Gastrostomy Tubes & Feedings
A Parent’s Guide

This book was developed to provide information about:
- Your child’s operation
- Administering feedings through the feeding tube
- Changing the dressings & cleaning around the tube
- Problems that may occur with the gastrostomy tube or the site

Your Child’s Information
Name of surgeon _________________________________________
Date of surgery for gastrostomy ______________________________
Procedure:
_____ Gastrostomy tube only
_____ Gastrostomy tube and Nissen fundoplication
Type of gastrostomy tube ___________________________________
Follow Up Appt: __________________________________________ (please call surgeon’s office to schedule 2 week post-op appointment)

Types of Gastrostomy Tubes

- Tube in jejunum
- MIC-Key
- Tube in stomach
- Gastrojejunostomy tube
Definitions

**Gastroesophageal Reflux**
Gastroesophageal reflux (GER) is the movement of stomach contents into the esophagus.

**Gastrostomy**
An opening or “hole” between the abdominal wall and the stomach for the purpose of giving feedings. A gastrostomy is done in the operating room.

**Nissen Fundoplication**
An operation to prevent food and liquids from going from the stomach up into the esophagus.

**Gastrostomy Tube**
A tube that is placed through the gastrostomy opening to give feedings and keep the hole open. Often abbreviated: GT or G-tube

**Low profile gastrostomy tube or “button”**
A small type of gastrostomy tube. It has a separate piece that attaches for feedings. The most common type of button: MIC-Key (See picture on page 2)

**Gastrojejunostomy tube (G-J Tube)**
A tube that is placed through the gastrostomy opening that will pass thru the stomach and into the jejunum. (See picture on page 2)

**Feedings and Medications**

**Bolus feeding:** A feeding given by gravity or on a feeding pump over 30-45 minutes. The feeding is generally given 1-5 times per day depending on how much the child eats or drinks by mouth.

**Continuous feeding:** A feeding given over 12-24 hours. It is usually easier to give a continuous feeding with a pump that controls the rate at which the feeding is given.

**Flushing and medications:** At the end of each feeding and after every medication the tube must be flushed with 5-10 milliliters of water. This prevents the tube from becoming clogged with formula or any medication.

**Extension set tubing:** Disconnect the extension set from the MIC-Key when not in use.

**NOTE:** When possible, have your physician order medications that you will be giving through the tube in liquid form. Some pills can be crushed, mixed with water, and given through the tube. However, some pills when crushed and capsules when opened will clump together in the tube and may clog it.

**Tummy time**
A child with a new gastrostomy should not be placed on the stomach for at least 2 weeks. It is ok if the child rolls unassisted onto the stomach & seems to tolerate the position.
Dressings
There are several dressings used to secure the gastrostomy after surgery. The dressing is very important because:

- It holds the tube in place allowing the gastrostomy site to heal.
- It decreases the chance that the tube will get pulled out accidentally.

The clear plastic type dressing over the button should be removed five days after surgery. Pulling or STRETCHING a corner of this dressing along the skin releases it from the skin more easily. Once the clear dressing has been removed, no dressing is necessary around this tube. Clean with soap and water, or just water every day. A 2x2 gauze may be placed underneath the tube if there is some drainage.

Cleaning around the gastrostomy tube

- All children can take a bath or shower five days after their operation.
- Do not clean the site with hydrogen peroxide or alcohol.
- Ointments such as Bacitracin or Neosporin are not necessary and are generally discouraged.

Dental Care
Good dental care is very important for children who are fed through a feeding tube. Your child is still at risk for tartar build-up and gum disease. Brush your child’s teeth daily. Regular dental check-ups are important.

Follow-up appointments

If your child has a MIC-key placed at the time of the operation, the first visit will be two weeks after surgery to have the incision and GT site checked.

MIC-keys are changed every 3-4 months. You will be taught how to change the tube in clinic.

<table>
<thead>
<tr>
<th>Common Problems</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Small amounts of leakage from around the tube</strong></td>
<td>Use a dressing under the g-tube to keep clothes clean.</td>
</tr>
<tr>
<td><strong>Granulation tissue</strong></td>
<td>- Pink tissue that occurs as a reaction to the tube.</td>
</tr>
<tr>
<td></td>
<td>- It may bleed.</td>
</tr>
<tr>
<td></td>
<td>- This tissue is not of great concern but may result in leakage around the tube.</td>
</tr>
<tr>
<td></td>
<td>- Make an appointment in the office. We can easily treat this tissue growth.</td>
</tr>
<tr>
<td><strong>Redness around the tube</strong></td>
<td>- A small area of redness is normal. Infection around a g-tube is uncommon.</td>
</tr>
<tr>
<td></td>
<td>- Schedule an appointment for evaluation if the area is:</td>
</tr>
<tr>
<td></td>
<td>o bright red</td>
</tr>
<tr>
<td></td>
<td>o increasing in size</td>
</tr>
<tr>
<td></td>
<td>o swollen and warm</td>
</tr>
<tr>
<td></td>
<td>- This is not an emergency but should be evaluated in the</td>
</tr>
</tbody>
</table>
The tube is loose but not out:
THIS APPLIES ONLY TO “BUTTONS” OR LOW PROFILE TUBES

- Tape the edges of the “button” down. This will keep the tube in place and the gastrostomy hole open.
- Call the office to speak with a nurse for further instructions.

**Emergencies or Situations Needing Immediate Attention**

| The tube falls out or gets pulled out | If the operation to place the tube was *less than four months ago*, you must seek medical attention as quickly as possible,
- A gastrostomy site can close in 1-6 hours.
- If the operation to place the tube was done more than four months ago and you have been taught how to replace the tube, *insert the replacement tube*.
  - If you are unsuccessful, you must seek medical attention within six hours.
| All of the formula or feeding is leaking at the site | Small amounts of leakage or drainage around a G-tube is ALWAYS normal.
- However, if all or most of the formula is leaking, the tube may no longer be all the way in the stomach and should be evaluated to prevent damage to the tract.

Katherine Barsness, M.D.  
Marybeth Browne, M.D.  
Anthony Chin, M.D.  
MaryBeth Madonna, M.D.  
Marleta Reynolds, M.D.  
David Rothstein, M.D.  
Erin Rowell, M.D.  
Riccardo Superina, M.D.  
Kerri Baldwin, FNP  
Teri Coha, APN, CWOCN  
Anna Maria Fernandez, CPNP  
Beth Nanney, CPNP

*The information included in this document is for informational purposes only and is not intended to substitute in any way for medical education, training, treatment, advice, or diagnosis by a healthcare professional. A qualified healthcare professional should always be consulted before making any healthcare-related decision.*