



NURSES SPECIALIZED IN
WOUND, OSTOMY AND CONTINENCE
CANADA

INFIRMIÈRES SPÉCIALISÉES EN
PLAIES, STOMIES ET CONTINENCE
CANADA

Guide to living with a gastrostomy

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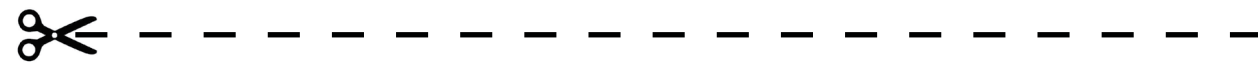
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⚠️ There are three versions of this document, so please make sure you have the one that corresponds to your feeding system.

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



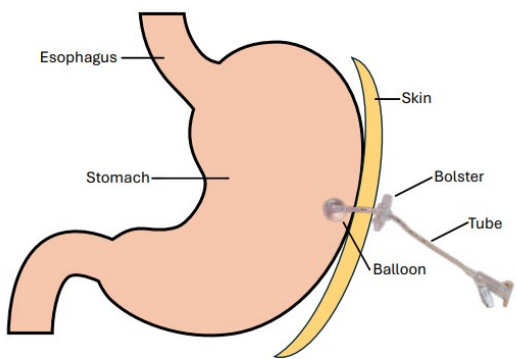
Name:	Surgery date:
Tube's type and brand:	Product code:
Tube's size:	Tube's lenght:
Tube with balloon: _____ No _____ Yes, number of ml _____	
Date/frequence for changing tube:	
Doctor:	Tel No:
Nurse specialized in wound, ostomy and continence:	Tel No:
Dietician:	Tel No:
Home care nurse:	Tel No:
Pharmacy: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

WHAT IS A GASTROSTOMY?

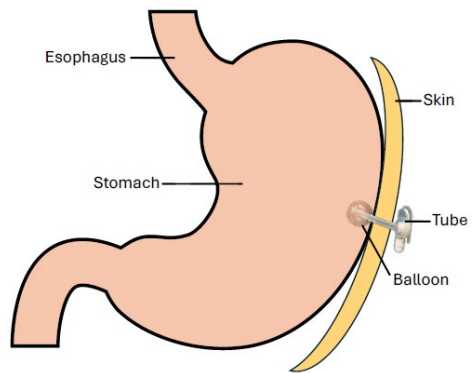
A gastrostomy is a procedure whereby a tube is inserted directly into the stomach through the skin of the abdomen. This tube is used to deliver water, medication and enteral feeding formula (also known as tube feeding, liquid feeding, formula or nutrient preparation), when it is not possible to do so adequately by mouth. There are two types of tube (Figure 1):

Figure 1 Types of Tubes

Standard-length tube:



Low-profile tube (also called bolster) :



HOW TO CARE AND MANAGE FOR A GASTROSTOMY TUBE IN THE FIRST 14 DAYS POST TUBE PLACEMENT

Use of the gastrostomy tube in adults can generally be started 2 to 4 hours after installation, and after 4 to 6 hours in children.

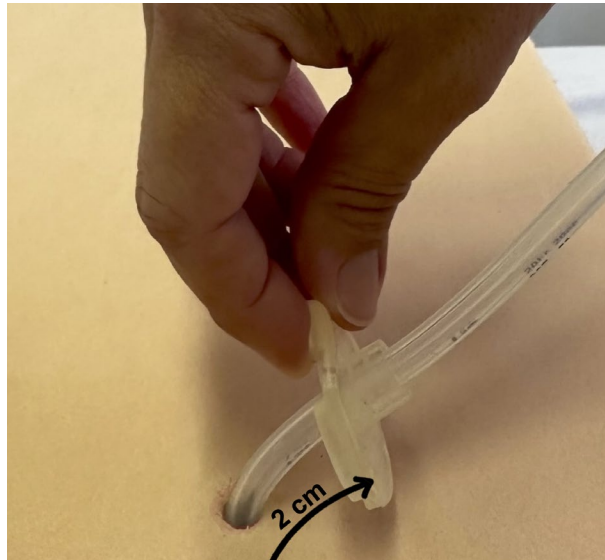
Daily care is provided for the first 14 days after installation, or longer as recommended:

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

Cleaning:
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 directly from the tube insertion site and move outwards up the tube to reduce the risk of contamination. Even if there are sutures, cleaning must be carried out.

Tube position:
This step **cannot be** performed if sutures are holding the stopper at 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 needs to be adjusted (the stopper can be slid along the tube to maintain 5 mm (¼ inch) of spacing). This adjustment is important because, if the stopper is not tight enough, the tube will move, causing the site to widen. If, on the other hand, it is too tight, it may injure the skin.

Figure 2 Retraction of the stopper



To avoid widening the tube insertion site, it is also 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 with your resource person if necessary.

Rotation/mobilization:

ONLY for gastrostomy tubes, not for gastrojejunostomy or jejunostomy tubes. To prevent the tube from damaging the wall inside the stomach, it is necessary to move the tube. Tube mobilization should begin 7 to 10 days after installation, or as soon as the sutures have fallen out, if any.

⚠ For rotation and mobilization, PLEASE refer to the version of this document that corresponds to YOUR feeding system. (you are currently reading the gastrostomy guide).

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. Once the tube has been pushed inwards, rotate it on itself to make a complete turn.

4. When the rotation is complete, 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 daily mouth and teeth cleaning, even for people who receive all their nutrition and hydration through the gastrostomy.

Irrigation:

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

THE FIRST 14 DAYS POST TUBE PLACEMENT: HOW TO CARE AND MANAGE FOR YOUR GASTROSTOMY TUBE

Cleaning:

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 and work away from it. Ostomy care can also be done directly in the shower. If soap is used, be sure to rinse well.

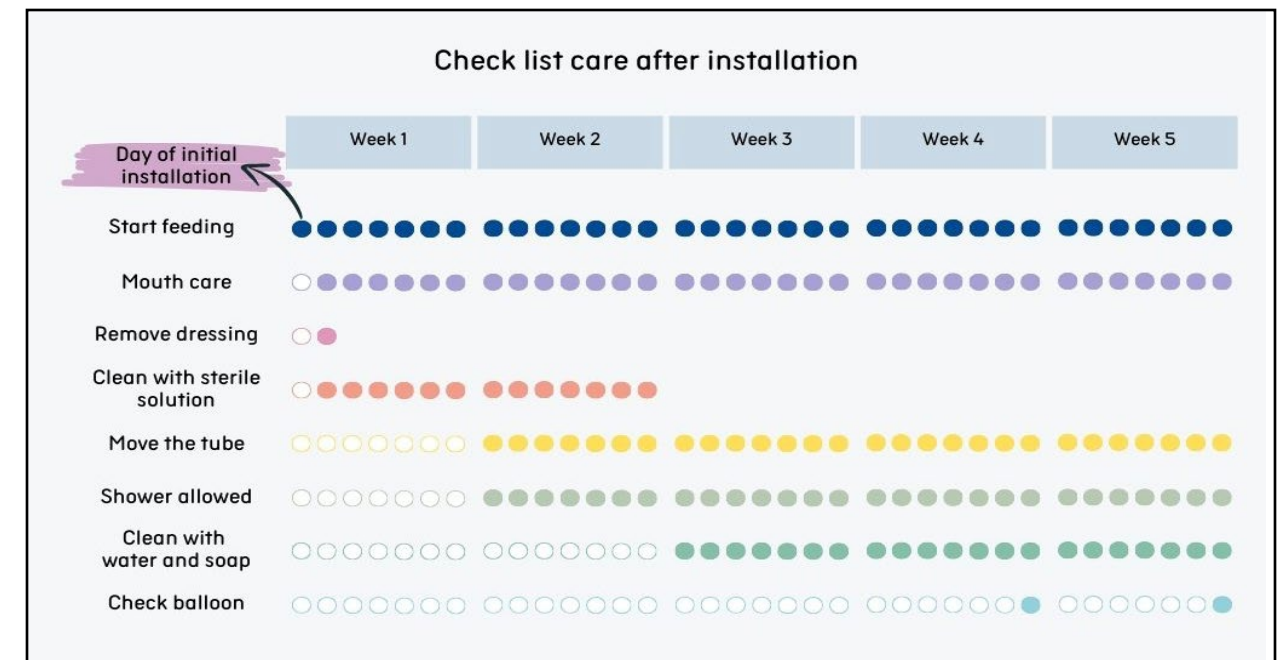
Checking the balloon:

For tubes with balloons, 4 weeks after creating the stoma, it is necessary to ensure that the balloon is still tight and not leaking fluid. This check should be carried out once a week thereafter. How to check the balloon:







- Hold the tube firmly in place with one hand.
- Fit a small syringe onto the tip of the tube that communicates 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 number of ml. **ATTENTION:** the tube stays in place only with your hand, you must hold it properly.
- 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.

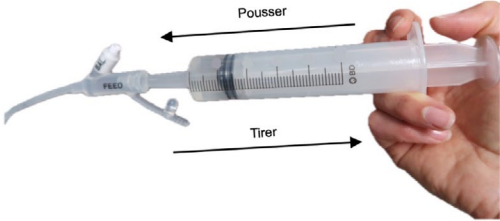


- Use only potable water to inflate the balloon.
- If the balloon's water level remains insufficient for two consecutive weeks, the balloon is probably leaking, and the tube will have to be replaced. Contact your contact person to arrange a replacement.

Figure 3 Capped syringe for checking the balloon



TROUBLE SHOOTING POSSIBLE PROBLEMS

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

<div>-Tube blockage</div>	<div><ul style="list-style-type: none">-Examine the tube to ensure it is not bent and the clamps are open.-If a regular-length tube is present, squeeze and gently roll the tube between your fingers (does not apply to low-profile tubes).-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) (in children, take a 10 ml syringe and put the usual amount of water for irrigation).</div> <div></div> <div><ul style="list-style-type: none">-Repeat 3 more times, space each attempt 10 minutes apart.-If effective: irrigate the tube with sufficient water (60 ml for adults).-DO NOT use excessive force to unblock.-DO NOT insert sharp objects or rods into the tube.-DO NOT use improvised recipes with cranberry juice, soft drinks, or anything other than water.</div> <div> If ineffective, contact your resource person.</div>
<div>-Fallen tube</div>	<div><ul style="list-style-type: none">-Don't panic. The situation is urgent but not dangerous.-Tube installed for less than 8 weeks:<div> 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 tube within 4 hours.</div>-Tube installed for 8 weeks or more:<ul style="list-style-type: none">-If you have learned how to change the tube, you can reinstall a tube of the same caliber (same size) within 4 hours (do not force the insertion; if necessary, consult a doctor).-If you have not learned how to change the tube, consult your contact person or the emergency room to reinstall a tube within 4 hours.-If the balloon is completely deflated but the tube is still in place, apply tape to keep the tube in place and follow the previous directions to change it.</div>

FEEDING

It is important to follow the dietician’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 during the night at a faster speed.

Sometimes, a pump that allows precise control of the feed speed is used. If this is the case, we recommend that you follow the instructions for use related to each model and the instructions for use that you have received.

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

Follow the manufacturer’s recommendations for the life of the equipment.

MEDICATION ADMINISTRATION

For questions about medications, the pharmacist will be able to answer 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. For fasting medication, it 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

NOTES



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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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