Cleaning:

- Gather all the supplies you need before you begin.
- Remove the old dressing (if being used) and discard. The MIC tube does not need a dressing.
- Wash your hands!!
- Check the skin around the tube for redness, drainage, odor and/or swelling. Report any of these to your doctor.
- Wash skin around the tube (working from the inner area to the outer area of the GT site) using a q-tip, gauze, or washcloth moistened with warm soapy water. Use a circular motion and do this at least three times or until the area around the GT is clean.
- Using fresh q-tips, gauze, or a washcloth, rinse the area with plain water, using the same circular motion.
- Using fresh q-tips, gauze, or washcloth, repeat as above to dry the area well.
- Cut a slit on one side of the small gauze and slide the gauze around the tube if you have been instructed to do so.
- Secure the ring 3mm (should be the size of a dime laying flat) above the skin.
- Do not use any petroleum jelly (such as Vaseline®) or other petroleum based ointments around the GT sit unless specifically asked to do so by the surgeon.
- If tube leakage is suspected or if the doctor has asked you to, measure the amount of water inside the balloon. It is best to have someone to help you by holding your baby. To do this, connect a 6ml syringe onto the balloon port and withdraw the fluid, noting how much is there. Hold GT in place at skin level with your other hand to prevent accidental dislodgement! If the amount is less than 3ml, then fill the balloon with 3ml sterile water. Disconnect the syringe and check that the tube is secure.

FEEDING

Supplies: Pacifier
Breast milk or formula
60ml catheter tip syringe
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.
- Confirm that the tip of the tube is inside the stomach by finding the centimeter markings along the tube shaft. Look at the mark closest to the Ring and compare this with the recorded mark in the insertion information sheet. If tube slippage has occurred, see page 6.
- Remove the plug and attach a 60ml syringe.
- Your baby's doctor may ask you to check for formula left in the stomach from the last feeding (residuals). Do this by gently pulling back on the plunger in the syringe. Give this material back to your baby. DO NOT throw this away. It contains important nutrients. If more than 30ml (one ounce) of formula is present, call the doctor.
- Pinch the gastrostomy tube closed. Remove the syringe upright. Remove the plunger from the syringe and reattach the barrel of the syringe to the end of the gastrostomy tube.



FEEDING CONTINUED

- Pinch the tube closed. Hold the syringe upright about 4 to 5 inches above the gastrostomy.
- Pour the breast milk / formula into the syringe. Release the gastrostomy tube and let the feeding begin to flow.
- Encourage your baby to suck on pacifier or thumb as feeding is given. Use this time to interact with your baby.
- Add more liquid as the syringe empties. Pinch the tube closed when adding more liquid to keep air from getting into the stomach. Do not let the syringe run dry. The feeding should run in slowly by gravity. It should take 20-30 minutes to finish.
- When the feeding is finished, flush the tube with 3-5ml (one teaspoon) of tap water to clear it of breast milk or formula. Disconnect the syringe and close the feed port.
- Try to burp your baby (may not burp if he had Nissen Fundoplication).
- If your baby seems to have stomach discomfort or enlargement, holding the unclamped tube above your baby for 20-30 minutes may help. This lets your baby “burp”. Do not leave your baby alone.
- After feeding, you may continue to hold your baby, keep him/her in a seat, or place him in his usual position for sleep.
- Clean the equipment by washing the syringe with hot soapy water. Let air dry. Store on a clean towel.
- TUBE FEEDINGS ARE NOT TO BE HUNG OR LEFT UNATTENDED!

GIVING MEDICINE

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

COMPLICATIONS

- If the gastrostomy tube comes out accidentally, DO NOT PANIC! The hole will not close right away. (It may take three hours to close.) 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 be a warning sign that shows:
 - You are feeding the baby too much or too fast.
 - The start of an infection.
 - The blockage of the tube.
 - The tube has slipped too far into the stomach and is blocking the exit into the intestine.
 - Could be a result of formula change, medication change, or change in feeding routine.
- For vomiting and diarrhea: Check the tube to see if it is too far in the stomach. If it is too far in, gently pull back until you feel the balloon and secure with ring. If you cannot pull back, call the doctor right away.
- For bloating: The baby may need to “burp”. Attach a 60ml syringe barrel without a plunger to the end of the tube like you do for feeding and hold the tube above the baby’s stomach to let out the trapped air.
- For tube slippage (migration): If the balloon slips away from the inside stomach wall, it could cause an intestinal blockage. Pressure may build inside the stomach, causing leaking from the stoma or vomiting. Before every feeding, know the length of the tube that is outside the body. The tube number above the SECUR-LOK® Ring must be the same as the number written in the information section. If they are different, the tube must be readjusted. Wash and rinse the outside of the tube and both sides of the ring using warm soapy water. Remove any oil on the tube with alcohol if necessary. Pull the tube out of the stoma until the correct number is visible. Adjust the ring 3mm above the skin. The matching number must be above the ring. If the tube looks longer than usual, check the number above the ring. The balloon may have slow leak, allowing it to slide out of the stomach. Push the tube in 2-3 inches. Check the balloon volume. Return the tube and the ring to their original positions, then recheck the balloon volume in 2-3 hours. Call the surgeon if you think there is a balloon leak.
- For tube blockage: Sticking of residue to the inside of the tube causes blockages. The residue may be hardened stomach contents, medications and/or formula. Avoid this by flushing the tube with tap water before and after each feeding. CAUTION: DO NOT USE FORCE TO FLUSH ANY TUBE. THE TUBE MAY RUPTURE. IF THE BLOCKAGE WILL NOT CLEAR, CALL THE SURGEON.

CALL THE DOCTOR IF...

- Residuals (formula left in the baby's stomach between feedings) are bloody.
- The baby has a fever.
- Residuals are more than 30ml (one ounce).
- The stomach is enlarged and not helped by unclamping and hanging the tube for one hour.
- The tube comes out.
- A lot of extra scar seems to build up around the stoma and tube.
- There is an unpleasant smell or pus from around the stoma, bleeding stoma, formula leaking around the gastrostomy tube, rash, or a lot of redness on the skin around the stoma.
- Vomiting, diarrhea, constipation (no stool for more than 3 days) are present or the baby is more fussy than usual.

SAFETY PRECAUTIONS

- Keep emergency phone numbers by your telephone. Pediatric Surgical Group: (860) 545-9520.
- Keep an extra gastrostomy tube 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 tube.
- Be sure you and everyone who cares for the baby knows CPR and emergency first aid for choking.
- When the tube is not being used, keep it tucked inside clothing. Avoid clothing with a tight waistband that could pull on the tube. One piece outfits (such as "onesies") or overalls might work best.

DAILY ACTIVITIES AND CONSIDERATIONS

- With your baby's doctor's permission, your baby may have a tub bath once the incision has healed and no earlier than 7 days after surgery. Be sure the gastrostomy tube is firmly plugged. The skin around the gastrostomy tube should be cleaned with soap and water in the tub. After the bath, rinse and 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 concentrated urine, crying that does not produce tears and irritability) and consult doctor for these symptoms.
- Your baby may play and lay on his/her belly (when awake). It is important to protect the tube from accidentally being pulled out.