



A guide to...

Gastrostomy feeding *Patient Information*

How to contact us

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If you need this leaflet in another language, large print, Braille or audio version,
please call **01923 217 198** or email westherts.pals@nhs.net



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How this leaflet can help you

This leaflet will provide you with information about gastrostomy tubes and feeding to help in making a decision. It will help you and your family understand why gastrostomy feeding is used.

Why do I need gastrostomy feeding?

Due to problems with your swallow, there is a risk of food and drink going down the wrong way into your lungs. This is known as 'aspiration'. If food and drink goes into your lungs, it may cause a chest infection and you may become unwell.

Some medical conditions such as a stroke or progressive neurological conditions like motor neurone disease or multiple sclerosis can impact on your swallow function. The speech and language therapist will assess your swallow and advise about modified consistencies for food and drink that are safe for you to swallow.

Following assessments of your swallow, if the speech and language therapist is unable to provide safe recommendations for oral intake then tube feeding will be considered.

In the first instance, you will have a nasogastric tube (NGT). This is a very quick procedure and can be carried out at the bedside where a tube is inserted via the nose straight into the stomach. This is a short-term method (approx. 3-4 weeks) to ensure that the person is having their medication and meeting their nutrition and hydration requirements non-orally. This allows time for potential recovery of the swallow whilst enabling the speech and language therapist to continue to assess and provide further advice.

If after approximately 3-4 weeks there has not been a significant change in the swallow function and the person remains at a potential high risk of aspiration on oral intake, then consideration and discussions will need to take place regarding alternative long term non-oral feeding (gastrostomy). If this is an option, this will be discussed with you, your family, and the medical team in order to make a decision.

The NGT is not a long-term approach to non-oral feeding as there is a potential high risk of developing infection. In addition, the person cannot be discharged from hospital with a NGT.

Gastrostomy feeding can also be used where a patient may be malnourished, but they do not have any swallowing problems, for example cystic fibrosis, gastroparesis, or Inflammatory Bowel Disease.

What is a Gastrostomy Tube?

A gastrostomy tube is a feeding tube, which allows you to receive liquid feed, water, and medication directly into the stomach as a long-term support. A gastrostomy tube can be placed endoscopically (PEG), radiologically (RIG) or surgically. The most common ones used are PEGs and RIGs.

PEG

Percutaneous (through the skin)

Endoscopic (instrument used to examine the stomach)

Gastrostomy (opening into the stomach)

RIG

Radiologically (X-ray guided placement)

Inserted

Gastrostomy

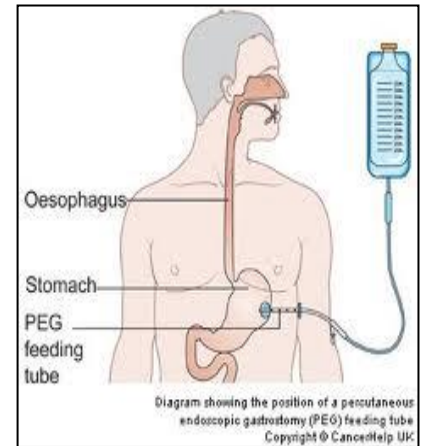


How is the Gastrostomy tube inserted?

A small plastic tube is inserted directly into the stomach through the skin. One end lies inside the stomach and the other end is held flat against your skin by a small, plastic fixation plate. The tube lies comfortably inside clothing and is unlikely to be damaged or pulled out of place unless the tube gets caught or treated roughly. The placing procedure will take 20-30 minutes.

Benefits of a Gastrostomy Tube

- It helps to maintain good nutrition and hydration if it is unsafe to receive any oral intake.
- It can supplement your oral intake if you are struggling to eat and drink enough and therefore may be at risk of malnutrition.
- Weight may be better maintained.
- General health may improve.
- You are better protected from chest infections.
- It can be adapted to your lifestyle.
- It can be used to give medication in the correct dose.
- It can be used to give additional fluid if required.
- May help improve your quality of life.



Are there any risks or complications having a gastrostomy tube?

PEG/RIG is a very safe procedure. However, there are some risks and complications that can arise, as with any medical treatment. These will be discussed with your doctor.

- The area where the tube is inserted may become infected.
- There may be a leak around the tube causing irritation.
- There could be vomiting, gastro-oesophageal reflux, stomach cramps or diarrhoea.
- The tube can become blocked if not properly flushed.

Training on how to avoid these problems is provided.

What feed will I receive?

You will receive a prescribed, commercially prepared 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 PEG/RIG, depending on your specific medical condition and needs. You may also need extra fluids through your tube.

Your dietitian will prescribe the volume and rate of your feed to meet your nutritional requirements and to suit your needs.

Types of feeding administration

- Bolus - administers the feed solution over a 15-20 minute period, often via a syringe, several times a day; frequently in 150-200mls each session.
 - Ideal if you want more flexibility with feeding.
- Continuous - administers the full feed solution over a period of 8-20 hours, often using an enteral feeding pump set to a prescribed rate.

Your dietitian will be able to discuss any further questions that you have regarding the feed, you are can always change your feeding regime if you no longer feel it best suits your needs.

How will I take my medication?

If you are able to swallow you may be able to take your medication in tablet or liquid form orally. If this is not possible, medication can often be given in liquid form down the feeding tube. Please discuss this with your pharmacist or doctor.

Will I be able to take a bath or shower?

After the PEG/RIG site is fully healed you can bathe or shower as normal. Always ensure the tube end is closed and the clamp applied. Dry the area thoroughly afterwards.

Can I go swimming?

Yes. It is advisable to cover the site with a waterproof dressing when swimming. Make sure the tube end is closed and the clamp applied.

Who looks after the tube?

It is important to consider this before the tube is placed. Giving feed, fluids and medications through the tube and care of the tube require daily attention. Some individuals manage the tube feed themselves, while others need support from relatives, carers, and healthcare professionals.

Training in administering feed, fluids and medications through the tube and care of the tube can be provided by specialist nurses.

How long will I need a tube for?

This really depends on the individual. There are a variety of different tubes available. The feeding tube can last for 2-3 years, sometimes longer. If you need to have your feeding tube for a long time, your tube can be easily replaced. Your health care professionals can discuss this with you.

Can I still choose to eat and drink with a Gastrostomy tube?

Your speech and language therapist will assess your swallow and provide advice regarding the consistency and volume of foods and drinks you may be able to manage safely. If this is not possible, then the risks of oral intake will be discussed with you to help you make an informed choice.

If you can eat and drink safely, your dietitian will monitor your intake. Eating and drinking will not affect the tube however with further discussion with your dietitian, they may be able to reduce feed via the tube to then increase your appetite and encourage you to eat and drink orally based on the recommendations given by your Speech and Language Therapist.

Can the tube be removed?

If you can eat and drink enough orally and your swallow is considered safe, then your feeding tube may be removed. You and your family will have the opportunity to discuss the procedure with the consultant and other healthcare professionals, so you have enough information to make an informed decision.

If you would like to discuss the information in this leaflet further, please speak to your doctor, speech and language therapist or dietitian.

List of useful organisations contact details

Your local Speech and Language Therapy Department

Watford General Hospital

Contact number: 01923 217477

Your local Dietetics Department

Watford General Hospital

Contact number: 01923 436236

Patients on Intravenous and Nasogastric Nutrition Therapy (PINNT)

Website: www.pinnt.com

Contact number: 020 3004 6193

Email: comms@pinnt.com

Website full of resources, support and advice for tube fed patients, their families and carers:

<http://www.tube-feeding.com>