

Notes from the Gastro tube video  
Kelly Paul July 2009

**A. CLEANING THE SITE:**

It might be red and tender and may have dry, yellow crust.

**IMPORTANT**—Keep tension off the site and tape the catheter to the abdomen.

**THREE STEPS TO CLEAN**—1. Wash hands.

2. Prepare mixture of half water and half hydrogen peroxide.

3. Use solution to clean around the site  
With a Q-tip (gently loosen crust or drainage) and then dry gently.

Will see normal drainage for 2 to 4 weeks. Two weeks after surgery:  
Stop using hydrogen peroxide.

You can wash the area and pat it dry during normal baths.

**B. HOW TO VENT:**

For children with the Nissen procedure done: Before feeding and at least every 4 hours, you must provide an outlet for air with plunger for stomach contents through a decompression tube via a catheter tipped syringe without the plunger.

1<sup>st</sup> attach a 60 cc syringe into tube. Then, open device and insert decompression into device.

Make sure the decompression device is unclamped. Any excess air or liquid should escape through the tube.

**ALWAYS** return the stomach contents and flush with water and then remove tube.

**C. HOW TO CHECK FOR STOMACH RESIDUAL:**

Sometimes your child may need more time between feedings to digest their food. If so, the abdomen may swell and they may vomit. If this happens, check the amount of fluid that is present in the child's stomach before feedings. This fluid (acid and formula) is present in the child's stomach before feedings. This fluid which is acid and formula is the **FLUID RESIDUAL**.

**TO CHECK FOR RESIDUAL....**

Attach a 60 cc syringe without the plunger to the feeding tube.

Insert the feeding tube into the skin level device.

Make sure the feeding tube is unclamped.

Rolling your child to the side will help the residual to drain into the tubing.

If the residual is more than ½ of the amount of the child's previous feeding, then **WAIT** (the child needs more time to empty their stomach).

Then, recheck the residual level after 30 minutes before giving the next feeding.

Always return the residual fluid back into the stomach (to keep their electrolytes in balance).

Then rinse the tubing with water.

If swelling or vomiting continues, call your doctor.

Your child may need medicine to help.

**D. HOW TO PREPARE FOR FEEDINGS:**

You will get a feeding schedule, designated type of formula recommended via the nutritionist, and how much and how often to give formula.

**E. HOW TO GIVE BOLUS FEEDINGS. (This really doesn't apply to Jaiden but it may in the future).**

1. Vent any air or fluid with a decompression tube.
2. Attach syringe or pump tubing to feeding tube.
3. Pour amount of formula in bag or syringe and let the formula run all the way through the tubing.
4. Place feeding tube into the device.
5. Let the formula feed the child according to instructions.
6. Keep the head of the bed raised while feeding.

**F. Feeding with a continuous pump:**

1. Always vent with a decompression tube before feeding.
2. Follow your pump manufacturer's instructions for connecting the feeding bag and the feeding tube to the pump.
3. Close the clamp on the pump tubing.
4. Fill the feeding bag with formula.
5. Close and hang the feeding bag. **\*\*\*REMEMBER\*\*\*** Hang bag at least 18 inches above the pump.
6. Open the control clamp while holding the drip chamber upside down. Allow formula to rise above the tubing and then turn drip chamber.
7. Set the appropriate feeding rate. **\*\*\*REMEMBER\*\*\*** During feedings that last longer than 4 to 6 hours, you must add ice to the feeding bag's external pouch.
8. Change feeding bag daily.

**G. HOW TO GIVE MEDICATIONS:**

Dissolve 10 to 20 cc of warm water or formula if have to crush pills instead of using liquid meds.

**\*\*\*REMEMBER\*\*\*** Always flush tube with water between meds.

To give your child medication, open the safety plug on the device and attach to the bolus tube.

Unclamp the tubing and then inject the medication.

Next, flush with water and then clamp the tubing and close the port.

**H. WHAT TO DO IF GASTRIC TUBE LEAKS:**

First determine if the leak is around the tubing or from a broken valve within the tube.

**\*\*\*WHAT TO DO FOR A LEAKING DEVICE WITH A SOFT RETENTION DOME:** If the device has a soft retention dome and the device is leaking, call your doctor immediately.

This type of device must be replaced by a doctor.

Have the device replaced yearly or as your child grows.

**\*\*\*WHAT TO DO FOR A LEAKING DEVICE WITH A BALLOON\*\*\***

Sometimes water in the balloon evaporates or leaks and needs to be replaced.

Check the balloon and add the difference if needed. Normally, 3 to 5 cc of water is necessary to secure the balloon inside the stomach.

**\*\*\*REMEMBER\*\*\*** Never fill the balloon with air.

To increase the balloon volume, use 1 or 2 cc of water.

Never exceed 5 cc.

**I. HOW TO PROTECT THE SKIN IF A LEAK OCCURS:**

If a leak occurs, the area around the tube must be protected. You can use stomach adhesive powder to dry the area. Then, apply zinc oxide cream liberally.

Take the gauze pad sized 2x2 and fold in half placing folded edges against the device.

You can also cut the pad in half and place the pieces around the device.

To secure the pad, place the gauze to gauze only. **DON'T TAPE TO SKIN.**

**\*\*\*REMEMBER\*\*\***

Change the gauze when it becomes wet.

Keep the area dry and clean.

Acid reducing meds may be prescribed to promote healing.

**J. WHAT TO DO IF TUBE BECOMES CLOGGED:**

Occasionally the tube will get clogged by food or by medication.

**\*\*\*REMEMBER\*\*\*** Always flush the tube with 10cc of warm water after feeding and medication.

Diet soda or cranberry juice dissolves stubborn clogs.

Gently inject warm water and diet soda or cranberry juice allowing it to flow back out of the tube until the blockage is cleared.

**\*\*\*REMEMBER\*\*\*** Don't use pressure to clear the blockage.

Use water and vinegar or warm, soapy water to routinely clean the tubing.

**K. WHAT TO DO IF THE TUBE COMES OUT:**

If the tube comes out, it needs to be replaced immediately to prevent the opening from closing.

If the tube is a skin level device with a balloon, fill the syringe with 5 cc of tap water.

Connect the syringe to the balloon and push the water into the balloon. The balloon should inflate.

**\*\*\*IMPORTANT\*\*\*** if it does not, get a new device.

Next, remove the balloon and disconnect the syringe.

If needed, cleanse the area of the gastro site and pat it dry.

Insert the skin level device into the opening and fill the balloon with 3 to 5 cc of water.

After inserting the device, notify the doctor.

Your doctor may want to take an x-ray after you have replaced a skin level device.

**\*\*\*TO INSERT A FOLEY CATHETER\*\*\*\*** (This is if the skin level device falls out sooner than on month after initial gastro surgery)

To insert a foley catheter, fill the syringe with 5 cc of tap water.

Connect the syringe to the site port foley catheter and push the tap water into the balloon.

**\*\*\*IMPORTANT\*\*\*** if the balloon does not inflate, get another Foley catheter and disconnect.

If needed, clean the area and pat dry.

Use a water-soluble lubricant to wet the Foley catheter.

Water soluble lubricants are available at pharmacies and grocery stores.

Next, insert top of the catheter into the child's stoma about 1 inch past the deflated balloon. Fill the ballon with 3 to 5 cc of water.

**\*\*\*IMPORTANT\*\*\***

Don't allow the balloon to pass too deeply into the stomach (where stomach empties into the small bowel) this can be prevented by ensuring the balloon is tight against the stomach wall.

Pull gently on the tube feeling the balloon up against the wall of the stomach.

**\*\*\*REMEMBER\*\*\*** Plug the end of the catheter to prevent the stomach cotents from spilling stomach contents. It is necessary to tape the catheter to the abdomen to prevent the balloon from moving too far into the stomach.

Tape the catheter into an upright position without tension on the tube.  
**\*\*\*REMEMBER\*\*\*** If your child is irritable or vomits after inserting the Foley catheter, or if you have difficulty inserting the catheter, call your doctor.

**L. HOW TO TREAT EROSION:**

Erosion occurs when there is tension on a device, resulting in tearing of the gastrostomy site.

Leaving the tube out for 2 to 3 hours with the child on his or her side will allow for some healing. **HOWEVER** this only should be done with a doctor's guidance.

**\*\*\*REMEMBER\*\*\*** That the tube should rotate freely and be separated from the skin by 1/8 of an inch.

It should have a good fit and should be checked frequently.

Any device can cause a pressure sore if it is too short.

**\*\*\*IMPORTANT\*\*\*** Measure the fit with your child lying down and then sitting up.

The device may need to be exchanged.

**M. HOW TO TREAT GRANULATION TISSUE:**

Granulation tissue may enlarge gastrostomy site if it is not treated.

**TO TREAT**—Apply Xylocaine 2% jelly to the raised tissue. Touch the raised, beefy area with silver nitrate cauterizing sticks until the tissue turns gray.

Protect the skin around the granulation tissue with Vaseline or barrier cream. So, the surrounding area tissue won't be affected.

Reapply the cauterizing stick as needed every 1 to 2 days until the tissue heals.

As an alternative, Triamcinalone cream 0.1% may be applied three times daily until the tissue heals.

Silver nitrate cauterizing sticks, Xylocaine cream, and Triamcinalone cream are available by prescription.

**N. HOW TO TREAT SITE INFECTION:**

If there is an infection, the site will measure 10 to 20 mm or ½ to 1 inch around the tube. This will need to be treated by your doctor.