

Gastrostomy tube feeding



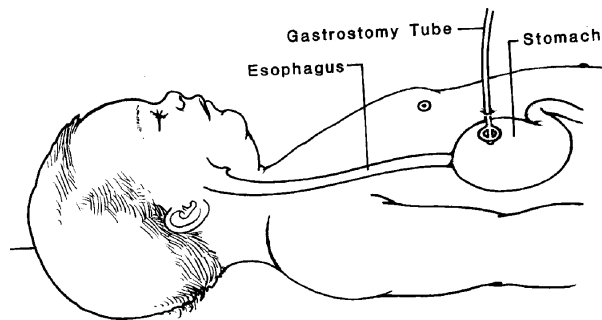
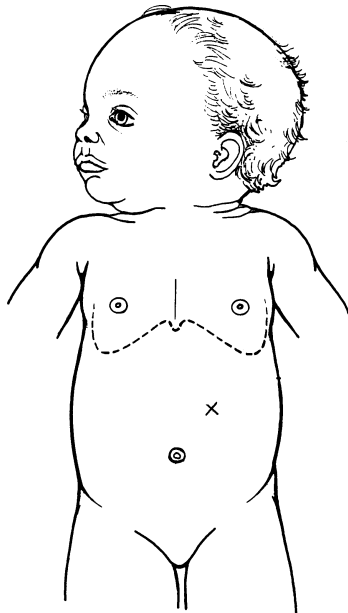
What is a gastrostomy?

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. The baby may have a problem with his 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.

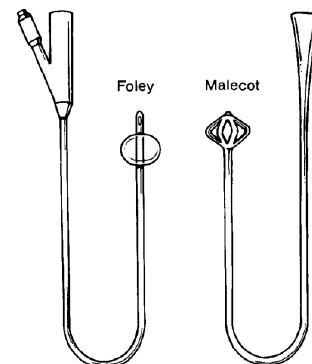


Where the tube goes

1. The tube is a rubber tube (Malecot Catheter) placed through a hole made in your baby's stomach by the surgeon.

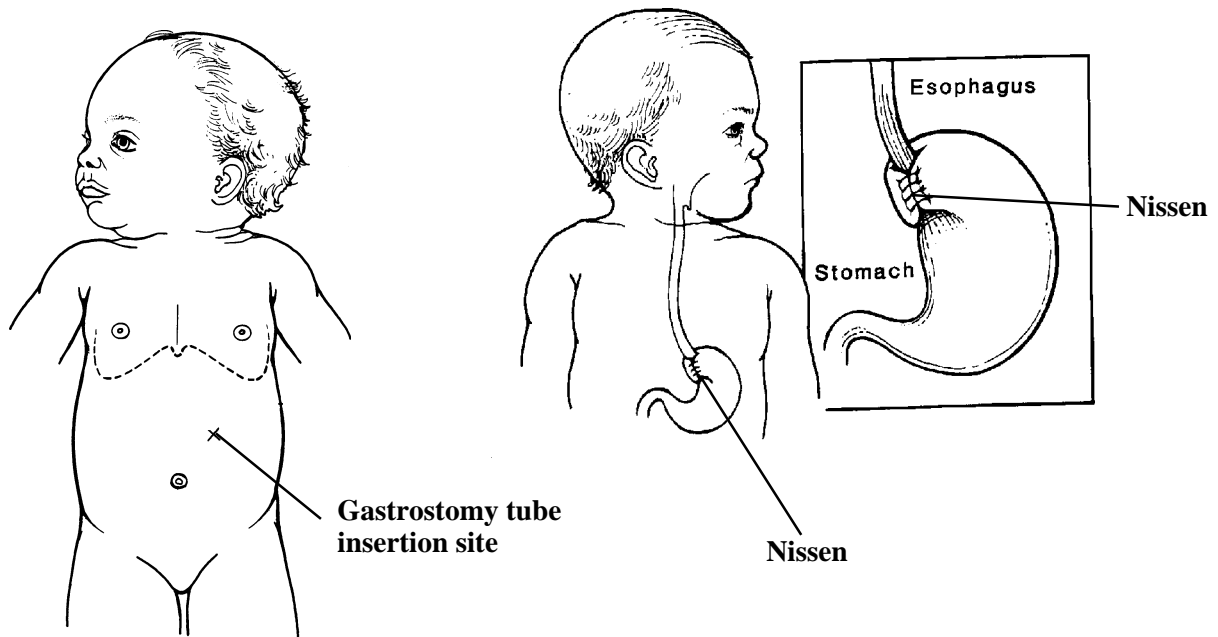


2. The first tube (Malecot Catheter) is sewn in place until the opening in the skin and stomach heal together. It may be removed and replaced with a Foley Catheter 2-4 weeks after surgery.
3. The tube is kept in place by a special dressing that stops the tube from being pulled out.



What is a Nissen fundoplication?

1. Sometimes a Nissen fundoplication is done at the same time the gastrostomy tube is placed.
2. This surgical procedure tightens the valve between the esophagus (canal connecting the mouth and stomach) and your baby's stomach.
3. Part of the baby's stomach is wrapped around the esophagus, like a scarf is wrapped around the neck.



4. It helps stop formula and stomach juices from sloshing up into the feeding tube or esophagus. This is called reflux.
5. Reflux can make your baby spit-up often, irritate the esophagus, have breathing problems (apnea) or cause formula and stomach juices to get into the baby's lungs.

What happens after surgery?

1. The tube is hung in the crib or isolette to "rest" for about 24 hours.
2. Feedings are usually started using the tube 2-3 days after surgery.
3. Feedings are started slowly.

Care of the gastrostomy tube: cleaning the stoma (opening)

Supplies:

- Stomahesive or D-TAD
- Mild soap
- Scissors
- Cloth to wash skin
- Hy-tape 1/2 inch
- Cloth to dry skin
- Water

Dressing

1. Gather all the supplies you need before you begin. Wash your hands!
2. Remove the old dressing.
3. Wash skin around the tube. Pat dry.
4. Look at skin for redness or bleeding. Watch for a build-up of red or pink skin around the stoma (opening into the stomach).
5. Prepare dressing.
6. Apply dressing.
7. Secure dressing.
8. Tube length should be checked 2 times a day to see if it has moved too far into the stomach. If this happens, pull on the tube and position it correctly. If you are not able to pull the tube back, remove the water from the Foley catheter bulb; remove the tube completely; check the tube; and put it back in the stomach.
9. Depending on how dressed, dressing needs to be changed twice a week (every Monday and Thursday for example). The dressing should be changed and the site checked if the area smells badly, drainage is seen, or redness and/or swelling occur.

Care of irritated skin

Weepy skin

1. If the skin is weepy or blistered wash the area with water. Rinse well and pat dry.
2. Sprinkle Stomahesive powder on weepy skin.
3. Dust off extra powder. Stomahesive powder will stick to weepy skin.
4. Apply dressing.
5. Repeat every 3-4 days until skin is healed.
6. 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 water. Rinse well and pat dry.
2. Apply a THIN coat of protective cream, recommended by your doctor.
3. Massage the cream into the skin and let dry.
4. Apply the dressing.
5. Repeat every 2-3 days until skin is healed.
6. Call the doctor if the area is not better in 1 week.

Changing the gastrostomy tube

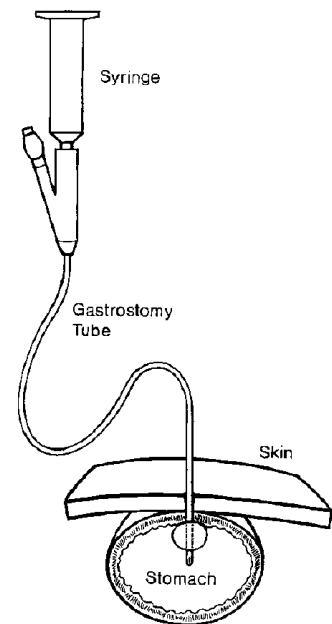
1. Always wash your hands before changing dressing or tube.
2. The tube is not changed the first 2-4 weeks after surgery.
3. If the tube comes out, the opening (stoma) may close within 3 hours, so a new tube needs to be placed before this happens.
4. If you cannot replace the tube, call your doctor.
5. Check Foley catheter by filling bulb end with 5 cc's of tap water before inserting tube into baby's stomach.
6. Remove water before inserting tube.
7. Wet tip of tube in tap water.
8. Put tip of tube into stomach opening.
9. Pass tube into the stomach about 1 inch past the bulb.
10. Fill bulb with 5 cc's of tap water.
11. Gently pull tube to position bulb against the wall of stomach. Pulling tube too tightly will cause the opening to enlarge and formula may leak out around the tube.
12. Clamp tube.
13. Apply dressing and tape in place.

Feeding

Supplies:

Pacifier
Breast milk/formula
Medicine
60 cc syringe

1. Make baby comfortable: change diaper, suction if needed, offer pacifier, place in infant seat or on bed with head elevated.
2. Unclamp gastrostomy tube.
3. Check for milk 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 milk 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 gastrostomy tube.
5. Pinch 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.
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, tube may be flushed with 3-5 cc's of tap water or air to clear it of formula.
12. **Clamp tube using a syringe cap in the open end and a rubber band around the tube doubled against itself.**
13. Try to burp baby (probably will not burp if he had a Nissen fundoplication).
14. If baby seems to have stomach discomfort or enlargement, hanging the unclamped tube above your baby for 20-30 minutes may help. This lets your baby "burp".
15. After feeding, place baby on right side or on stomach with his body propped at a 30 degree angle.



16. Clean equipment by washing syringe with hot soapy water. Let it air dry. Store in clean towel.
17. TUBE FEEDINGS ARE **NOT** TO BE HUNG OR LEFT UNATTENDED.

Call the doctor if...

1. Bloody residuals (milk left in baby's stomach between feedings).
2. Residuals greater than 15-20 cc's.
3. Stomach enlargement not helped by unclamping and hanging the tube for 1 hour.
4. Unable to replace tube that came out.
5. Tissue build-up around the gastrostomy tube.
6. Unpleasant smell from the stoma (opening into stomach), bleeding stoma, formula leaking around gastrostomy tube.

Other information

1. Babies with gastrostomy tubes have visiting nurses or Health Department referrals to help with questions or problems when you go home.
2. Before your baby goes home, parents work with a therapist to help your baby learn to suck. (This may continue at home).
3. If your baby cries or strains to have a bowel movement, breastmilk or formula may back up into the syringe. Pinch the tube closed briefly. Help calm your baby. Restart feeding when he is relaxed and quiet.
4. You may hold your baby during the feeding when you feel more comfortable with feeding your baby by gastrostomy.
5. Feeding by nipple should be tried before gastrostomy feeding when your baby is allowed to nipple part or all of his feeding.
6. 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 bottle 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. Baby should be weighed once a week either at the doctor's office or Health Unit.
3. 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 initially will be sent home with you. The hospital makes these arrangements with a supply company near where you live.
2. The supply company will contact you at home or while you room-in with your baby.
3. Do not use the supplies for home use while you are in the hospital.
4. The supply company will tell you when to reorder supplies. Call them if your equipment breaks or to reorder supplies.
5. 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.