

BALLOON GASTROSTOMY (BG) TUBE

THE FOLLOWING INFORMATION IS AIMED AT SUPPORTING YOU ON
HOW TO CARE FOR THE BG TUBE.

POST INSERTION ADVICE

Please follow hospital/Consultant advice for care of the tube and stoma site for the first 28 days (if the BG tube has been placed as a first gastrostomy placement).



IMMEDIATE ACTION REQUIRED

It is important that you are aware of the signs and symptoms which may occur up to 72 hours following the insertion of a BG tube.

The following signs require IMMEDIATE urgent medical attention.

1. Pain during feeding (including medication delivery and water flushes)
2. Any pain or distress after procedure
3. New bleeding from the stoma site
4. Leakage of fluid around the tube.

In the event of any one of these symptoms, the following actions **MUST** be taken:

1. Stop feeding/medication delivery immediately.
2. Seek immediate medical advice in order that the patient is examined and their symptoms assessed immediately.

Messages must not be left on a telephone answering machine.

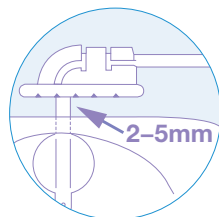
Contact the emergency number provided by the hospital.

Tel No: _____

DAILY CARE OF THE BG TUBE

IMPORTANT: Follow hospital advice for care of the tube and stoma site for the first 28 days (if the BG tube has been placed as a first gastrostomy placement).

- Careful cleaning around the stoma site will reduce the possibility of soreness or infection
- Wash hands before and after handling the tube
- Move the external fixation device to clean the skin around the stoma site with a mild soap solution and fresh tap water (using a clean cloth for this purpose only) and rinse thoroughly. Ensure the skin and fixation device are thoroughly dried – do this once per day. Replace and close the external fixation device so it lies approximately 2-5mm from the skin surface
- Note the cm graduation markings on the tube at the skin surface remain the same as observed at last replacement. If there is a change in position of the tube, do not use and contact the managing healthcare professional to confirm placement immediately
- At least once a week but no more frequently than once a day, open and remove the external fixation device away from the skin surface, clean the tube and stoma site and note the cm graduation marking at the skin surface, then gently insert the tube into the stoma tract by a minimum of 2-3cm and rotate the tube 360° to prevent the tube adhering to the stoma tract



and becoming embedded in the stomach wall. Gently pull the tube back, until slight resistance is felt and confirm the cm graduation markings remain the same as before moving the tube. If the cm graduation marking has changed, do not use the tube and contact managing healthcare professional immediately

- If there is any discomfort or you are unable to advance or rotate the tube do not use and seek immediate medical advice
- Replace and close the external fixation device so it lies approximately 2-5mm from the skin surface (the external fixation device may need to be loosened or tightened dependent on weight loss or weight gain)
- Flush the tube as per training provided by Nutricia Homeward Enteral Nurse Specialist with water (type and volume as recommended by the managing healthcare professional) before and after the administration of enteral nutrition or medication or 4-6 hourly (except during the night) if feeding is not in progress or as recommended by the managing healthcare professional to prevent tube blockage
- If advised by the managing healthcare professional, check the position of the feeding tube by pH measurement before starting tube feeding. **Refer to advice leaflet 'How do I measure the pH of gastric aspirate?'**
- pH testing of gastric aspirate should not be used in isolation to determine the BG tube is in the correct position. You should always consider other relevant factors as described during the training provided by the Nutricia Homeward Enteral Nurse Specialist to determine the position of the BG tube.

IMPORTANT NOTES

It is important to sit the patient upright at a 45° angle during enteral feeding and for at least one hour after enteral nutrition has been administered.

Avoid using creams and talcum powders as they can damage the tube material and may lead to irritation of the skin and give rise to infection. Creams can also reduce the effectiveness of the external fixation device.

If the skin around the site become red or sore, or there is oozing or bleeding from the site, contact a healthcare professional for advice. Only apply a dressing if advised to do so by a healthcare professional.

The patient can shower, bath and swim as normal if the stoma tract has been fully formed. As healing is dependent on the patient's medical condition please check with the managing healthcare professional for advice.

Always ensure the tube end is closed and any clamp on the tube is applied during these activities. Always dry the site and tube thoroughly after bathing and swimming.

HOW DO I CHECK THE WATER IN THE BG TUBE?

The water in the balloon ensures the tube is held in place. The water should be checked weekly, unless otherwise advised, to ensure that there is sufficient water in the balloon to hold the tube securely in place.

Equipment:

- 2 x syringes (as per manufacturer's instructions)
- Water (type and volume as recommended by the manufacturer of the tube).

Instructions:

- Wash hands before and after handling the tube
- Pre fill a new syringe with water, volume and type as recommended by the manufacturer
- Move the external fixation device away from the stoma, clean the tube and note the cm graduation marking at the skin surface. Advance the tube 2-3cm into the stomach
- Hold the tube in place during the procedure, ensuring that it remains in the stomach, alternatively, loosely tape it to the skin (as long as no known allergies to tape)
- Attach an empty syringe (in line with manufacturer instructions) onto the balloon inflation port of the BG tube
- Gently draw back the plunger on the syringe until no more water comes out of the internal balloon
- Check the volume of water withdrawn. Compare with the recommended volume advised for inflation by the manufacturer. Discard syringe and water.
 - a. If the volume of water withdrawn equals the recommended volume, re-inflate the balloon with new syringe and the correct volume of fresh water
 - b. If the volume of water in the balloon is less than the manufacturer's recommendation re-inflate the balloon with pre-filled syringe with correct volume of recommended water. Gently pull the tube back until there is slight resistance from the internal balloon touching the stomach wall and replace the external fixation device 2-5mm from skin surface. Wait 20 minutes, then using a new empty syringe, withdraw the water from the balloon and re-check volume. If the volume is the same as the volume inserted 20 minutes ago, re-inflate the balloon with the water you have just withdrawn. If the volume is less than the volume inserted 20 minutes ago, loosely tape the tube down to the skin (if no known allergies) and do not use the tube. Contact the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist for instructions on how to proceed.

NOTE

If you cannot obtain any water when pulling on the syringe plunger, remove the syringe, do not use the tube and tape the tube down to secure. Contact the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist for instructions on how to proceed.

HOW DO I CHECK THE POSITION OF THE BG TUBE?

It is important to check the position of the BG tube, as demonstrated during the training provided by the Nutricia Homeward Enteral Nurse Specialist, to make sure the enteral nutrition goes directly where it should - in the stomach. Check the position of the BG tube prior to every enteral nutrition, medication or water delivery.

If advised by managing healthcare professional you can check the position of the BG tube by measuring the pH value of gastric aspirate. It is advised to check the gastric pH level using pH indicator strips pre and post all BG tube changes (see separate advice leaflet **‘How do I measure the pH of gastric aspirate?’**)

However, it is important not to confirm tube position with pH reading in isolation and to consider all relevant factors advised during training by the Nutricia Homeward Enteral Nurse Specialist.

Confirm the cm graduation markings at the skin surface remain the same as documented following last feeding tube replacement, to ensure it is correctly placed in the stomach.

NOTES

If the cm graduation markings at skin level has changed or gastric pH is above 5.5, do not use the BG tube and contact the managing healthcare professional immediately for instructions on how to proceed.

pH measurement may not be a reliable method to confirm position if enteral nutrition/medication/water has been administered within the last hour, therefore where enteral nutrition/medication has already passed through the feeding tube, wait at least one hour without further feeding before pH testing the gastric aspirate.

TROUBLESHOOTING THE BG TUBE

THE BG TUBE HAS BECOME BLOCKED

If there is resistance when flushing the BG tube, do not force water into the tube:

- Confirm tube is in the position before administering anything down the tube
- Check the tube advances and rotates easily as per training provided by the Nutricia Homeward Enteral Nurse Specialist
- If the tube does not rotate or advance freely, then do not attempt to unblock the tube until you have received instructions from the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist. If you have not been trained to advance and rotate the tube then contact the Nutricia Homeward Enteral Nurse Specialist for training and instructions on how to proceed
- Check the cm graduation markings at skin level remains unchanged. If cm graduation markings have changed do not attempt to unblock the tube and contact the managing healthcare professional immediately for instructions on how to proceed
- If the tube advances and rotates freely, using a gentle pull and push technique, flush the tube using a 60ml enteral syringe with warm water or soda water (type and volume as recommended by the managing healthcare professional). **Do not use acidic solutions, such as fruit juices or cola, as they can curdle the enteral nutrition product**
- If a blockage still exists, gently squeeze the tube between the fingers along the length of the tube as far as possible
- If the blockage persists contact the managing healthcare professional for further instructions on how to proceed.

IMPORTANT NOTE

You are advised to contact the managing healthcare professional immediately if there is any reason that medication or enteral nutrition needs to be delayed or omitted due to no available enteral or oral route.

THE BG TUBE HAS COME OUT

IMPORTANT: If the tube has been removed with water still in the balloon, or there are any signs of trauma to the stoma tract (such as bleeding), or there are any signs of pain or distress, seek urgent medical review and do not attempt replacement.

A new BG tube needs to be inserted as soon as possible otherwise the stoma tract will start to heal and may completely close soon after the tube has come out.

Routine replacement advice

- A. If you have been trained** and feel confident on how to replace a BG tube, and the managing healthcare professional has confirmed it is safe to do so, assemble the equipment as you have been trained and proceed to replace the BG tube, following the training advice you have been given.
*Refer to BG tube replacement advice leaflet.
- B. If you have not been trained or do not feel confident** on how to replace the BG tube **do not** attempt to replace a new one yourself. Follow the steps below.
- Remain calm
 - Place a clean dry dressing over the stoma site to prevent stomach contents leaking onto the skin or clothes
 - If the patient is in pain and it is safe to have oral medication they should take their prescribed pain relief
 - Contact the healthcare professional who routinely replaces the BG tube and explain that the BG tube has come out
 - If the healthcare professional is unavailable contact the GP or local hospital to let them know the tube will need to be replaced. This will give the department time to find the medical notes and ensure that a member of staff is available to insert a new tube. Tell the emergency department what type of tube it is (if you know) and take the old tube that has fallen out with you in a clean plastic bag
 - Emphasise that the tube will need to be replaced as soon as possible as the stoma tract may heal over
 - If you have a spare tube at home take it and the Enteral BGT passport (if applicable) with you. This will save time, as the type and size of tube may not be readily available in the local hospital emergency department
 - Once the new tube has been replaced inform the person who routinely changes the tube and order a new BG tube.

IMPORTANT NOTE

It is important that you contact your Nutricia Homeward Enteral Nurse Specialist if you need any additional training on the Flocare pump (if applicable) or tube feeding.

The Nutricia Homeward Nursing Service advice literature is provided as guidance following Nutricia Homeward Nursing Service training, and should not be used as a substitute for medical advice. Always contact your healthcare professional prior to making any changes to your tube feeding regimen.

Please contact the Nutricia Homeward Enteral Nurse Specialist or managing healthcare professional for the most up to date version every year. Provided on behalf of Nutricia Ltd at the request of the NHS managing healthcare professional.

IMPORTANT: Always seek urgent medical advice if there are any signs of abdominal pain, chest pain or breathing difficulties.