

GASTROSTOMY FEEDING TUBE



PATIENT EDUCATION HANDOUT



DEPARTMENT OF INTERVENTIONAL RADIOLOGY

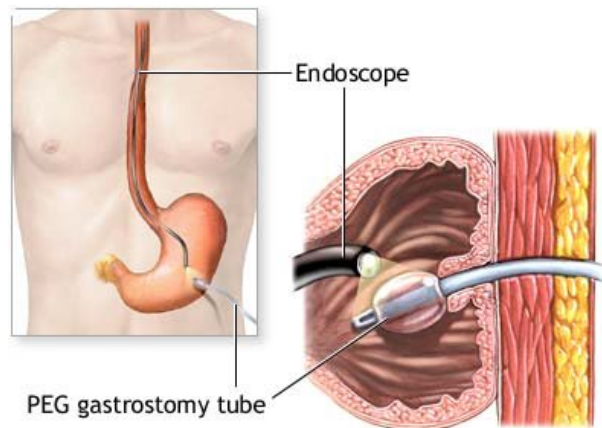
What is a gastrostomy feeding tube?

Gastrostomy feeding tube placement is a procedure for placing a feeding tube directly into the stomach through the abdominal wall.

When is a gastrostomy tube placement used?

This procedure may be done if you are unable to eat normally and need long-term feeding. For example, you may need a gastrostomy if:

- You are unable to take adequate nutrition by mouth due to cancer of the mouth or throat
- Your swallowing is impaired due to stroke or other neurological conditions such as Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)
- You are malnourished from other disease processes



ADAM.

Figure 1: The tube used for percutaneous fluoroscopic gastrostomy is the same as a PEG tube. The difference in the two procedures is that percutaneous fluoroscopic gastrostomy uses x-rays to guide the tube, whereas PEG uses an endoscope to guide the tube.

Most temporary feeding tubes are passed through the nose into the stomach (nasogastric tubes). A gastrostomy tube is usually placed to allow removal of the nose tube, so that feeding can continue with greater comfort.

How do I prepare for gastrostomy feeding tube placement?

Gastrostomy tube placement is usually done on an outpatient basis. You will need to have someone to drive you home after the procedure. In some cases, patients are admitted to the hospital after the tube is placed in order to begin feedings and monitor patient progress. This is decided by your doctor who ordered the feeding tube placement (usually a gastroenterologist or neurologist).

You should not eat anything after midnight the evening before the procedure. You may take all of your medications with a sip of water. If you are on Coumadin therapy, please tell your doctor prior to the procedure so adjustments can be made.

What happens during the procedure?

The procedure can be done in three ways:

- Open gastrostomy tube placed by a surgeon
- Percutaneous endoscopic gastrostomy (PEG) tube placement by a gastroenterologist at an endoscopy clinic or hospital
- Percutaneous fluoroscopic gastrostomy tube placement guided by X-rays and done by an interventional radiologist

As Interventional Radiologists, our expertise includes the placement of **percutaneous fluoroscopic gastrostomy** tubes.

Placement of a feeding tube with **percutaneous fluoroscopic gastrostomy** uses X-rays to guide the feeding tube placement. First, an anesthetic spray is used to numb the back of the throat. Then a small tube is placed through your nose into your stomach. Air is then instilled into the stomach via the tube. The radiologist then takes an X-ray image to make sure nothing is in the way between the stomach and the abdominal wall. After numbing your skin with a local anesthetic, stitches (sutures) are placed in the stomach to bring it close to the wall of your abdomen. The gastrostomy tube is then inserted through the abdominal wall into the stomach through a small incision. The tube in your nose is then removed.

How does tube feeding work?

A dietitian or nutritionist calculates which nutrients (vitamins, minerals, fluids) and how many calories the person needs each day. Then he or she selects the right formula to meet those needs. Some examples of formulas are Ensure, Glucerna, and Pulmocare. Formulas may be given in 3 ways:

- Continuous feeding – a small amount of formula is given without interruption over 12-24 hours.
- Intermittent feeding – The total amount of formula needed in a day is divided into 3 to 6 feedings. Each feeding is then given over 60-90 minutes.
- Bolus feeding – A large amount of formula is given by syringe in 15-30 minutes. This method is faster and uses less equipment, but can cause problems such as diarrhea.

Depending on your needs, it may be possible to continue regular eating food by mouth while supplementing with tube feeding to ensure adequate nutrition.

How is tube feeding different from “parenteral” nutrition?

Parenteral nutrition is another way people receive food when they cannot eat. **It is a special liquid food mixture given into the blood via a catheter in the vein.** It bypasses the person’s digestive system. It is sometimes called “total parenteral nutrition,” “TPN”. TPN is usually used for a shorter time than gastrostomy tube feeding. Tube feeding is less costly, has less risk of infection, and keeps the digestive system working better than TPN.

What are the benefits of this procedure?

You will be able to get enough nutrition without having a tube through your nose into the stomach.

What are the risks associated with this procedure?

These infrequent risks exist for the procedure:

- The colon or other organs in your abdomen might be injured during the procedure, which could require surgery for repair.
- The area around the tube may become infected after the procedure
- You may develop bleeding

When should I call you?

Call us right away if:

- The tube comes out. It can be dangerous if the tube comes out within 2 to 3 weeks after the procedure. It is usually not dangerous after that, but the opening can close very quickly, so a new tube needs to be placed before this happens

- The tube has become blocked and you are unable to take food through the tube
- You have a lot of drainage around the tube
- You have nausea or vomiting after feedings
- You have pain with feedings

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