

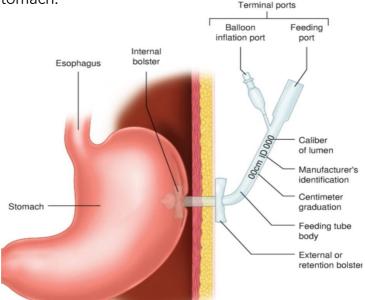
Department of Nursing
Department of Gastroenterology and Hepatology (GEM)

Care of Gastrostomy Tube



What is Gastrostomy Tube

It is a tube that exits through the abdominal wall allowing direct access to the stomach. The feeding tip of the tube (distal tip) sits within the stomach.



It is used for:

- Administration of nutrients, fluid or medication.
- Gastric decompression (Removal of excessive air and liquid to relieve stomach pressure and discomfort in certain groups of patients).

The tube can last from 6 to 9 months, depending on the type of tube used. Subsequent replacements will be advised by your doctor.

Immediate Care

Within first 2 weeks of insertion:

- No swimming or soaked bath.
- Avoid lifting or strenuous activity.
- Continue good hygienic care of your gastrostomy tube and surrounding skin.

This is to ensure wounds are healed properly.

Special thanks to TTSH Home ventilator

& Respiratory support service



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Certain application or steps, to be performed only as advise by healthcare provider

Taking shower:

- Cover the gastrostomy site with a plastic sheet after 24 hours of insertion.
- Remove cover after 2 weeks of endoscopic insertion, or 4 weeks of radiological insertion.

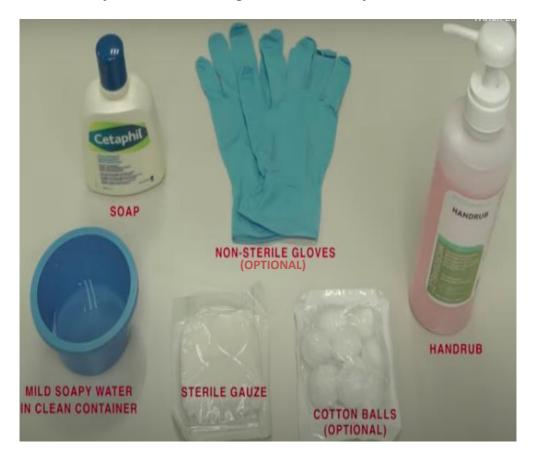


Oral health:

Maintain good oral health even if you get most or all your nutrition from a gastrostomy tube. This include:

- Brushing your teeth, gums, and tongue daily.
- Keep your lips moist with balm or oral gel.
- Visiting your dentist regularly.

Prepare the following items to clean your stoma





- Always wash your hands before and after handling the tube.
- * Keep your skin dry by cleaning the tube site daily or whenever the dressing is dirty. This is to decrease the risk of infection.

How to Clean & Care for Gastrostomy Tube

- 1. Wash your hands.
- 2. Wet a few pieces of gauze with cooled boiled water & squeeze off the excess.
- 3. Remove the old dressing.
- 4. Clean your hands with hand rub, or wear gloves.
- 5. Gently clean the stoma site, around tube and under the external bolster with wet gauze until site is free of stains.
- If the tube is inserted radiologically, 3 to 4 metal fastener buttons can be seen on the skin.
- The buttons must be cleaned once daily using cooled boiled water. These buttons should fall off naturally 2 to 4 weeks after tube placement. Otherwise, inform your healthcare team and they may refer you to TTSH nutrition clinic for review/removal.

Metal fastener buttons

External bolster

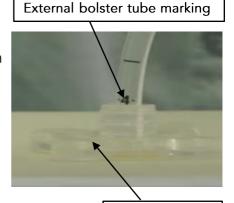


- 6. Inspect your stoma site daily for lumpy reddish tissues (granulation), bleeding and signs of infection.
- Refer to Pg. 10 for more information on the signs to look out for.



Granulation (Lumpy Reddish Tissues)

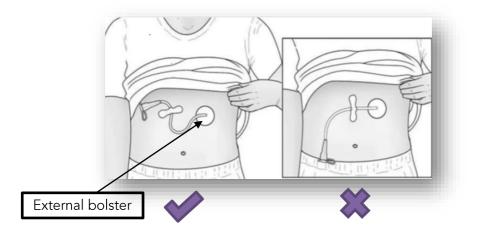
- Check your external bolster tube marking and ensure it remains the same everyday. It should be sitting neither too tightly nor too loosely on the skin (i.e. sufficient space to easily slot in 2-3 unfolded pieces of dry gauze between the skin and external bolster).
- 7. From Day 7 onwards, rotate the tube/ external bolster 360 degrees daily to prevent irritation and pressure on the skin (unless you are advised not to).
- 8. Dry the area with clean dry gauze, if possible, leave the stoma site exposed without dressing. If there are discharges from the stoma site, apply light gauze and change it daily.



External bolster



- Apply barrier cream to the site for skin protection.
- Do not cover the external bolster with any dressing. You may place very thin layer of gauze underneath the external bolster and secure with micropore tape if need to.
- If the tube is too long, it is safer to stabilize the tube by looping and taping it onto the skin to prevent accidental pulling as movement of tube may cause pain, bleeding and growth of granulation tissue.
- You may rotate and tape the tube down at different direction on skin.



 Use of customized abdominal binder may be helpful to secure the tube.

Gastrostomy Tube Feeding & Changing

Follow the feeding plan as prescribed by your dietitian and feeding method taught by your healthcare team.

Before Feeding:

 Flush with prescribed amount of water to ensure no blockage to the tube.

After Feeding:

- Flush with prescribed amount of water to prevent clogged tube.
- Monitor your stool and body weight. Inform your healthcare team if you have any concerns.

How Often is the Tube Changed?

- The first gastrostomy tube change usually take place 6 months from the first insertion.
- You may be given an appointment to see Gastroenterology Nutrition clinic at Tan Tock Seng Hospital.



1. Leakage Around the Tube Site

The leakage is significant if dressing is often fully soaked and is required to be changed frequently in a day.

What to do?	How to prevent?
 Change the dressing regularly. Stay in an upright position during feeds and for 2-3 hours afterward. Apply barrier cream as needed. 	 Make sure to take good care of your skin and gastrostomy tube at all times.
 Regularly check the external bolster tube marking on gastrostomy tube. Contact the healthcare provider if there is persistent leakage or if there are signs of skin redness or infection. 	

2. Cracked Openings/Holes On the Tube

Leakage of feeds observed through the cracked openings/holes during feeding.

What to do?	How to prevent?
 Contact your heath care provider as	 Make sure your tube
the gastrostomy tube needs to be	is not kinked or bent
changed.	at all times.

3. Skin Infection On the Tube Exit Site

- Redness, swelling, pain & warm upon touch.
- Fever and foul-smelling discharges.



What to do?	How to prevent?
 Contact your heath care provider. 	 Always maintain good skin and tube care daily.

4. Lumpy Reddish Tissues at Tube Exit Site

- These are known as granulation tissues.
- They are formed due to body response towards presence of a foreign item (gastrostomy tube) or frequent friction.
- Mild bleeding on contact may occurred.

What to do?

provider.



How to prevent?

Secure your tube well to prevent frequent friction. Leave it alone if granulation tissue is tiny. If significant bleeding or pain, please contact your healthcare Minimize pulling or pushing of the tube as friction at the site stimulates growth of granulation tissue.

5. Blocked Gastrostomy Tube

Feeling of resistance during flushing and feeding.

What to do?

- Check for clamping or kinking of the external tube.
- Flush 50 ml of warm water to try and unblock it.
- If the blockage is visible, gently massage the tube with your fingers and flush it again.
- Repeat the 'push-pull' action to gradually dislodge the block.



Push

Pull

 If unable to flush, contact your healthcare provider.

How to prevent?

- Flush with water as prescribed by dietitian or doctor before and after feeding.
- Crush medication well before feeding.
- Always separate medication and feeds with 5-10mls of water.
- Flush the tube twice daily if not in use.
- Avoid feeding minced/blended food or thick liquids through the tube.

6. Displaced or Accidental Removal of Gastrostomy Tube

When tube length changes a lot, or the tube is completely out of the body.

What to do?	How to prevent?
 Cover the hole with gauze and secure it with micropore tape. 	 Secure your tube on the skin to prevent tugging.
 Go to ED department immediately for tube replacement as the hole can be closed as fast as one to two hours. 	

Help and Support

If you need assistance, contact Gastroenterology Nutrition Clinic at 6889 4445 during office hours (8.30 am to 5.30 pm) from Monday to Friday or the Home Ventilator Team (if you are on follow up with them).

In certain situations, you may be advised to go to the Emergency Department at TTSH level B1 immediately or to see a doctor in Gastroenterology Nutrition Clinic on the earliest available date.

If urgent help is required, please go to the Emergency Department.

Clinic 4B
TTSH Medical Centre, Level 4
Contact:
6357 7000 (Central Hotline)



Scan the QR Code with your smart phone to access the information online or visit https://for.sg/ttsh-health-library

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