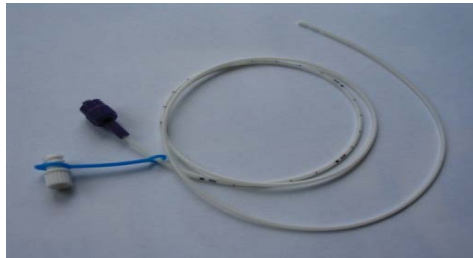


Clinical Nutrition

Looking after my naso-gastric tube

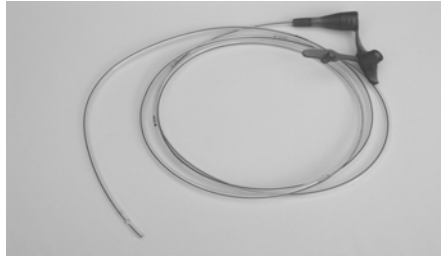
How do I look after my naso-gastric tube?



- Follow all the instructions for general care.
- It is useful to know the measured length of tube inside your body, so you will know if it moves.
- Make a note here: the tube length at the nostril is..... centimetres
- Check the tube position before each feed to make sure the tube is safely in your stomach. Refer to Addenbrooke's 'Checking the position of feeding tubes' that we have given you.
- Change the tape securing the tube when necessary to ensure that it stays firmly in place. This is best done with help. Carefully wash the area under the tape with warm soapy water and dry well before re-securing the tube.
- We will give you a spare nasogastric tube to take home. If you often need a new tube we will ask the home delivery company to deliver it with your other supplies.
- Your tube will need to be changed every six to eight weeks unless you have been informed otherwise. However if it falls out between times, it will need replacing within 12 hours or so if you rely on the tube for water and feed.
- Replacing a nasogastric tube is usually quick and easy and a number of people may be able to do it:
 - A family member if they wish to learn how to do this
 - Your district nurse or GP with support from the home delivery company nurse. For children; your Children's Community Nurse
 - Your hospital ward
 - Your local Accident and Emergency Department
 - The Nutrition Nurse Specialist, at Addenbrooke's Nutrition Clinic

It will be necessary to check the tube position in the stomach with pH paper every time it is replaced.

How do I look after my Naso-Jejunal tube?



- Follow all the instructions for general care.
- It is useful to know the measured length of tube inside your body, so you will know if it moves.
- Make a note here: the tube length at the nostril is..... centimetres
- Change the tape securing the tube when necessary to ensure that it stays firmly in place. This is best done with help. Carefully wash the area under the tape with warm soapy water and dry well before re-securing the tube.
- Flush your tube every four hours while you are awake, to help keep it clear.
- You must be very careful when giving feed and medicines down the tube as it can easily block. Flush immediately the feed is finished. Dilute liquid medicines well; if you have to give tablets by tube discuss with the Nutrition Nurse Specialist before you go home. If you can take your medicine by mouth please do not put it down the tube. We will give you a 20 ml syringe and adaptor to take home and re-use as necessary. If the tube gets difficult to flush or blocked, irrigating with this smaller syringe may help clear it. If you fail to unblock the tube contact your district nurse or hospital ward for advice.
- There is no value in aspirating the tube and checking the pH every day as we do with gastric tubes, as there is often no aspirate from the jejunum. You should check the tube length outside your body daily, to establish that it is still in place. We will give you a small pack of pH paper to use only when we think the tube may have come out of place. If the aspirate is pH 6 or more the tube is probably still in the jejunum. If the aspirate is pH 5 or less, the tube tip may have moved back into the stomach.
- Most naso-jejunal tubes can stay in place for six to eight weeks or more.
- If replacement is necessary you will probably need admission to hospital; you should discuss with your medical team/dietitian.

How do I look after my PEG tube?

This type of tube is called a **PEG tube** and has an internal bumper to hold it in place inside the stomach. It is not necessary to check the position with pH paper.

PEG: Percutaneous Endoscopic Gastrostomy

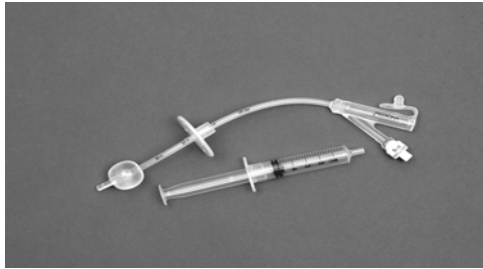


- Leave the tube clamp 'undone' while not feeding, to increase the life of the tube
- Avoid bathing or showering for the first two days after the tube is put in.
- Ensure the PEG skin exit site is always cleaned daily with warm soapy water and dried well. A dressing should not be needed.
- Do not release the tension of the tube flange for the first week; firm fixation at this stage helps healing of the gastrostomy tract and may reduce the risk of infection. After seven days the flange may be loosened.
- Starting after one week, the tube needs to be 'rotated' weekly to prevent the internal bumper getting embedded into the stomach wall.
- To rotate the tube: wash and dry the skin exit site, release the flange and push the tube inwards about 5cm. Turn the tube 360° (a complete circle) then pull back until resistance is felt. Secure the outer flange leaving a half centimeter gap between your body and the closed flange.
- A clear watery discharge around the tube entry site can be quite normal. However if the discharge becomes crusted, coloured or smells unpleasant, contact your community nurse who may take a swab to check for infection. If the skin around the tube becomes slightly lumpy, pink and bleeds easily, it may indicate the presence of 'overgranulation' (an overgrowth of skin tissue), which can easily be treated, using a special dressing or an ointment.
- Most PEG tubes will work well for up to three years. When yours needs replacing or removing, it may need endoscopy. Arrangements can be made via your GP or our Nutrition Nurses. Some designs of PEG tubes can be removed without endoscopy; we will advise in individual cases.

How do I look after my Balloon Retained Gastrostomy tube?

This type of tube is called a balloon retained tube and has a small balloon, which when inflated, holds the tube in place inside the stomach. Feed, water flushes and medicines must go down the large central part of the tube, not down the balloon side port.

Any stitches may be removed three to five days after the tube is placed, unless otherwise advised.



- Avoid bathing or showering for the first two days after the tube is put in.
- Ensure the tube skin exit site is always cleaned daily with warm soapy water and dried well. A dressing should not be needed.
- Starting one week after the tube was put in, the balloon needs checking every week to make sure it stays full of water, to hold your tube safely in place.
 - Two people need to do this; you will need two 5ml syringes, one empty and one containing exactly 5ml cooled boiled water.
 - After washing and drying the entry site, hold the tube in place. Use the empty syringe to suck all the water out of the balloon port (there should be 5 ml).
 - Inject the fresh 5ml water into the balloon port. When empty, carefully remove the empty syringe. To leave the tube firmly in place, pull it gently towards you until resistance is felt and push the flange firmly back towards the body. Leave a half centimetre gap between your body and the flange.
- A clear watery discharge around the tube entry site can be quite normal. However if the discharge becomes crusted, coloured or smells unpleasant, contact your community nurse who may take a swab to check for infection.
- If the skin around the tube becomes slightly lumpy, pink and bleeds easily, it may indicate the presence of 'overgranulation' (an overgrowth of skin tissue), which can easily be treated, using a special dressing or an ointment.
- The tube will need to be replaced every three months. However if it falls out between routine changes, it must be replaced urgently within one and a half hours or it will be very difficult to get back in. We will give you a spare tube to take home.
 - You should first try to push the tube back about 6cm into the hole, and then tape it in place as a temporary measure.

- If a family member has not been taught to put a new tube in, you should immediately contact one of the following:
 - Your district nurse or GP. For children contact your Children's Community Nurse.
 - If unavailable, go to your local Accident and Emergency Department. Take the spare tube with you; instructions for replacement will be in the packet.

We will inform you about local arrangements for routine three monthly tube changes before you leave hospital.

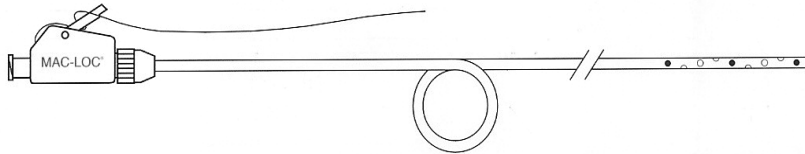
If you have a Pexact balloon retained tube, in the first instance it needs to be replaced three to five weeks after insertion. You will be given a Nutrition Clinic appointment.

Changing the tube is a quick straightforward procedure which takes about 10 minutes, after which you will be able to go home. After this, arrangements will be made for a three monthly change.

How do I look after my Radiologically Inserted Gastrostomy tube (RIG)?

This type of tube is called a Tilma tube.

It is held in place by a pigtail, which is secured by a thread which you can see on the outside of the tube. Any stitches maybe removed three to five days after the tube is placed, unless otherwise advised.



- Avoid bathing or showering for the first two days after the tube is put in.
- Ensure the RIG skin exit site is always cleaned daily with warm soapy water and dried well. A dressing should not be needed.
- A clear watery discharge around the tube entry site can be quite normal. However if the discharge becomes crusted, coloured or smells unpleasant, contact your community nurse who may take a swab to check for infection. If the skin around the tube becomes slightly lumpy, pink and bleeds easily, it may indicate the presence of 'overgranulation' (an overgrowth of skin tissue), which can easily be treated, using a special dressing or an ointment.
- A Tilma tube should work well for up to 12-18 months. At this time, if you still need the tube, we will arrange for you to come to Addenbrooke's Nutrition Clinic where our Nutrition Nurse Specialist will replace it with a balloon retained tube.
- However if it falls out before this, it must be replaced urgently within one and a half hours or it will be very difficult to get back in. We will give you a spare tube to take home. You should try to push the tube back about 6cm into the hole, and then tape it in place as a temporary measure.
- Next, you should immediately contact our Nutrition Nurse Specialist Tel 01223 216037 (office hours only) to replace your tube. If unavailable, go to your local Accident and Emergency Department. Take the spare tube with you; instructions for replacement will be in the packet.

This document is also available in other languages, large print and audio format upon request – 01223 216032 or patient.information@addenbrookes.nhs.uk

本文件也可應要求，製作成其他語文或特大字體版本，也可製作成錄音帶。
Cantonese

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

Gujarati

A richiesta questo documento è anche disponibile in altre lingue, a caratteri grandi e in formato audio.

Italian

ئەم بەلگەییە ھەرۆھە بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەوێت

Kurdish

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Urdu



Addenbrooke's is smoke-free. Please do not smoke anywhere on the site.

For advice on quitting, contact your GP or the NHS smoking helpline free, 0800 169 0169

Document history

Authors	Specialist Practitioner Nutritional Support and Addenbrooke's Nutrition Team
Department	Department of Clinical Nutrition. Box 201A, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust, Hills Road, Cambridge, CB2 2QQ www.addenbrookes.org.uk
Contact number	01223 216037
Published	April 2006
Review date	April 2008
File name	lookingaftermytube.doc
Version number	1
Ref	PIN1114