Gastrostomy Tube, Child

A gastrostomy tube is also called a g-tube. This is a tube that is placed into your child's stomach through the skin of the abdominal wall. This tube is used to feed your child and can also be used to vent your child's stomach for air or drainage. The g-tube can be placed endoscopically (a small narrow device to look inside the body) or by surgery. There are two types of g-tubes:

- Those with a balloon.
- Those without a balloon.

Those with a balloon use the balloon to keep the g-tube in place, those without have another device to keep it in place. The healing process takes about 21 days (three weeks). After this time a passageway has formed between the stomach and skin. While healing, a small piece of gauze is taped around the tube. This helps to absorb drainage from the site. Sometimes a small protective device may be taped around the base of the tube to keep the tube from kinking or bending. This also helps keep the tube in place and keeps your child more comfortable.

CLEANING AND DRESSING THE WOUND

- Wash your hands with soap and water.
- Remove the old dressing and check the area for redness, swelling, or pus-like (*purulent*) drainage. A small amount of clear or tan liquid drainage is normal. Also watch to make sure additional skin is not growing around the tube.
- Clean the skin around the tube using a cotton swab dipped in half-strength hydrogen peroxide (1 tablespoon H2O2 mixed with 1 tablespoon water). Roll the cotton swab on the skin around the g-tube to remove any drainage and/or crusting at the tube. Use a clean cotton swab and clean skin away from the tube. Clean around the suture gently.
- Re-dress with a slit 2x2 inch gauze. You may anchor the end of the tube by putting a piece of tape around the tube and pinning it to a folded piece of tape on your child's stomach.
- After 3 weeks, cleaning may be done with soap and water. If irritation occurs, use half-strength hydrogen peroxide again. The site should be kept clean and dry. Do not use ointments around the tube site unless directed by your child's caregiver.

FLUSHING THE G-TUBE

Use a large catheter-tip syringe and slowly push 15-20 cc's (1 to 1 1/3 tablespoons) of clean tap water into the tube. Flush the tube after every feeding and after all medications are given to keep the tube open and clean.

GIVING MEDICATION OR FEEDING

Before feeding or giving medication, check to make sure the tube is clear. Check for placement by attaching a syringe to the tube and pulling back to check for stomach contents or air. Then slowly push 10 cc's of tap water through the tube.

GIVING MEDICINES

- If medicines are liquid, mix them with about 15 cc’s (1 tablespoon) of tap water. Slowly push the mixture into the tube with the large catheter-tip syringe. Then slowly flush the tube with about 15 cc’s (1 tablespoon) of tap water.
- For pills (check with your child's caregiver first before crushing medications), crush the medicine into a powder and mix with about 15 cc’s (1 tablespoon) of warm water. For capsules, open and dissolve powder in 15 cc’s (1 tablespoon) of tap water. Using the syringe, slowly push the medicine through the tube, then flush the tube with another 15 cc’s (1 tablespoon) of tap water.

VENTING THE TUBE

You may need to vent your child's g-tube to remove excess air and fluid from their stomach. Your child's caregiver will tell you if this is needed. The following are two ways to vent your child's g-tube.

- Attaching the g-tube to a drainage device, such as a mucus trap, drainage bag, or a diaper, will provide

constant venting. A Sims connector (cut at the third ridge of the long end) will fit the g-tube and drainage tube together.

- To vent the tube as needed, you may connect a catheter-tip syringe to the g-tube to aspirate the excess air or fluid from the stomach. Use this method for bloating, distension or gagging. If this is a repeated need, contact your child's caregiver.

PROTECTING THE TUBE

- Do not allow your child to pull on the tube. Keep the child's T-shirt over the tube. One-piece, snap T-shirts work best for infants and toddlers. Most children get used to the tube after a while, but until they do, they may need to wear elbow splints to keep them from pulling at the tube. Ask your child's caregiver about obtaining a splint if necessary.
- Be sure to keep the end of the tube closed (either plugged or, if ordered, connected to drainage bag) to keep the tube from leaking.

CHECKING THE BALLOON

- If your child's g-tube has a balloon, it should be checked every week. The needed volume of fluid in the balloon can be found in the manufacturer's specifications.

CHANGING THE G-TUBE

- It is advisable to learn how to replace or change your child's g-tube. Your caregiver can arrange for you to learn this skill.

PROBLEM SOLVING

Problem
G-tube was pulled out.
Cause
G-tube was pulled out.
Solution
If you have been trained, the g-tube should be replaced. If for some reason, it can not be replaced, cover the opening with a clean dressing and tape, and then call your caregiver. The g-tube needs to be put in as soon as possible (within 4 hours) to avoid closure of the tract.

Problem
Redness and irritation around the gastrostomy site, soreness and foul odor present.
Cause
May be caused by leakage or infection.
Solution
Continue routine care and contact your caregiver.

Problem
Large amount of leakage of fluid or mucus-like liquid present (large amounts means it soaks a 4x4 inch gauze 3 or more times a day).
Cause
Stretching of tract.
Solution
Change dressing frequently. Call your caregiver.

Problem
Skin or scar appears to be growing where tube enters skin. May have rosebud appearance.
Cause
Overgrowth of tissue because of movement of tube in tract.
Solution

Call your caregiver. You may need to use a special chemical to burn the excess tissue or schedule a follow-up appointment. Secure tube with tape so that excess movement does not occur.

Problem
G-tube is clogged.
Cause
Thick formula or medication.
Solution
Try to install warm water or other fluid (such as cranberry juice or carbonated beverages) for 10 to 15 minutes and then slowly push warm water into the tube with a 20 cc regular-tip syringe. Never try to push any object into the tube to unclog it. If you are unable to unclog the tube call your caregiver.

TIPS

- Be sure to block the tubing with the supplied external clamp before removing the cap or disconnecting a syringe to prevent back flow.
- If your child has a balloon-catheter type tube, check for level of tube placement every day. If the length of the tube seems less than normal, call your child's caregiver.
- Be sure to check the fluid in balloon-catheter type tubes every week.
- It is important to allow your infant to have pleasant sensations during feeding. This can be done by allowing your child to suck on a pacifier during the feeding, and by talking to and allowing your child to face you during the feeding. You may also hold your child at this time.
- Always call your child's caregiver if you have questions or problems.

Document Released: 02/26/2003 Document Re-Released: 10/15/2010
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