

Gastrostomy feeding

Making the decision



This leaflet aims to provide some information you will find useful in helping you to decide whether or not to have a feeding tube (gastrostomy) placed.

Making the decision

Importance of nutrition

Having a balanced diet is vital for good health and wellbeing. When we are unwell, nutrition is even more important. The nutrients we get from food help our bodies to fight infection, heal wounds, reduce the risk of developing other medical complications and may even shorten a hospital stay.

If you are not able to take in all of the necessary nutrients by eating and drinking, then you may need to consider other ways of getting these essential nutrients. This is where feeding through a gastrostomy tube can be useful.

What is a gastrostomy tube?

A gastrostomy tube is a small plastic feeding tube that allows you to receive prescribed liquid feed*, water and medication directly into the stomach.

The gastrostomy tube will not necessarily be required to replace all of your oral intake, and can be used for:

- medications only
- water only
- water and medication
- feed, water and medication.

*Feed is prescribed liquid nutrition that can supplement your oral diet or meet all your nutritional requirements, depending on your needs.

Why do I need a gastrostomy tube?

A gastrostomy tube has been mentioned to you as you may be struggling to take all the nutrition and / or fluids you need orally.

If you are affected with any of the following, a gastrostomy tube may be suggested:

- on-going, unintended weight loss
- reduced oral intake over an extended period
- a poor swallow resulting in coughing or choking whilst eating and /or drinking
- increased frequency of chest infections caused by a poor swallow
- 'Nil by Mouth' – if it has been advised that it is safer for you not to eat and drink
- increased difficulties eating – poor movement of the tongue / chewing / lip control. This can reduce the amount of food and drink you can take, and increase the amount of time mealtimes take, often reducing the pleasure of eating and drinking
- reliance on a nasogastric (NG) tube for an extended period
- increased nutritional requirements – in some cases your illness requires increased nutrition which you may feel too unwell to take through your diet

Sometimes tubes will be suggested before they are needed – this is advised on the anticipation that your illness or future treatment may cause some of the problems stated above.

How is the tube put in?

There are two common procedures for placing gastrostomy tubes.

PEG tube

Percutaneous – through the skin

Endoscopy – instrument used to examine the stomach

Gastrostomy – opening into the stomach.

This tube is inserted during a minor operation at your hospital, with sedation (a local anaesthetic or a general anaesthetic).

This procedure involves a flexible tube with a camera that passes through your mouth into your stomach.

A small hole is made in the stomach wall and the PEG tube is pulled through. A small disc inside your stomach wall will hold the tube in place to prevent it falling out. After approximately 2 weeks the sides of the opening into the stomach heal, forming a seal around the tube. This is called a stoma.

The whole process takes about 30 minutes to complete and you will be drowsy or asleep whilst it is happening. If there is any discomfort after the operation you will be given medication to relieve this.

This type of tube can stay in place for many years if looked after well.

Any replacements will require a further hospital admission.

RIG tube

Radiologically – X-ray

Inserted

Gastrostomy – opening into the stomach.

This procedure will involve a longer hospital stay as you will need monitoring afterwards.

On the day of admission you will have a nasogastric (through the nose into the stomach) tube passed. This is required to administer air and a dye into your stomach.

The dye is needed to allow the X-ray to pick up where your stomach is. A small hole is made in your stomach and the tube is passed through.

This type of tube is held in place by a balloon which is filled with water. This water is changed weekly and will be carried out by a nurse or carer, once trained. The tube itself is changed every 3 –6 months. This can be done at home by trained nurses and will not require hospital admissions to carry this out.

Are there any risks or complications?

The procedure is low risk, but the following should be noted:

- there are some risks related to sedatives, which could affect your breathing – using light sedation can reduce these risks
- there is a small risk of internal bleeding or puncturing of the bowel – you will be closely monitored during and after the procedure.

Using the tube

How will I be fed?

There are two ways feed and water can be given:

- **Bolus** – the administration of feed or water quickly, which can be done using a syringe or pump
- **Continuous** – the administration of feed or water over several hours using a feeding pump.

A Dietitian will discuss in detail with you how you would like to receive your feed and / or fluids and your daily routines, and will devise a tailored regime to meet your needs.

What will I be fed?

A specially prepared prescribed liquid feed will be chosen by the Dietitian based on your nutritional requirements.

It is important never to put anything down the tube other than prescription feed, water or medication as advised, as it can cause the tube to block.

Feeding tubes are not licensed for liquidised ordinary food as it may block the tube and / or cause infection as it is not sterile.

Alcohol, fizzy drinks and hot water should not be put down the tube as this can affect the integrity of a PEG tube and could cause a RIG tube balloon to burst.

Who will give me the nutrition and water I need through the tube?

Depending on your needs, your feeding regime can be given by yourself, a family member or carer.

If you are unable to care for the feeding tube yourself and do not have family members or carers who can help you, you will need to discuss this with a health care professional to look at possible changes or adjustments to your living arrangements. This should be addressed during your assessment.

What training will I receive?

Training will be delivered to ensure you and / or your carers know exactly how to use the gastrostomy tube and feeding equipment.

You will receive specific training on:

- the care of your tube and stoma
- administering feed, water and medication via syringe
- using a feeding pump (if required).

After training you will have Monday - Friday, 9 - 5 support from your Dietitian and Nurse, and 24 / 7 telephone support from our feeding company.

Will I be able to eat and drink by mouth?

The Speech and Language Therapists will advise you whether it is safe for you to eat and drink.

The tube can be used as the only source of nutrition if necessary, but if your swallow is safe for you to take food orally you can continue to eat and drink alongside tube feeding.

If you have an unsafe swallow and choose to continue eating you will need to sign a disclaimer with your Speech and Language Therapist to document that you understand the risks of eating. Your Dietitian will then take this into consideration when calculating your feed requirements.

How will I take my medication?

If you are able to eat and drink, you may be able to swallow your medication, if you choose to. If you are able to swallow medications but find this an unpleasant process, medications can be administered via the gastrostomy tube.

Medications will be changed to liquid or dissolvable forms where possible so they can be administered via the gastrostomy tube. This will all be arranged by your GP and you will receive clear guidance on how to safely administer your medications via the tube.

Having the feeding tube can often make it easier to make sure you receive all your medication and reduces the anxiety of swallowing tablets.

What equipment will I need?

If you choose to be fed through a syringe, no other equipment is needed.

If you choose to use a feeding pump, you will have a pump, small table-top drip stand, giving sets (tube to connect feed pump to gastrostomy tube) and syringes.

All equipment and feed will be delivered to you on a monthly basis and will be managed by our feeding company. The feeding company will call you each month to arrange delivery dates and times.

Who pays for it?

If you are an NHS patient and registered with a GP, your local health authority will pay for your feeds and equipment.

Will I be able to bath, shower or swim?

For the first 4 weeks after the tube has been placed it is recommended that you do not submerge in water, so we encourage showering only.

After 4 weeks, you will be able to bath and swim.

Some people like to cover the tube and stoma with a water proof dressing whilst swimming, but this is not essential.

Will the tube be obvious to other people?

When not connected to any feeding equipment, your gastrostomy tube is hidden under your clothes. You can be mobile with your feed running by using a specially designed rucksack, which allows you to feed discreetly.

Can I go on holiday?

Yes. Your GP or Dietitian will need to write you a cover letter for insurance and travel purposes. Feed and equipment can be delivered to some destinations so you do not have to carry it in your luggage. This can be organised by your Dietitian.

Is it my decision to have a feeding tube?

You will receive information from health professionals such as GPs, Consultants, Nutrition Nurses, Dietitians and Speech and Language Therapists as to why a feeding tube may be beneficial to you.

A Consultant will then assess whether the procedure is safe to carry out. If it is not safe to place the feeding tube, you will not be able to proceed with tube placement.

If it is deemed safe to place a tube, once you have all the information about why a tube is needed, the risk and benefits, **you** will have the final say if the tube is placed.

When you have made up your mind, you may find that the decision you make is not the one that family or carers would choose. You might want close family or carers to be included in the discussions as it is important that they understand the reasons for your final decision. There is also the possibility that they may have to be involved in administering your requirements or care of your tube.

Any questions?

If you feel gastrostomy tube feeding is an option for you, or you have further questions please contact your Doctor, Dietitian or other members of the medical team.

For additional information about tubes and personal experiences see:

<http://mytube.mymnd.org.uk>

Name:

Date:

Professional:

Contact number:

If you would like this leaflet in large print, braille, audio version or in another language, please contact the General Office on 01872 252690

