



**FRESENIUS
KABI**

caring for life

Gastrostomy Feeding

CARE GUIDELINES

For Patients & Carers



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Hospital Dietitian Address Tel. / Fax / Email
Community Dietitian Address Tel. / Fax / Email
Nutrition Nurse Address Tel. / Fax / Email
District Nurse Address Tel. / Fax / Email
Nutrition Feed Company/Nurse Advisor Address Tel. / Fax / Email
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Introduction

This booklet aims to provide you with information about your gastrostomy feeding tube and to answer any questions. If you have additional questions or would like further explanation please contact your Nurse or Dietitian who will be able to help you. Please put this booklet in a safe place as you may wish to refer to it in future. For additional information regarding your tube please refer to the specific aftercare sheet.

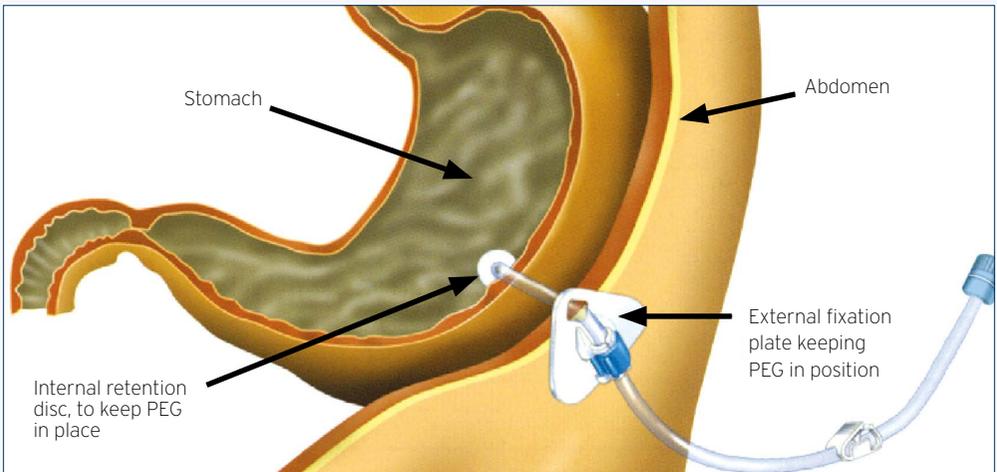
Please note if your Nurse or Dietitian has provided you with other specific guidance please do follow their instructions in place of this booklet.

What is gastrostomy feeding?

A gastrostomy feeding tube (or PEG as you may hear it referred to) is a small feeding tube which is inserted directly into the stomach so that you can receive feed, fluid and medication without swallowing. It will provide you with a safe and long-term method of obtaining nutrition.

How is the gastrostomy tube inserted?

The procedure is performed with sedation under local anaesthetic. It is carried out using a gastroscope (a flexible instrument used to examine the inside of your stomach).



Why do I need a gastrostomy feeding tube?

You are currently unable to take enough food and fluid by mouth to meet all your nutritional needs. The gastrostomy feeding tube will provide access for feed to be administered into your stomach.

How long will the tube last?

The tube is made from polyurethane, which is compatible with the human body and if the tube is well cared for, it can last for a few years.

How soon after tube insertion can I begin feeding?

This will be decided by your Doctor, Dietitian or Nurse, but your feed usually commences about 6-12 hours after your tube has been placed. The feed is introduced slowly to begin with, so that your body can adjust to the feed.

* National Patient Safety Agency (2010) Rapid Response Report NPSA/2010/RRR010 - Early detection of complications after gastrostomy
<http://www.nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=73458&type=full&servicetype=Attachment>

Post gastrostomy tube placement care (first 72 hours following placement)

The following advice should be taken following PEG placement.* If you, the patient, experience any of the symptoms below, immediate medical advice should be sought.

- Complaints of severe abdominal pain/distress with possible abdominal bloating.
- Raised temperature.
- Breathlessness or increased respiratory distress.
- Bleeding/leakage of gastric contents at stoma site.
- Pain when feeding or when flushing.
- Unable to obtain any gastric aspirate or pH test is above 5.5.

DO NOT USE your tube, immediately contact the relevant medical team or attend your local Accident and Emergency department taking this booklet with you, containing your tube details.

Tube make and size:

.....

What feed will I receive?

You will receive a prescribed, commercially produced liquid feed which contains all the essential nutrients you will need on a daily basis.

You may receive part or all of your daily food via your gastrostomy feeding tube, depending on your specific medical condition and needs.

You may also need extra fluids through your gastrostomy feeding tube. Water can be administered using a syringe or administration set.

Feeding regimen

Your Dietitian will prescribe the volume and rate of your feed to suit your needs. You may be fed intermittently or continuously during the day or overnight, depending on which is best for you.

Always follow the recommended regimen. If you have any problems with the feed you should inform your Dietitian.

To prevent heartburn and feed refluxing, you should feed in an upright position. For overnight feeding you should use supporting pillows or a backrest. If you find this uncomfortable you can raise the mattress at the head of the bed instead.

Tube Care

The gastrostomy feeding tube should be flushed with at least 30ml of cooled, boiled water before and after feed, or medicine administration, or as directed by your Healthcare Professional to prevent tube blockage. You should only use the tube to administer feed, water and liquid medicines.

Administration of medicines

All medicines should be administered in a liquid form. The same applies to self medication (e.g. for headache) and your pharmacist will recommend a liquid form of pain relief.

Do not crush sustained-release tablets/capsules. They are unsuitable for crushing because the whole dose is released at once.

Medicines with enteric coatings should not be crushed and given via your gastrostomy tube as they are designed to be released in the small intestine.

Do not add medicines to your enteral feed as it may cause physical/chemical instability of the feed and cause a blockage. Flush your tube before and after administration of each medicine. Medication should be given separately to prevent possible interaction. For further advice, please contact your Pharmacist and Nutrition Nurse.

Methods of flushing the tube

Using ENFit syringe for flushing.



1. Connect the ENFit syringe to the medication port of the giving set. Turn the medication port to 90° in order to administer water or medication.



2. Connect the ENFit syringe directly to the tube.

Tube blockage

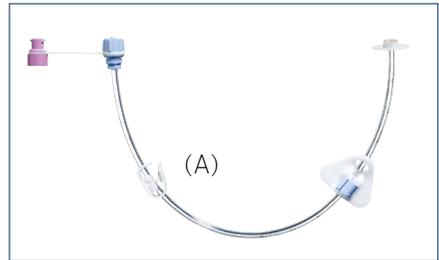
If you are unable to flush the tube or you can see a blockage, you may try the following steps. If unsuccessful on the first step, try the next:

1. Ensure all the clamps are open and the tube is not kinked.
2. Connect an ENFit syringe to the end of the tube and try to draw back (aspirate) to remove any excess fluid.
3. Massage the tube around the area of blockage if obviously visible.
4. Flush with 50ml of warm water (sterile or cooled boiled). Leave in the tube (clamp) for 30 minutes then reflush.
5. Flush with 50ml carbonated water. Leave in the tube (clamp) for 30 minutes then reflush.

When trying to flush, use a pumping action with the plunger on the syringe. Never use excessive force and never attempt to unblock the tube by inserting sharp instruments. If these steps do not work contact your Dietitian, GP or Nurse.

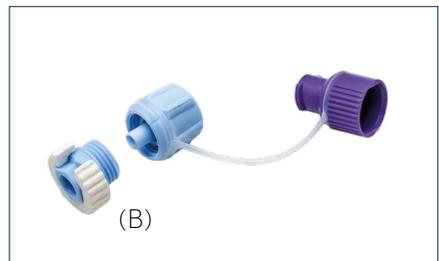
Attaching a new Freka PEG ENFit connector CH/FR 9/15/20

1. Wash and dry hands
2. Close clamp on tube (A)

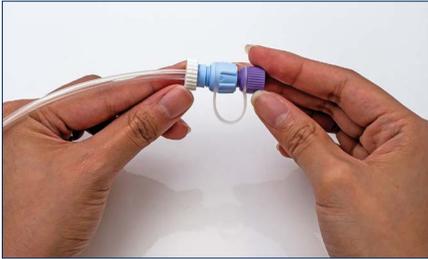


Removing old ENFit end:

3. Detach the outer white ring (B) from the new ENFit end.

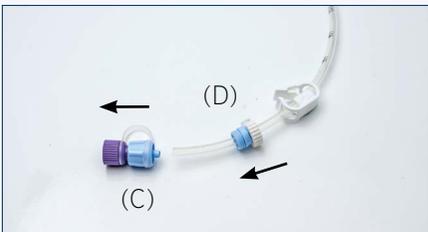


4. Attach the outer white ring to the coloured hexagonal fixing screw (in the picture this is blue for the CH/FR 15 Freka PEG) of the previous ENFit connector.



5. Unscrew the previous hexagonal fixing screw from the adaptor (C).

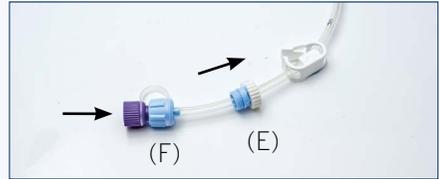
6. Pull off the pin (D) and remove the previous adaptor from the tube. (It is usually firmly attached, use a finger nail to ease off the pin).



Attaching the new ENFit end:

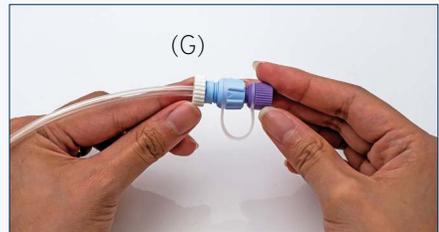
7. Replace the outer white ring back on to the hexagonal fixing screw on the new ENFit end and slide onto the tube (E).

8. Push the pin with adaptor into the tube (F).



9. If connection is loose or the tube is stretched, trim 1cm off the tube length.

10. Slide the fixing screw towards the ENFit adaptor and screw together using the outer white ring.



11. Remove the outer white ring (G) to prevent accidental removal of the adaptor end.



Skincare

The area where the tube enters your stomach is called the stoma site. You may experience a discharge at the stoma site for the first few days. A loose, thin, absorbent dressing may be used to cover the site until the stoma has healed. Do not place bulky dressings under the external plate. Once the stoma site has healed (usually 7-10 days after placement) it is important to clean your stoma site daily, as advised by your Healthcare Professional and keep it dry. After the tube has been in place for 10 days and the stoma site has healed, you should start to rotate it after you have cleaned it (see next section).

However, if rotation causes excess pain and/or the tube will not turn, stop and try again the next day. If at this time it is still painful and will not turn, do not attempt to carry out the rotation. Contact your Healthcare Professional for further advice.

If you notice any redness, pain, odour or discharge, you should contact your Nurse or GP who will take a wound swab to identify what is causing the problem. Your doctor may prescribe antibiotics which you can administer in the same way that you administer your regular medicines (see under

Administration of Medicines). If you notice feed leakage around the stoma site you should stop feeding and contact your Healthcare Professional. If you experience nausea, vomiting or constipation you should contact your Healthcare Professional immediately for advice.

Rotating and Advancing the Freka PEG^{1,2}

It is known that some people may be prone to what is called 'Buried Bumper Syndrome' (where the internal disc of the PEG tube becomes buried and the stomach lining grows around it). To help prevent this developing, the PEG should be rotated and advanced. Rotation and advancement should be carried out once a day and no less than once a week.

This means holding the end of the tube and rotating it 360° (a complete circle) and pushing the tube approximately 2-3cm into the stomach and pulling it back to the original position.

References

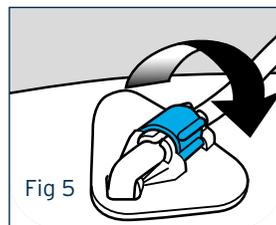
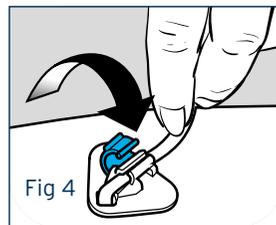
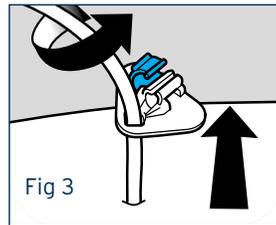
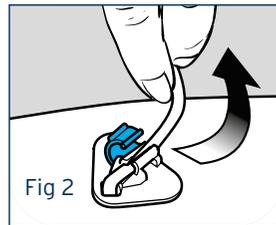
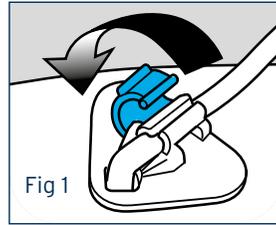
1. Löser, C. et al. ESPEN Guidelines on artificial enteral nutrition, Percutaneous Endoscopic Gastrostomy (PEG). Clin Nutr 2005; 24 (5): 848-861
2. NNGG Good Practice Consensus Guideline - Exit Site Management for Gastrostomy Tubes in Adults and Children (2013) www.nnng.org.uk

Do not rotate the tube if the site is discharging or has not healed.

Always check with your Healthcare Professional about when to start rotation.

Suggested rotation process:

1. Wash hands thoroughly with soap and water.
2. Clean the external plate as advised by your Healthcare Professional.
3. Open the fixation catch (see Fig 1).
4. Detach tube from groove in fixation plate (see Fig 2).
5. Move plate away from skin (see Fig 3).
6. Clean tube and stoma area and the underside of the plate and dry. Push 2-3cm of the tube into the stomach and rotate, gently pull back the tube to feel resistance.
7. Place the fixation plate back to its original position (approx 1cm away from the skin). Re-insert tube in the groove (see Fig 4) and close the fixation catch (see Fig 5).
8. Your fixation plate should not be too tight or too loose. If you feel that it is, your Healthcare Professional will be able to advise you.



Frequently asked questions

Can I swim, bath or shower?

After the site is fully healed, you can swim, bathe or shower as normal. Ensure the clamp is closed. Thoroughly dry the area afterwards.

How long will the tube last?

This will depend upon the type of tube you have placed. Your Healthcare Professional can provide this information. Following the aftercare information will help to prolong the life of the tube.

Who do I contact if the tube gets damaged or I get a problem with the site?

Contact your local Healthcare Professional.

Can I go on holiday?

Enteral feeding does not stop you going on holiday but it is a good idea to have a letter from your doctor and make sure you have the necessary insurance. Contact your local Healthcare Professional for advice about replacement tubes and information regarding the supply of your feed.

If I cannot eat what will happen to my mouth?

Plaque can build up very quickly so it is important to brush your teeth at least twice a day. A mouthwash or artificial saliva, such as Glandosane® may help if your mouth is dry.

How do I clean the site?

Refer to the information given by your local Healthcare Professional.

Are there any patient support groups available?

PINNT - Patients on Intravenous and Nasogastric Nutrition Therapy

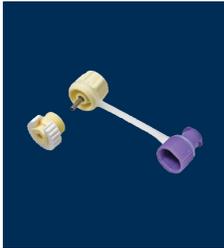
PINNT supports people on enteral and parenteral nutrition, providing advice and local support groups.

PINNT contact information:-

Tel: 01202 481625

www.pinnt.com

Accessory Items



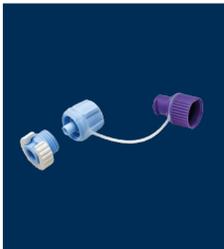
Freka PEG
Connector
CH/FR 9 ENFit

Code: 7981385



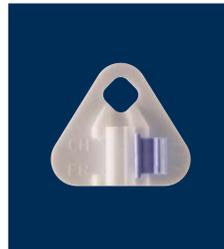
Fixation
Plate
CH9

Code: 7903002



Freka PEG
Connector
CH/FR 15 ENFit

Code: 7981386



Fixation
Plate
CH15

Code: 7904002



Freka PEG
Connector
CH/FR 20
ENFit

Code: 7981387



Fixation
Plate
CH20

Code: 7751541



Repair Set
CH/FR 9/15/20

Codes
9: 7981382
15: 7981383
20: 7981384



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