



NURSES SPECIALIZED IN  
WOUND, OSTOMY AND CONTINENCE  
CANADA

INFIRMIÈRES SPÉCIALISÉES EN  
PLAIES, STOMIES ET CONTINENCE  
CANADA

# **Guide to living with a gastro-jejunostomy**

1st edition. 2024

## DISCLAIMER

*A nurse specialized in wound, ostomy and continence (NSWOC) has expertise acquired through specialized training, mentorship and clinical experience. While every effort has been made to ensure the accuracy of the contents of this document at the time of publication, neither Wound, Ostomy and Continence Nurses Canada nor the authors make any guaranty as to the accuracy of the information contained herein and accept no liability for any loss, damage, injury or expense arising from any misinterpretation, error or omission in the contents of this book. It is recommended that individuals with a gastro-jejunostomy seek the advice of their healthcare professional with any questions or concerns they may have about their gastro-jejunostomy.*

## HOW TO QUOTE

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## ACKNOWLEDGEMENTS

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 There are three versions of this document, so please make sure you have the one that corresponds to your feeding system.

- Guide to living with a gastrostomy
- Guide to living with a gastro-jejunostomy
- Guide to living with a jejunostomy



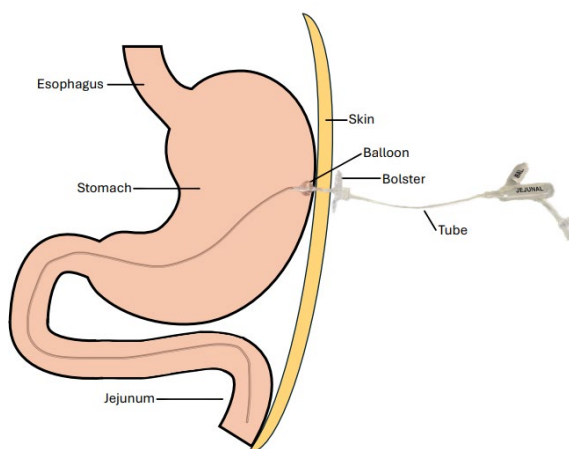
Name:	Surgery date:
Tube's type and brand:	Product code:
Tube's size:	Tube's lenght:
Tube with balloon: _____ No _____ Yes, number of ml _____	
Date/frequence for changing tube:	
Doctor:	Tel No:
Nurse specialized in wound, ostomy and continence:	Tel No:
Dietician:	Tel No:
Home care nurse:	Tel No:
Pharmacy:	Tel No:
Other product codes:	

## WHAT IS A GASTRO-JEJUNOSTOMY?

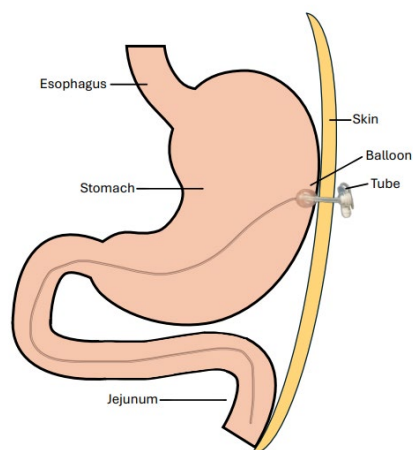
A gastro-jejunostomy is a procedure whereby a tube is inserted directly into the stomach through the skin of the abdomen. The end of this long tube ends in the jejunum (2nd part of the small intestine). This tube is used to deliver water, medication and enteral feeding formula (also known as tube feeding, liquid feeding, formula or nutrient preparation), when it is not possible to do so adequately by mouth. There are two types of tube (Figure 1):

**Figure 1** Types of Tube

Standard-length tube:



Low-profile tube (also called bolster):



## HOW TO START MANAGING AND CARING FOR A GASTRO-JEJUNOSTOMY TUBE IN THE FIRST 14 DAYS POST TUBE PLACEMENT

The use of the gastro-jejunostomy tube in adults can generally be started 2 to 4 hours after installation, and after 4 to 6 hours in children.

Daily care should be provided for the first 14 days after installation, or longer as recommended:

### *Dressing:*

Leave the dressing on for a minimum of 24 hours. If no discharge noted, the site can then be left open to air.

### *Cleansing:*

Every day, clean the skin around the tube with a sterile solution or potable water that has been boiled and then cooled. Clean with a gauze or cotton swab. Start cleaning from the tube insertion site at the skin level and move up the tube to reduce the risk of contamination. Even if there are sutures, cleansing must be performed.

### *Tube position:*

This step **cannot** be performed if sutures are holding the stopper at the skin level (the stopper often looks like a small disk or tabs on either side of the tube, see Figure 2). Shortly after installation, swelling of the abdomen around the tube may occur, causing tension and discomfort. If the stopper **DOES NOT HAVE SUTURES**, the gap between the skin and the stopper must be adjusted (the stopper can be slid along the tube to maintain 5 mm ( $\frac{1}{4}$  inch) of spacing).

Adjustment the stopper is important because, if the stopper is not tight enough, the tube will move, causing the insertion site to widen. On the other hand, if it is too tight, it may cause an injury to the skin.

**Figure 2** Retraction of the stopper

To avoid widening of the tube insertion site, it is important to keep the tube at 90 degrees to the surface of the belly. The tube should not “pull” to the sides. A securement device can be added to hold the tube in place and prevent excessive tension on the insertion site. Discuss this with your resource person if necessary.

#### *Tube mobilization:*

⚠ **For rotation and mobilization, PLEASE refer to the version of this document that corresponds to YOUR feeding system (you are actually reading the gastro-jejunostomy guide).**

It is necessary to move the tube in a forward-backward motion (in and out motion). Tube mobilization should begin 7 to 10 days after installation, or as soon as the sutures have fallen out, if any. **CAUTION: DO NOT ROTATE THE TUBE.**

If a stopper is present:

1. To begin, move the stopper at least 2 cm ( $\frac{3}{4}$  inch) away from the skin.
2. Then gently push the tube inwards about 2 cm ( $\frac{3}{4}$  inch).
3. Pull the tube outwards to its starting position and replace the stopper to leave about 5 mm ( $\frac{1}{4}$  inch) between the skin and the stopper.

The frequency of feeding tube mobilization varies from once a week to once a day. Check with your resource person.

#### *Showering:*

If the skin around the tube is not red, showering is permitted 7 days after the procedure. For bathing, wait until the stoma has healed, usually after 8 weeks. This period may be shorter for children, for whom bathing may be permitted from 7 to 14 days after installation: check with your resource person.

Continue to brush your teeth and mouth daily, even for people who receive all their nutrition and hydration through the gastro-jejunostomy.

#### *Irrigation:*

To keep the gastro-jejunostomy functional, it is necessary to inject water (irrigate) 2 to 3 times a day (every 8 to 12 hours), even when the gastro-jejunostomy is not in use (see Box 1 for volumes).

## **HOW TO MANAGE AND CARE FOR YOUR GASTRO-JEJUNOSTOMY AFTER 14 DAYS POST TUBE INSTALLATION**

#### *Cleansing:*

Clean the area around the tube daily with mild soap and water. Clean with a clean washcloth or cotton swab. Start directly from the tube insertion site at the skin level and work your way up the tube. Tube cleansing can also be done directly in the shower. If soap is used, be sure to rinse well.

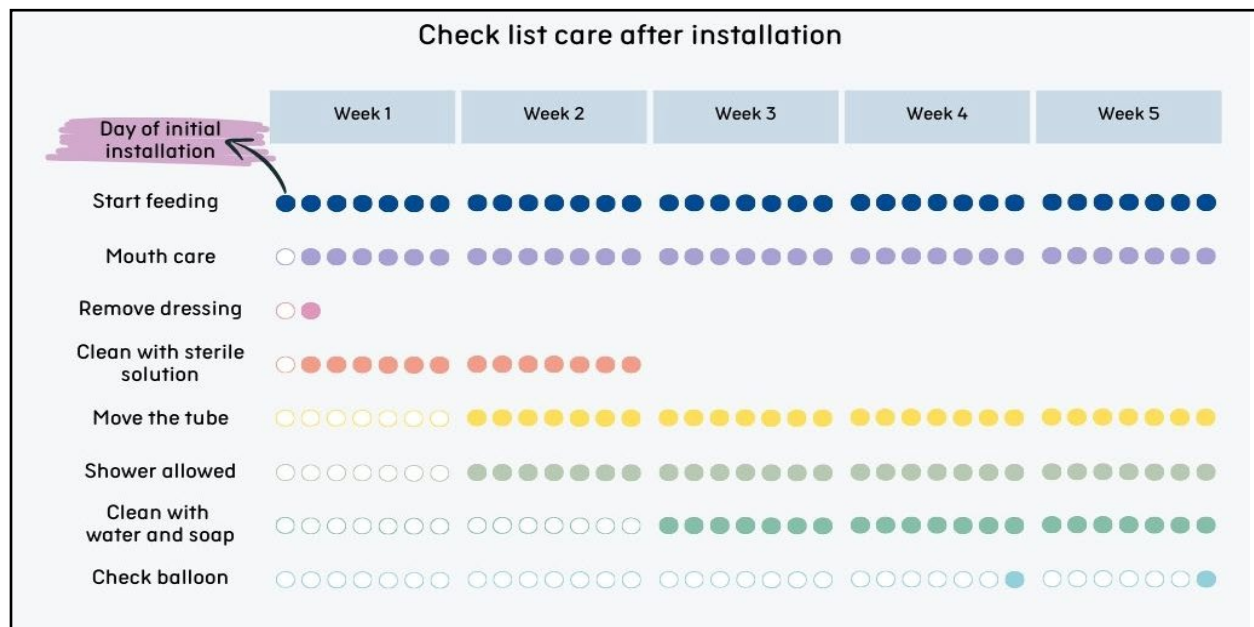
#### *Checking the balloon:*

For tubes with balloons, check the balloon 4 weeks after the creation of the stoma to make sure it is still secure and not leaking fluid. After that, continue checking it once a week. How to check the balloon:

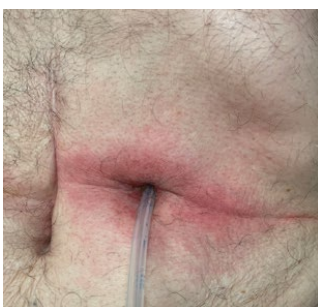



- Hold the tube firmly in place with one hand, using your index finger and thumb.
- Fit a small syringe onto the tip of the tube that connects with the balloon. Note that this syringe is different from the one sometimes used to administer formula (see Figure 3).

- Remove the water with the syringe and note the amount in milliliters (ml). **ATTENTION:** Do not move your hand or let go, as this may displace the tube. The water may be cloudy or slightly colored, which is normal and does not affect the tube's function.
- If the amount of water is less than recommended for your tube type, discard the removed water and add the correct amount.
- Use only potable water to inflate the balloon.
- If the balloon's water level remains insufficient for two consecutive weeks, the balloon is probably leaking, and the tube will have to be replaced. Connect with your contact person to arrange a replacement.

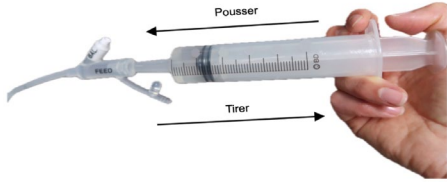


**Figure 3** Capped syringe for checking the balloon








## TROUBLE SHOOTING POSSIBLE PROBLEMS

Signs and symptoms	What to do
<b>-Bleeding</b> 	<p>-The stoma is fragile and can bleed easily, especially immediately after it is created.</p> <p>-It is normal to see a few drops of blood, especially when cleaning.</p> <p>-Slight bleeding may be caused by hypergranulation (see below) or too much movement of the tube (e.g., physical activity, coughing, tube not tight enough, or pulling on the tube).</p> <p> If heavy bleeding comes from the stoma or the stomach fluid contains blood, STOP feeding and seek immediate emergency medical attention.</p>
<b>-Redness, irritation</b> <b>-Burning sensation</b> 	<p>-Keep skin dry and clean (cleanses daily).</p> <p>-Use a dryer on low heat to dry thoroughly.</p> <p>-DO NOT apply antibiotic ointment or cream.</p> <p>-Keep a 5 mm (1/4 inch) gap between the skin and the stopper (if there is one).</p> <p>-If leakage is noted:</p> <ul style="list-style-type: none"> <li>-Apply a topical barrier cream (e.g., zinc, dimethicone), and reapply as necessary to cover the redness.</li> <li>-Follow the recommendations below for “leaks”.</li> </ul> <p> If the redness persists, connect with your contact person.</p>
<b>-Heavy leakage of fluid around the stoma</b> 	<p>-It is normal to have small amounts of yellow-green coloured discharge; it might become dry and crusted to the tube.</p> <p>-If the leakage is significant, check the tube and valve for cracks or breaks.</p> <ul style="list-style-type: none"> <li>-If the tube or valve is broken, the tube must be changed.</li> </ul> <p>-Slow down the feeding rate according to the advice of your dietitian.</p> <p>-Gently pull on the tube until there is resistance to ensure it sits nicely on the stomach wall.</p> <p>-Avoid friction and tube movement using a securement device (adjust the stopper or apply tape).</p> <p>-Ensure the tube does not pull to one side but should come straight out of the belly (at 90°).</p> <p>-Check the balloon (if the tube has one):</p> <ul style="list-style-type: none"> <li>-If the amount of water is less than usual, empty the balloon and insert the correct amount as per manufacturer.</li> </ul> <p> If the leakage persists, reach out to your contact person.</p>



<p><b>-Tube blockage</b></p>	<ul style="list-style-type: none"> <li>-Examine the tube to ensure it is not bent and all the clamps are open.</li> <li>-If a regular-length tube is present, squeeze and gently roll it between your fingers to break down any material within it (this does not apply to low-profile tubes).</li> <li>-Using a 30 ml syringe and potable water that has been boiled and cooled to room temperature, try to irrigate and pull back 15-30 ml of potable water in a pulsing motion (pull back and forth) (for children, take a 10 ml syringe and put the usual amount of water for irrigation).</li> </ul>  <ul style="list-style-type: none"> <li>-Repeat 3 more times, space each attempt 10 minutes apart.</li> <li>-If effective: irrigate the tube with sufficient water (60 ml for adults).</li> <li>-DO NOT use excessive force to unblock.</li> <li>-DO NOT insert sharp objects or rods into the tube.</li> <li>-DO NOT use improvised recipes with cranberry juice, soft drinks, or anything other than water.</li> </ul> <p> If ineffective, contact your resource person.</p>
<p><b>-Fallen Tube</b></p>	<p> <b>DO NOT re-use or attempt to replace the tube.</b></p> <p>Cover the stoma opening with a clean towel, gather all equipment (including the fallen tube and emergency kit (see below), and seek immediate medical attention to reinstall a new tube within 4 hours.</p>

<p><b>-Hypergranulation</b> (excess red flesh that appears around the stoma, that looks like buds) -May cause slight bleeding or a yellowish or pinkish sticky discharge -May cause discomfort</p> 	<p>This is not dangerous. It's very common.</p> <p> Contact your resource person to rule out the cause and establish treatment.</p> <ul style="list-style-type: none"> <li>-Keep skin dry and clean.</li> <li>-Ensure there is not too much tension on the tube (adjust the stopper spacing if necessary).</li> <li>-Avoid friction and tube movement by using a securement device or tape.</li> <li>-Alternating the tube placement from side to side is advisable to avoid having the tube continuously hang on the same side/ position.</li> <li>-Make sure the tube does not pull to the sides and comes straight out of the belly (at 90°) using a securement device if necessary.</li> </ul>
<ul style="list-style-type: none"> <li>-Pain when mobilizing the tube</li> <li>-Warmth, redness expanding more than 2 cm, soreness, hardening, or swelling around the stoma</li> <li>-Discharge of pus</li> <li>-The tube that no longer moves</li> <li>-Strong smell coming from the stoma</li> <li>-Intense itching</li> <li>-Appearance of small red pimples around the stoma</li> <li>-Nausea (with or without vomiting)</li> <li>-Reflux</li> <li>-Cramps</li> <li>-Diarrhea, constipation</li> </ul>	<p> Reach out to your contact person as soon as possible to make an appointment.</p> 
<ul style="list-style-type: none"> <li>-Severe pain</li> <li>-Temperature greater than 38°C or 100.4°F</li> <li>-Chills</li> <li>-Tense, distended, and hard stomach</li> <li>-No urine for 12 hours; sign of dehydration</li> <li>-Difficulty breathing</li> </ul>	<p> Stop eating and seek immediate emergency medical attention.</p>

**EMERGENCY KIT (KEEP NEARBY AT ALL TIMES AND BRING IN CASE OF HOSPITALIZATION)**

- A cork
- A 10 ml syringe
- Small lubricant packet
- Medical adhesive tape
- Spare tube of the same size
- An extension tubing if you use one (especially in case of hospitalization)

**ACTIVITIES**

- Talk to your doctor about contact sports or sports with pressure changes, such as scuba diving.
- A low-profile tube is ideal for sports activities.
- Swimming is allowed when the stoma has healed, usually after 8 weeks. Make sure the tube is tightly closed and clamped. Clean the stoma immediately after swimming. A small amount of water can leak into the stomach; this is usually not a problem.
- It is possible to lay down and sleep on your stomach when the stoma is healed and no longer causes pain/ sensitivities.
- For young children crawling, ensure the tube is well attached to the skin.

**TRAVEL**

- Bring double the required equipment (tubes, syringes, etc.).
- Before departure, identify possible locations to buy supplies at your destination.
- For air travel, mention your situation to the security services and present a medical letter to transport the equipment and the food formula. While the letter is not mandatory, it will make the process easier. Also, contact the airline for additional instructions. Divide all equipment between checked baggage and hand luggage.

- Use bottled water if the drinking water is uncertain.

**CLOTHING**

- It is advisable to wear a medical alert bracelet.
- Avoid tight clothing that could pull or push on the tube.
- To limit access to the tube, it is possible to use an elastic mesh (ask your nurse). It is also possible to put on a garment that covers the tube (e.g., bodysuit, romper, overalls, one-piece pajamas).
- Do not pin the tube to the underwear or pants. The pin could pierce the tube.

## FEEDING

It is essential to follow the dietitian's recommendations for the amount, frequency, and time of administration of the feed formula.

Here is a reminder of the possible methods when the tube is used for feeding. Regardless of the method of administration, the person should always be seated or semi-seated for the administration of the formula, as this prevents reflux and aids digestion. People who eat at night should sleep with their head elevated.

### *Continuous Feeding*

Continuous feeding is given for most of the 24 hours of the day. It is possible that feeding only takes place at a faster rate during the night.

Sometimes, a pump that allows precise control of the feed speed is used. If this is the case, we recommend that you follow the manufacturer's instructions for each model and the instructions for use that you have received by your dietitian.

### *Intermittent Feeding*

The intermittent method is a repetitive administration of a specific amount of formula several times a day.

### *Bolus Feeding*

Bolus feeding involves the administration of feed formula over a very short period of time. This reproduces the feeding natural feeding periods. Boluses are administered using large syringes without needles, by gravity, or by a pump.

A combination of continuous feeding and boluses can also be used, for example, continuous feeding at night and boluses given during the day.

## *Water Administration*

You can use the same water that you drink. Potable water from a water supply tap, bottled water that does not pass through a municipal distribution system, or water from a well that is fit for human consumption are acceptable for irrigation in the home of most people.

For children under 12 months of age, boiled and cooled tap water from an aqueduct can be used for irrigation (i.e., boiling on the stove for three minutes and then cooling, see Box 1). Immunocompromised individuals and those prone to infections should use sterile water.

## *Storage and Use of Feed Formulas*

- Store at room temperature < 25°C, in a cool, dry place.
- Respect the expiry date.
- Use the formula within the prescribed time after opening or diluting.
- Canned formula will remain sterile until opened.
- Discard boxes of powdered formula that have been open for more than a month.
- A liquid concentrate, whose container has been opened but not mixed with water, can be stored in the refrigerator for up to 48 hours.

## FEEDING VIA GASTRO-JEJUNOSTOMY TUBE

You should always validate your feeding method with your nutritionist.

### Steps before feeding formula administration

- Check the expiration date of the formula.
- Take the formula out 30 minutes before administration if it has been refrigerated.
- Wash your hands.
- Follow the manufacturer's recommendations to prepare the formula.
- Make sure that the visible part of the tube is neither longer nor shorter than usual.
- Make sure you are in a sitting or semi-seated position when feeding.

Pump	Gravity	Bolus
<ul style="list-style-type: none"> <li>• Connect the tubing to the feed bag.</li> <li>• Remove air from the circuit by circulating the force-feeding formula to the end of the tubing.</li> <li>• Clamp the tubing.</li> </ul> <p>For low profile tubes (buttons) ONLY</p> <ul style="list-style-type: none"> <li>• Adapt the feeding tubing to the button administration extension.</li> <li>• Open the bolster of the tube reserved for feeding. Insert the administration extension tubing into this tip.</li> <li>• Activate the locking system if present (e.g. for some models it is necessary to rotate it 180° clockwise).</li> </ul>		<ul style="list-style-type: none"> <li>• Take the necessary amount of formula using a syringe.</li> </ul>
<ul style="list-style-type: none"> <li>• Check the pump's settings if necessary.</li> <li>• Connect the tubing or syringe to the feeding tube.</li> <li>• Open all the clamps from the system if your equipment has any.</li> <li>• Start the administration according to the recommendations received (rate, frequency, duration).</li> </ul>		
Post-administration steps		
<ul style="list-style-type: none"> <li>• Stop the pump if necessary and disconnect the tubing.</li> </ul>		<ul style="list-style-type: none"> <li>• Disconnect the syringe from the gastro-jejunostomy.</li> </ul>
<p>Irrigate the tube according to the recommendations received:</p> <ul style="list-style-type: none"> <li>• Take the desired amount of drinking water using a feeding syringe.</li> <li>• Connect the syringe to the feeding tube.</li> <li>• Irrigate.</li> <li>• Close the clamp if your tube has one.</li> </ul>		
<ul style="list-style-type: none"> <li>• Rinse reusable tubing and syringes with potable water, let them air dry, and place them in a clean, dry container for reuse according to the recommendations received.</li> <li>• The formula bag and tubing should be changed every 24 hours (attention: the low-profile tube extension has a longer service life).</li> </ul>		
Follow the manufacturer's recommendations for the life of the equipment.		

## MEDICATION ADMINISTRATION

*If you have questions about medications, the pharmacist can answer them and adjust all your medications to facilitate medication administration. Always refer to your pharmacist for your medication needs.*

- It is important never to mix the medication with the feed formula and to administer only one medication at a time.  
REASON: To avoid incompatibilities, impair the effectiveness of medications, and avoid adverse side effects.
- Irrigate with water between each medication (see Box 1).  
REASON: To prevent the drug from remaining in the tube, allow the full prescribed dose to be administered and avoid blocking the tube.
- Respect the dose, the schedule of administration, and the stop times of the formula before taking the medication. Fasting medication should be administered at least half an hour before or two hours after feeding through the tube. Check with the pharmacy if there are any other restrictions.
- Liquid medications are preferred. If the liquid form does not exist, ask the pharmacy if the medication in tablet form can be crushed into powder.
- To dilute crushed medication, use water (see Box 1) (this prevents the medication's effectiveness from being reduced). The amount of water used depends on age and medical conditions.

**Medication Administration Steps**

1. Wash your hands.
2. Prepare medication individually, measure, crush, or dilute as needed and as instructed.
3. If the tube has more than one feeding port use the one dedicated for medication.
4. BEFORE administering any medication, irrigate the tube with the recommended amount of water (usually around 30 ml, see Box 1). This eliminates any formula residues that could interact with the medication administered.
5. Give one medication at a time.
6. Irrigate the tube between each medication with the recommended amount of water (usually around 15 ml).
7. After administering the last medication, irrigate the tube with the recommended amount of water (usually around 30 ml).

**Box 1**

*The water used with the medication should be sterile and at room temperature. Since water from a water heater is not drinkable, let the water boil for 3 minutes and wait until it is at room temperature.*

*Smaller flushing volumes may be required in people with fluid restriction and in children. Please always check with the doctor, nurse or dietician.*

**Usual amount:**

*Adult: 15 to 30 ml*

*Child: 3 to 5 ml*

## ASSISTANCE PROGRAMS

Financial support may be available through various programs (provincial programs, private insurance, First Nations and Inuit program, social assistance, and others).

There is psychological help and support, according to various community organizations, associations and foundations, public programs and services depending on the province and some supply companies can also provide you with support.

Ask the healthcare team for more information.

## RESSOURCES

International Association for Medical Assistance to Travelers (Association internationale pour l'assistance médicale aux voyageurs) <https://www.iamat.org>

Fondation MedicAlert Canada <https://www.medicalert.ca/>

Nurses Specialized in Wound, Ostomy and Continence Canada  
<http://nswoc.ca>

## REFERENCE

Nurses Specialized in Wound, Ostomy and Continence Canada (2023, September). Percutaneous Enteral Feeding Tubes: Canadian Best Practice Recommendations. 1st Ed. [https://www.nswoc.ca/\\_files/ugd/9d080f\\_a7dd6699bb2148bd82afa4199a659292.pdf](https://www.nswoc.ca/_files/ugd/9d080f_a7dd6699bb2148bd82afa4199a659292.pdf)



## NOTES



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## **NURSES SPECIALIZED IN WOUND, OSTOMY AND CONTINENCE CANADA (NSWOCC)**

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The NSWOCC is a registered charity consisting of nurses specialized in the care of patients with wound, ostomy, and continence issues.

The NSWOCC provides national leadership in the field of wounds, ostomies, and continence by promoting the adoption of high standards in practice, education, research, and administration to deliver quality specialized nursing care.

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