Balloon Gastrostomy (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 BG tube

It is advised to care for the skin and tube as follows:

- Wash hands before and after caring for 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 the external fixation device so it lies approximately 2-5mm from the skin surface
- Note the graduation markings on the tube where the tube exits the body, 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, remove the external fixation device away from the skin surface and gently insert the tube into the stoma tract by 2-5cm 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 to its original position
- If there is any discomfort or you are unable to advance or rotate the tube do not use and seek medical advice
- Replace 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 with water (type and volume as recommended by the managing healthcare professional) before and after the administration of feed 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 (see separate sheet called “position check by pH measurement”).

Important notes

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 and affect the tube material itself.

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 fluid 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 fluid in the balloon to hold the tube securely in place.

Equipment:

- 2 x 10ml syringes (or as per manufacturer’s instructions)
- Water (type and volume as recommended by the manufacturer of the tube.

Instructions:

- Wash hands before and after caring for the BG tube
- Pre fill a new syringe with water, volume and type as recommended by the manufacturer
- 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 guidelines) onto the inflation valve of the BG tube
- Gently draw back the plunger on the syringe until no more fluid comes out of the internal balloon
• Check the volume of fluid withdrawn. Compare with the recommended volume advised for inflation by the manufacturer
  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 fluid in the balloon is 1ml more or less than the manufacturer’s recommendation, tape the tube down securely and contact the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist for advice – do not use the tube.

Note
If you cannot obtain any fluid when pulling on the syringe plunger, remove the syringe and tape tube down to secure. Contact the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist for further advice – do not use the tube.

How do I check the position of the BG tube?
It is important to check the position of the tube when it has been changed or if you are unsure the tube is in the correct place (the stomach). You can check the position of the tube by measuring the pH value of gastric aspirate to ensure the tube has not moved and is correctly placed in the stomach. It is advised to check the gastric pH level using pH indicator paper pre and post all tube changes (see separate sheet called “position check by pH measurement”).

Note the graduation markings on the tube where the tube exits the body, if there is a change in position of the tube do not use and contact the managing healthcare professional to confirm placement.

Notes
If it is not possible to obtain gastric aspirate for checking pH, you could try the following:
• Lie on the left side, wait for 30 minutes and try again
• If able, the managing healthcare professional has advised and it is safe to do so, sip a little fluid, wait five minutes, then try again to test the tube position
• If it is still not possible to obtain any fluid, contact the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist for further advice, and do not use.

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 position before administering anything down the tube
• Check the BG tube advances and rotate easily as per training provided by the Nutricia Homeward Enteral Nurse Specialist
• If the BG tube does not advance or rotate freely, or you have not been trained to advance and rotate the tube, then there should be no attempt to unblock the tube until you have received further advice from the managing healthcare professional or Nutricia Homeward Enteral Nurse Specialist
• If the BG tube advances and rotates freely, using a gentle pull and push technique, flush the tube using a 60ml enteral syringe using 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 tube feed
• If a blockage still exists, gently squeeze the tube between the fingers along the length of the tube as far as possible
• It can take 30 minutes or more to unblock a tube
• If the blockage persists contact the managing healthcare professional for further advice.

Important note
You are advised to contact the managing healthcare professional immediately if there is any reason that your medication or feed 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 the balloon completely intact, 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.
The patient will need to have a new BG tube 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** 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.

B. **If you have not been trained** 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 gauze 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
- 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 your 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.

**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.

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