

Button gastrostomy



What is gastrostomy?

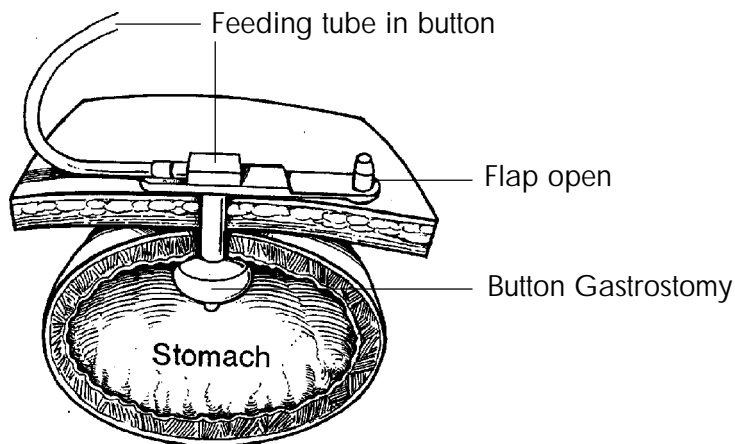
A **Gastrostomy Tube (GT)** is a way to feed babies who are not able to suck or swallow enough for good nutrition. The gastrostomy tube is placed directly into the stomach.

Baby's who have a GT may have a problem with his or her heart, esophagus, mouth (such as a cleft palate), may be on ventilator for a long time, or may not be able to suck and/or swallow well.

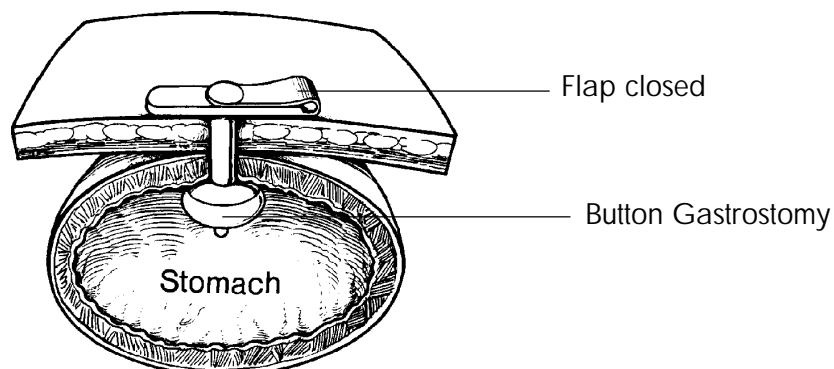
The Button Gastrostomy

The Button gastrostomy has a one way valve inside that makes it difficult for milk to come out of the stomach and Button. Babies who have problems with gas may not do well with this type of gastrostomy. A special tube fits in the Button to feed the baby. The tube is removed and the outside flap closed after each feeding.

Button Gastrostomy with feeding tube



Button Gastrostomy without feeding tube with flap closed



Advantages of the Button

1. You remove the feeding tube after the feeding.
2. It looks better.
3. Tube care is easy. You do not need to measure the tube, or use special adhesive dressings.
4. Fewer skin problems.
5. Lasts longer. Generally lasts 3-4 months before it needs to be replaced. The one way valve not working is the most common reason the Button needs to be changed.

Disadvantages of the Button

1. You must take the baby to the doctor if the tube comes out or use a Foley Catheter until another Button can be inserted.
2. Valve that stops formula from coming up feeding tube may get clogged and stop working.
3. Feeding tube can come disconnected if baby is active during feeding

Inserting the Button

1. The Button may be inserted in the surgery doctor's office, or in the hospital.
2. Your baby is given pain medicine before the Button is inserted. It stings when the stoma is stretched before the Button is placed.
3. The doctor uses a guide to stretch the Button out so it can be inserted through the stoma and into the stomach.
4. Your baby will be fussy several hours after the Button is inserted. The doctor may have you use Tylenol or pain medicine to make the baby comfortable. He will recover by the next day.
5. The stoma may be weepy or bleed slightly the first day or two.
6. Turn the Button in a complete circle each time you feed the baby the first 3–4 days after the Button is placed.

Skin care: Cleaning the stoma (opening)

Supplies:

Mild soap Cloth to wash skin

Water Cloth to dry skin

1. Wash the skin with mild soap and water 1–2 times a day.
2. Dry the skin well and leave open to air for about 15 minutes.
3. Turn the Button in a complete circle 1–2 times a day.

Weepy skin (method 1)

1. If the skin is weepy or blistered rinse the area well with water and pat dry.
2. Sprinkle Stomahesive powder on weepy skin.
3. Dust off extra powder. Stomahesive powder will stick to weepy skin.
4. Repeat every 3–4 days until skin is healed.
5. Call the doctor if the area is not better in 1 week.

Weepy skin (method 2)

1. If the skin is weepy or blistered rinse the area well with water and pat dry.
2. Apply a thin layer of barrier cream.
3. Call the doctor if the area is not better in 1 week.

Rash

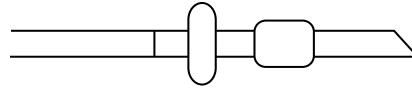
1. If skin looks like it has “prickly heat” or “diaper rash,” wash the area with soap and water. Rinse well and pat dry.
2. Apply a THIN coat of Aseptin™ or Micro–Guard™ cream.
3. Massage the cream into the skin and let dry.
4. Repeat every 2–3 days until skin is healed.
5. Call the doctor if the area is not better in 1 week.

Button care

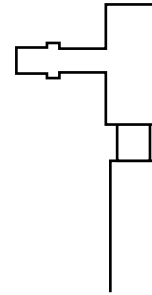
1. Flush the tube and Button with 2 to 5 cc's of tap water after each feeding. This will stop the Button from getting clogged up as easily.
2. Clean the inside of the Button with a Q-Tip and tap water daily.

Types of feeding tubes

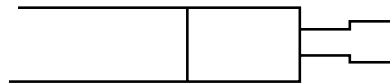
Decompression tube: Longer end to vent and decompress stomach (opening on the side). Should not be used for feedings.



Feeding tube for continuous: End is shorter. Use for regular or continuous feedings. Smaller size tubing allows for more control. Does not open one-way valve, so no venting occurs.



Feeding tube for bolus: Tubing is larger. Opening is at the end of the tube. Used for thicker fluids. Difficult to control the rate of the feeding if just formula is given because of the size of the tube. Does not open the one-way valve, so no venting occurs.



Feeding

Supplies:

Gather all equipment before beginning feeding:

Breastmilk or formula	60 cc catheter tip syringe
Pacifier	Tap water

1. Make baby comfortable: change diaper, suction if needed, offer pacifier, place in infant seat or on bed with head elevated.
2. Attach feeding tube adapter to Button.
3. Check for breastmilk or formula left in stomach from last feeding (residuals) by attaching a syringe to the tube and gently pulling back on plunger. Give this material back to your baby. *DO NOT* throw this away. It contains important nutrients. If more than 15–20 cc's of breastmilk or formula are present call the doctor for a possible change in feedings.
4. Remove the plunger from the syringe. Put the syringe into the open end of the feeding tube.
5. Pinch feeding tube closed. Hold syringe upright.
6. Pour breastmilk or formula into the syringe and add any medications. Release the tube and let the feeding begin to flow. Some parents measure formula for each feeding into a plastic bottle instead of directly into syringe.

7. Add more breastmilk or formula as the syringe empties. Pinch the tube closed when adding more breastmilk or formula. To prevent air from getting into the stomach, do not let syringe run dry.
8. Feeding should run at 2–3 cc's/minute or be finished in about 20 minutes.
9. To start the feeding, a gentle push with the plunger may be needed.
10. Feeding should FLOW BY GRAVITY, SLOWLY (hold syringe above your baby)!
11. When feeding is finished, flush with 5 cc's of tap water or air to clear it of formula.
12. Remove feeding tube and close flap. Formula should not come back up the Button because it has a one way valve.
13. Baby may need to be burped.
14. After feeding, place baby on right side with his or her body propped at a 30° angle.
15. Clean equipment by washing syringe and feeding tube with hot soapy water. Let it air dry. Store in clean towel or baggie.
16. TUBE FEEDINGS ARE **NOT** TO BE HUNG OR LEFT UNATTENDED.
17. If feeding tube comes off Button, breastmilk or formula will pour out on the baby. Put tube back on and re-feed amount of breastmilk or formula you think was lost.

Medications

1. Thick medicines can clog the Button. They need to be diluted with water or formula before being placed in the syringe.
2. Medicine in tablet form must be crushed and mixed with water or formula before being placed in the syringe.
3. Give medicines in beginning of the feeding. The remainder of the feeding can wash all the medicine down the tube.
4. Flush feeding tube and Button with 2 to 5 cc's of tap water at the end of feeding.

Cleaning and storing equipment

1. Wash the feeding tube in hot soapy water; rinse well and air dry after each feeding.
2. Wash the feeding tubes once a week with a vinegar and water mixture.

To use Vinegar Mixture (acetic acid)

- Wash with mild liquid detergent and tap water. Bottled water may be used. If tap water is used, run hot water for 3–5 minutes to remove germs from the water faucet.
- Soak feeding tubes in white distilled vinegar mixture (mix 16 ounces of tap water and 16 ounces of distilled vinegar) for 3 hours or overnight.

- Remove from vinegar mixture. Rinse with tap water and air dry.
 - Throw away used vinegar and water mixture.
 - Make a new vinegar and water mixture each time.
3. Store in clean towel or baggie.

Mouth care

It may be necessary to clean the baby's nose and mouth with finger cot and warm water to keep his nose clean.

Call the doctor if:

1. Bloody residuals (formula left in baby's stomach between feedings).
2. Residuals greater than 15–20 cc's.
3. Stomach enlargement not helped by attaching feeding tube and hanging the tube open for 1 hour.
4. Leaking formula.
5. Tissue build-up around the gastrostomy tube.
6. Unpleasant smell from the stoma (opening into stomach), bleeding stoma, formula leaking around gastrostomy tube.
7. Button is clogged and formula will not go down tube. Attempt to flush 5 cc of tap water down tube. Use very gentle pressure on plunger. Stop if formula does not flow easily.
8. Button comes out. Save the Button and call the doctor. Stoma will stay open for several hours. You can put in a Foley catheter until the Button can be replaced by the doctor.

Other information

1. Babies with gastrostomy tubes may have visiting nurse or Health Department referrals to help with questions or problems at home.
2. You may hold your baby during the feeding when you feel more comfortable with feeding your baby by gastrostomy.
3. Feeding by nipple should be tried before gastrostomy feeding when your baby is allowed to nipple part or all of his feeding.
4. If your baby does not feed by bottle or takes most of his feedings by tube, you may give the one or two night feedings by gastrostomy tube, particularly if your baby is asleep or not alert. As the baby's nipple feedings increase, these feedings can be fed by bottle.

Increasing feedings

1. The doctor will give you a schedule on how to increase your baby's feedings. Feedings are increased according to weight gained and calories needed for growth.
2. Feedings are usually increased about 5 cc's for each 1/2 pound of weight gained.
3. Baby should be weighed once a week either at the doctor's office or Health Department.
4. You will be given a **Feeding Record** to keep track of how well the baby eats. Take this record with you to each doctor's visit.

Supplies

1. All of the home supplies you need for the first month will be sent home with you. The hospital makes these arrangements with a company near where you live.
2. The supply company will contact you at home or while you room-in with your baby.
3. The supply company will tell you when to reorder supplies. Call them to reorder supplies.
4. Families with insurance should call the company or caseworker before reordering supplies. They may not pay for them otherwise. The insurance company will tell you how they want this done. They work with the supply company to make sure you have what your baby needs.
5. You need to order new tubes about every 6 months or if the adapter that goes into the button does not fit well. You are sent home with extra tubes.