

Help with this leaflet:



If you would like this information in another language, large print or audio format, please ask the department to contact Patient Information: 01223 216032 or patient.information@addenbrookes.nhs.uk



We are currently working towards a smoke free site. Smoking is only permitted in the designated smoking areas.

For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169

Clinical Nutrition

Patient Information

Looking after your radiologically inserted Gastrostomy tube (RIG) - A patient's guide

Document history

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What is a RIG?

A RIG is a soft balloon retained gastrostomy tube placed through your skin into your stomach which allows food to enter directly.

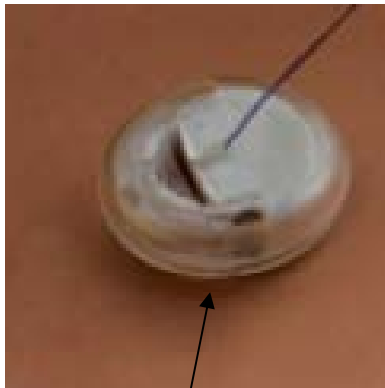
The term 'RIG' describes the way it is placed:

Radiologically – using x ray guidance.

Gastrostomy – opening into the stomach

This type of tube has a small balloon on the end, which when inflated, holds the tube in place inside the stomach.

There are three small discs around the tube which locks in place a stitch. After approximately four weeks these stitch locks will start to fall off of their own accord.



A stitch lock

What else do I need to look out for?

You need to look at your site regularly to check for signs of infection. The things to look out for are:

- redness
- pain
- discharge which is yellow and smelly

If you notice these signs, contact either your GP, your Company Nurse or the Nutrition Nurse Specialists.

It is also possible for the skin at the exit site to become pink and/or lumpy and it may bleed easily. This may be an overgrowth of tissue which can be easily treated with a special dressing or ointment. Again, contact your GP, Company Nurse or the Nutrition Nurse Specialists if you are worried.



- leaks of fluid around the tube
- pain on feeding or flushing your tube
- new bleeding

If you have any of the above signs **stop** feeding immediately and telephone

Monday to Friday 08:30-16:00 - Nutrition Nurse Specialists
01223 216037.

Out of hours – Please contact your GP

If you cannot wait to be seen by your GP, Please contact your local hospital's emergency department

How does the balloon stay inflated?

Once a week you need to check that the balloon is still full of water. Follow these steps to do this:

- Fill a 5ml syringe with 5ml of cooled boiled water
- Have another empty 5ml syringe ready
- Use the empty syringe to draw the water out of the balloon.
- Swap syringes and inflate the balloon with the new water

If you find the amount of water you draw out of the balloon is less than 3ml this could be a sign that the balloon is not working properly. Please contact either your Company Nurse or the Nutrition Nurse Specialists for advice.

Can the tube fall out?

It is possible for the tube to fall out if the balloon bursts. It is very important that it is replaced within an hour and a half or the hole in your stomach may close up.

You will be sent a spare tube, it is important to keep this with you at all times.

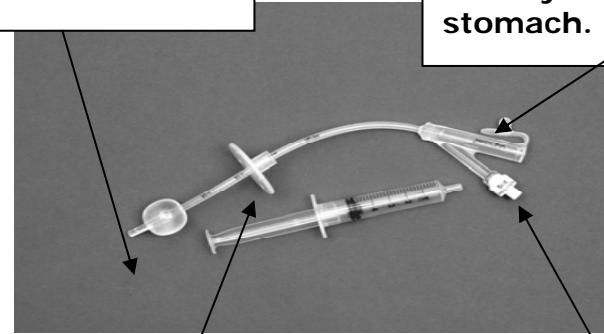
If your tube falls out, please contact either your Company Nurse or the Nutrition Nurse Specialists immediately within the hours of:

08:30-16:00 Monday to Friday **01223 216037**

If it is outside of working hours, please go to your local Emergency Department with your spare tube. There are instructions inside the packet. If you are an Addenbrooke's patient please contact Ward N2 ext 56002 for advice.

The tube is prevented from falling out because of the balloon inflated in your stomach.

The big port is where your food and water must go down to enter your stomach.



The tube is prevented from sliding too far into the stomach by a circular bumper on the outside.

The small white port is for inflating the balloon.

Why do I have a RIG?

You have this tube because you are unable to safely swallow enough food to keep you healthy. It provides a safe route for you to receive all the nutrients you require without choking on your food.

How long do I need to have my RIG?

Most people require a RIG long term as their swallow remains unsafe, however, you will be regularly reviewed by a Dietitian to see how much food you require.

How long does my tube last for?

Your RIG needs to be changed after three months. If this is the first tube you have had, this first change will need to take place in hospital. This will be done by the Nutrition Nurse Specialists either in clinic or at an arranged time.

After the first change, it does not need to be changed for another three months. This can be done at home by the Company Nurse.

If you no longer need your tube it can easily be removed by either the Nutrition Nurse Specialists or your Company Nurse.

How do I clean my RIG and the skin around it?

For the first week:

- Remove the dressing the day after your tube is inserted, this is no longer required.
- Clean the tube and site daily.
- Use the gauze swabs provided, carefully clean under the outside bumper using the Octenisan body wash diluted in warm water. Dry well. Clean under the suture locks, a cotton bud is ideal for this. Apply the Bactroban ointment around where the tube exits the skin.

After the first week:

- It is no longer necessary to use the Octenisan and Bactroban. Still clean daily with warm soapy water.
- You can slide the outside bumper along the tube to make cleaning the site easier. Make sure you replace the bumper approximately 2mm from the skin so that the tube does not slide in and out.
- Do not forget to clean the back of the bumper.

Can I have a bath?

For the first two days after your tube is placed do not have a bath or shower. Wash using the Octenisan body wash.

For the rest of the first week you may have a shallow bath or a brief shower using the Octenisan body wash. Do not get the tube and exit site wet.

After the first week, if the skin around your site is clean and dry you may return to your normal bathing routine. If you have any concerns please contact either your Company Nurse or the Nutrition Nurse Specialists.