

PATIENT INFORMATION

Aftercare and Discharge Booklet Following a Radiologically Placed Gastrostomy (RIG) Tube Insertion

Stop feeding/medication deliver immediately if (any of the below):

1. There is abdominal pain on feeding
2. Signs of rising early warning scores above baseline values
3. Prolonged OR severe pain post procedure
4. Fresh bleeding around the tube or haematemesis or melaena
5. Leakage of feed or gastric contents around the new tube

If you experience any of the above call Nutrition Team within office hours 0.900 – 16.30.

Out of hours or Bank holidays call NHS Emergency and Urgent Care Services 111.

If you experience **ONE** or **MORE** of the following signs or symptoms when flushing or feeding:

- Pain or distress
- Fresh bleeding
- Significant gastric leakage
- Abdominal swelling
- Nausea with vomiting

STOP THE FEED OR FLUSH

Please contact **ONE** of the following:

Nutrition Team during office hours, Mon-Fri 0.900 – 16.30 on 01803 654951

Or mob no: 07747246368

Out-of-hours, Bank Holidays and Weekends call

NHS Emergency and Urgent Care Services 111

HAND HYGIENE

Always wash hands before and after using your feeding tube

Unclean hands can cause infection so regular hand washing is important

HOW TO CARE FOR THE FEEDING TUBE

Correct care of the feeding tube will help reduce the risk of problems such as infections and blockages. Always try to keep the tube and connections clean and dry, free from spilt feed and medications.

Flushing

Regular flushing of the tube will prevent blockages

Flush the feeding tube with freshly drawn tap water.

- Before starting a feed
- After a feed is finished
- If feeding is interrupted: flush the tube at the time the feed is stopped and again before feed is restarted
- Before and after any medications
- Between each individual medication

If the tube has been placed prior to your treatment starting the tube should be flushed daily and the site kept clean and dry.

The RIG should only be used for feed, medication and fluids.

Your dietitian will advise when to start using the tube, what type of feed and how much to give. If it is safe to do so you can continue to eat and drink as able. Extra fluid can also be given via the tube if needed. The tube should be flushed with 30mls of freshly drawn tap water before and after feed and before and after each medication. Medications should never be **mixed** a 10ml flush should be given between each to prevent interactions between medications.

The clamp should be left open until you wish to use the RIG, changing the position of the clamp regularly will prevent it from damaging the tube.

CARING FOR THE SKIN AROUND YOUR RIG

The area where the RIG enters your stomach is called the stoma site.

It is important to keep the site clean and dry, soap and water can be used to clean the area. You can have a shower 48 hours after your RIG was inserted, it is important to dry the area thoroughly.

You are advised not to immerse the stoma site in water for the first 4 weeks until the stoma site has healed. Please do not use creams or talcum powder on the stoma site.

There may be a small amount of discharge from the site, this is normal.

If you feel the tube has become dislodged STOP USING IT and contact your Nutrition Team or your GP immediately

Signs of infection include pain, swelling, increased temperature, redness and pus if you experience any of these please contact either your Nutrition Team or GP as soon as possible.

ADDITIONAL CARE

You will have T fasteners (button & stitches) in place, these will need to be removed by the Nutrition Nurse/Enteral Nurse 14 days after the RIG was placed.

The tube is held in place by a balloon filled with sterile or cooled boiled water. This needs to be checked weekly, you will be taught how to do this. If you are unable to do it yourself a family member, carer or a Community Nurses can check it for you.

WHAT TO DO IF THE RIG BECOMES BLOCKED

If you find you are unable to flush the tube you may try the following:

- Ensure all clamps are open and the tube is not kinked
- Manipulate the tube between your fingers to see if you are able to locate and massage the blockage
- Connect the 50ml syringe to the end of the tube and try to flush with 50mls Luke warm water and leave for 30 minutes.
- Re-flush using a push pause technique to create some turbulence in the tube.

If the tube remains blocked contact your Nutrition Nurse (contact numbers can be found on the back page).

Never use excessive force and never attempt to unblock the tube by introducing sharp instruments.

MEDICATION

All medications should be given in liquid form where possible i.e. Syrup, soluble or crushable mixed with water, your GP can prescribe for this.

HOW LONG WILL THE TUBE STAY IN?

This will depend why the tube was inserted, balloon retained tubes will need to be changed every 3-6 months either by the Community Nurse or Nutrition Nurse. This can be done at home or at a hospital clinic appointment.

DISPLACEMENT

Displacement requires urgent action.

If the balloon holding the tube in place fails the tube could fall out, if you suspect the balloon is failing and the tube is still in place apply tape to hold it and call Nutrition Nurses or attend A&E.

If the balloon has failed and the tube has fallen out **seek help immediately** either call the Nutrition Nurse during office hours Mon-Fri 09.00-17.00 or attend A&E.

WILL MY RIG HAVE AN IMPACT ON MY DAY TO DAY LIFE?

Having a RIG should not restrict your movement, leisure time, or your relationships. When you are due to be discharged the nursing staff will make sure everything has been planned to get you home safely.

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