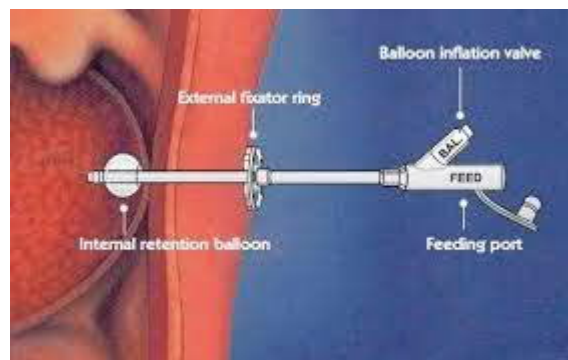


## PATIENT INFORMATION

# Radiologically Inserted Gastrostomy (RIG)



This leaflet should give you a better understanding of what a RIG is and how it is placed including the risks and benefits.

A RIG is a narrow tube placed directly into the stomach and can be used to administer feed (liquid), fluid and/or medication. It can be used for short term or longer term feeding.

## **WHY DO I NEED A RIG?**

There are a number of reasons for needing a RIG tube, for example if you are unable to take enough food or fluid by mouth or if planned treatment is going to affect your ability to swallow eat or drink.

## **WHO WILL LOOK AFTER THE TUBE?**

You, your relative or carer can be trained to look after the feeding tube. You will be shown how to care for your tube before you are discharged from hospital.

## **WHAT ARE THE RISKS AND COMPLICATIONS ASSOCIATED WITH HAVING A RIG?**

RIG placement is generally considered a safe procedure and serious complications are rare. Even so, no procedure is totally risk free.

- **PAIN:** You may feel some pain or discomfort during the procedure but you will be given sedation and local anaesthetic to reduce this. After the procedure you may experience some localised pain or tenderness. This is normal and can be controlled with regular analgesia (pain relief). Longer term pain is rare and most people are pain free in 4-7 days.
- **BLEEDING:** Very rarely, a blood vessel can be punctured accidentally when passing the needle into the stomach. This can result in bleeding.
- **DAMAGE TO ANOTHER ORGAN:** Is rare as image guidance is used throughout the procedure.
- **PERITONITIS:** Peritonitis is inflammation of the lining of the abdominal cavity. This occurs when feed or medications enter the abdominal cavity. You will be closely monitored for 24 hours after your tube is inserted and only fed when safe to do so.
- **WOUND INFECTION:** An infection can occur after insertion of RIG tube. Antibiotics are given at the time of the procedure to minimise this risk. Wound infections are usually confined to the skin around the site and may require antibiotics.
- **TUBE DISPLACEMENT:** After insertion there is a small risk of the tube becoming displaced or falling out, you will have instruction on how to minimise this and what to do if it happens.

## **HOW IS THE RIG INSERTED?**

The procedure is undertaken by the Interventional Radiology Team, a Radiologist will perform the procedure, they are Doctors with special expertise in using x-ray equipment and interpreting images. A radiographer and nurse will usually be present in the room to assist during the procedure. Occasionally student radiographers or medical students will be present to observe the procedure.

You will lie on the x-ray table, generally flat on your back. A needle will be placed into a vein in your arm for sedation and a monitoring device attached to your finger. The radiologist will pass a narrow tube up your nose and down into your stomach (nasogastric tube). This will be removed after the procedure.

The skin below your ribs will be cleaned with antiseptic and the rest of your body will be covered with a sterile towel. The radiologist will use the x-ray equipment to decide on the most suitable point for the feeding tube. This will generally be below your left lower ribs. The skin in this area will be anaesthetised. This can sting a little to begin with, but should rapidly wear off.

The radiologist will use 3 sutures to hold the stomach wall in position; these are often referred to as 'buttons'. A needle is then passed into the stomach to allow placement of a guidewire; the needle is removed leaving the guide wire in place. A series of small tubes are passed over the wire one after another, to enlarge the tract from your skin into your stomach. Once the tract is wide enough, the feeding tube is placed through the skin and the guidewire is removed, the tube remains in place by a balloon inflated with sterile water. The sutures dissolve and the outer 'button' falls off between 2-6 weeks.

The Nutrition Nurse will see you 4 hours later to check the area and advise when the tube is safe to use. Arrangements will be made for training on care and management of your tube before you go home.

## **PREPARATION FOR THE PROCEDURE**

The Interventional Radiology team will arrange the appointment date and time for you. You will receive a phone call from the Radiology Nurses to go through a pre-assessment; this will include advising if any of your medications need to be stopped prior to the procedure (specifically any blood thinning medication you may take) if you have any allergies and to answer further questions you may have.

We may also need to arrange blood tests and the Radiology Nurses will arrange with you the most suitable place to have these done.

### **How long will I need a RIG tube?**

RIG (balloon retained tube) are routinely changed every 3-6 months.

It can be easily removed when it is no longer needed. Your dietitian will be able to advise you if they think you no longer need it.

### **How will I use my RIG for feeding?**

There are three possible options; your dietitian will help you decide the most suitable method for you.

- PUMP feeding – The bag or bottle of feed is hung on a drip stand (or in a rucksack) and a pump is used to administer feed at a set rate over a set time.
- BOLUS feeding – Liquid feed administered using a syringe to provide a set volume of feed at regular intervals during the day. To meet your nutritional needs, you may require up to 4-6 bolus feeds per day.
- Combination of both bolus and pump feeding.

### **Will having a RIG tube change my life at home?**

Having a RIG should not significantly impact your normal activity but may require changes to your usual routines. It is not recommended to immerse yourself in water or four weeks after your tube has been placed, Showering is fine. Activities like gardening and yoga where you are stretching and bending may be uncomfortable for the first couple of weeks after your tube is placed. Listen to your body and do what activities you feel comfortable with.

### **Who supplies the food and equipment?**

A homecare company will deliver feed, giving sets and syringes to your home.

### **How will I take my medication?**

Some medication can be prescribed in a liquid form or tablets can be crushed and administered via the tube with a syringe. Your pharmacist can advise you about this. The tube must be flushed with at least 40-60mls of water before and after administration of medication to prevent the tube from becoming blocked and at least 10ml in between each one.

## **Will a RIG affect my bowels?**

If you are having trouble with your bowels, there can be a number of reasons for this, including weakened muscles, reduced fibre intake, poor fluid intake or medication. Your bowels may need to adjust to the new feed, and your Dietitian may advise on fibre, non fibre, fluid or specialist feed dependant on your needs.

## **How will I care for the tube?**

- FLUSHING- The tube should be flushed regularly with 40-60mls of freshly drawn tap water. When using your tube additional flushes will be required to prevent tube blockages.
- CLEANING- You're your tube and RIG site will need cleaning once a day to protect your skin and the longevity of your feeding tube.
- BALLOON WATER EXCHANGE – The water in the balloon (holding the tube in place and stopping it from falling out) will need to be replenished/replaced weekly to prevent tube displacement.

## **What will happen If I choose not to have a RIG?**

You may have been advised to have a RIG tube inserted due to present or expected difficulties with eating and drinking. If you choose not to have the RIG inserted, your doctor and dietitian can advise on whether an alternative method of tube feeding could be an option for you.

For question and queries about information you have been given about your RIG placement please contact:

Hospital Dietitian.....	01803 654382
Community Dietitians.....	01803 654382
Nutrition Nurse.....	01803 654951 or email <a href="mailto:sdhct.nutritionteam@nhs.net">sdhct.nutritionteam@nhs.net</a>
Radiology Nurses .....	01803 655649

## **CANCELLING YOUR APPOINTMENT**

If you are unable to attend your appointment, we would be grateful if you could contact us on 01803 655649 as soon as possible. We can then offer your original appointment to another patient. A further date and time will be arranged for you. Please be advised that if you fail to attend your appointment, it may be necessary to remove you from the Radiology waiting list.

Please note: If you have had D&V (diarrhoea and vomiting) you will need to contact us to rebook your appointment unless you have been clear of symptoms for 48 hours.

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For further assistance or to receive this information in a different format, please contact the department which created this leaflet.