



## **Education**

### **Gastrostomy Feeding Tube Placement**

#### **What is gastrostomy feeding tube placement?**

Gastrostomy feeding tube placement is a procedure for placing a feeding tube directly into the stomach through the abdominal wall.

#### **When is it used?**

This procedure may be done if you are unable to eat normally and need short-term or long-term feeding. For example, you may need a gastrostomy if:

- You cannot swallow because you have cancer of the mouth or throat or have had a stroke.
- You have another problem with swallowing.
- You are very malnourished.

Most temporary feeding tubes are passed through the nose into the stomach. A gastrostomy tube is usually placed to allow removal of the nose tube, so that feeding can continue with greater comfort.

#### **How do I prepare for gastrostomy feeding tube placement?**

Plan for your care and recovery after the operation. Find someone to drive you home after the procedure. Allow for time to rest and try to find people to help you with your day-to-day duties. Follow any instructions your health care provider may give you.

Follow your health care provider's instructions about not smoking before and after the procedure. Smokers heal more slowly after surgery. They are also more likely to have breathing problems during surgery. For this reason, if you are a smoker, you should quit at least 2 weeks before the procedure. It is best to quit 6 to 8 weeks before the procedure. Also, your wounds will heal much better if you do not smoke after the procedure.

If you need a minor pain reliever in the week before the procedure, choose acetaminophen rather than aspirin, ibuprofen, or naproxen. This helps avoid extra bleeding during surgery. If you are taking daily aspirin for a medical condition, ask your provider if you need to stop taking it before your procedure.

Follow any other instructions your provider gives you.

#### **What happens during the procedure?**

The procedure can be done in 3 ways:

- open gastrostomy tube placement by a surgeon
- percutaneous endoscopic gastrostomy (PEG) tube placement by a medical doctor called a gastroenterologist at an endoscopy clinic or hospital
- percutaneous fluoroscopic gastrostomy tube placement guided by x-rays and done by a radiologist.

For **open gastrostomy tube placement**, you will receive a general anesthetic. It will relax your muscles and put you to sleep. It will prevent you from feeling pain during the operation.

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The surgeon will make a cut in your skin and the abdominal wall and then a cut through the wall of the stomach. The surgeon will place a tube through these cuts into the stomach. Sometimes the tube will be threaded further into the duodenum, which is the first part of the intestines. This may require a smaller tube, which can get plugged more easily but it decreases the risk of vomiting. The surgeon will sew the tube to the abdominal wall and close the cut.

For **percutaneous endoscopic gastrostomy (PEG) tube placement** you will probably be given a sedative and a local anesthetic to keep you from feeling pain. The doctor will guide an endoscope through your mouth and into your stomach. An endoscope is a thin, flexible tube with a tiny camera. It lets your doctor look into the inside of your stomach. Your doctor will fill your stomach with air to make it bigger and push the stomach wall closer to the abdominal wall. The doctor will guide a needle and wire through your skin and abdominal wall and into your stomach. The endoscope allows the doctor to see and grasp the wire inside the stomach. The wire is then pulled back through your mouth. A plastic tube is attached to the wire and pulled through your mouth and back along the wire's path into your stomach.

The doctor will secure the tube inside the stomach and to your skin with a flat rubber washer. The short piece of the rubber tube visible through the abdominal wall is easily covered with normal clothing.

Placement of a feeding tube with **percutaneous fluoroscopic gastrostomy** uses x-rays rather than a scope to guide the feeding tube placement. First a small tube is placed through your nose into your stomach to fill your stomach with air. The radiologist then takes some x-rays to make sure nothing is in the way between the stomach and the abdominal wall. Some stitches (sutures) are placed in the stomach to bring it close to the wall of your abdomen. After numbing your skin with a local anesthetic, the doctor places the gastrostomy tube through the abdominal wall into the stomach through a small cut. The tube in your nose is then removed.

### **What happens after the procedure?**

You will be taken back to a hospital or recovery room. You may stay in the hospital for 1 to 3 days, based on your condition. If you have a percutaneous tube, you usually will leave the day of the procedure. You will learn how to use and care for the feeding tube. It can usually be used within 12 to 24 hours after the procedure.

The formula for tube feedings may be put in the tube with a special syringe or a pump may be used. The pump may be connected to the tube all the time so that the formula goes in a little at a time. Or the pump may be used at night for feedings during sleep. If the tube is needed for a long time, it may later need to be replaced with a new tube. Replacing the tube is a fairly simple outpatient procedure that can be done in the doctor's office.

Ask your health care provider what steps you should take and when you should come back for a checkup.

### **What are the benefits of this procedure?**

You will be able to get enough nutrition without having a tube through your nose into the stomach.

### **What are the risks associated with this procedure?**

- There are some risks when you have general anesthesia. Discuss these risks with your health care provider.
- The colon or other organs in your abdomen may be injured during the procedure, which could require surgery for repair.
- The area around the tube may become infected after the procedure.
- You may have bleeding.

You should ask your health care provider how these risks apply to you.

### **When should I call my health care provider?**

Call your provider right away if:

- The tube comes out. It's dangerous if the tube comes out within 2 to 3 weeks after the procedure. It's not dangerous after that, but the opening can close very quickly, so a new tube needs to be placed before this happens.
  - The tube is becoming blocked.
  - You are unable to take food through the tube.
  - You have a lot of drainage around the tube.
  - You have nausea or vomiting after feedings.
  - You have pain with feedings.
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Call during office hours if:

- You have questions about the procedure or its result.
- You want to make another appointment.

For information on support groups, diet, equipment, and other problems, contact:

The United Ostomy Associations of America

Phone: 800-826-0826

Web site: <http://www.uoaa.org>.

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