

Radiologically inserted gastrostomy



Introduction

This leaflet is for patients needing a radiologically inserted gastrostomy (RIG). It provides information about the procedure and explains what is involved and any possible risks. It is not a substitute for informed discussion between you and your doctor, but acts as a good starting point.

What is a gastrostomy?

This procedure involves placing a narrow plastic tube through your skin, directly into your stomach. Once in place the tube can be used to give you specially prepared liquid food directly into your stomach, to provide nutrition. It can also be used for specially prepared liquid medication including painkillers.

Why do I need it?

There are various reasons why you may need a RIG feeding tube. These may include:

- radiotherapy
- if you have swallowing difficulties with food, liquids and medication
- if you are unable to eat or drink enough to meet your needs
- if you suffer from a progressive type of illness and are well nourished, but may need some support with a RIG tube to keep you nourished
- when you are unable to tolerate a nasogastric tube, or this is no longer appropriate and you require long term feeding.

Is there an alternative?

You could have a thin plastic tube (nasogastric tube) inserted through your nose, down into your stomach. This is only suitable for short periods and may not always be suitable for everyone.

What are the benefits of a gastrostomy?

You will be able to receive nutrition through the gastrostomy tube with less disruption to your life than with a nasogastric tube. With your gastrostomy tube, you should be able to carry on as normal. It is usually more acceptable and comfortable than a nasogastric tube. There is also an increased risk of a nasogastric tube coming out and being dislodged.

Who has made this decision?

The consultant and team looking after you will have discussed your situation and feel that this is the best option for you. However, you will also have the opportunity to give your opinion and if, after discussion with your doctors you do not want the procedure carried out, then you can decide against it.

How long will I need to be in hospital?

This is between one and two nights. All patients will need one night but occasionally some patients may need to remain for a further night, particularly if they are starting to use the tube for intake of nutrition, hydration or medication.

About your consent

Before we carry out any examination or treatment we will need your permission - this is known as consent. Before the examination starts we will explain what is involved and what we hope to gain from it. We will then ask for your permission to continue. For some procedures it may be necessary to sign a consent form, if this is the case we will discuss it with you. If you change your mind about having the examination or treatment, you can withdraw your consent at any time no matter how you gave it. Everything discussed between you and the member of staff will remain confidential.

If you would like further information about consent or confidentiality, please read our information leaflet outlining consent.

Who will perform the procedure?

A specially trained doctor called a radiologist, assisted by a team of nurses and radiographers. Interventional radiologists have special expertise in performing this procedure.

Where will it take place?

In a special X-ray room, in the Newlyn Unit.

How do I prepare for it?

You need to be admitted to hospital as an inpatient the day of the procedure. On admission:

- You will be asked not to eat and drink anything at least eight hours before the procedure. You will have some routine blood tests.
- You will have a small tube placed in a vein in your arm so you can be given fluids and to receive medication while in the X-ray department.

If you have any allergies, you must let your doctor know. If you have previously reacted to intravenous contrast medium (the dye used for kidney X-rays and CT scans) then you must also tell your doctor about this.

What happens during the procedure?

You will lie on the X-ray table, usually flat on your back. You will already have a tube in the vein in your arm, so that you can be given a sedative and painkillers. You will also have a monitoring device attached to your chest, around your arm and finger, and you may be given oxygen through small tubes into your nose.

The radiologist will first do an ultrasound of your abdomen (stomach) and mark where your liver and spleen are, then decide on the most suitable point for inserting the feeding tube. This is usually below your left lower ribs. If you do not already have a nasogastric tube in place, you will have one inserted by one of the radiologists (this will be removed once the gastrostomy is in place). The radiologist will keep everything as sterile as possible, and will wear theatre gown and gloves. The feeding tube is inserted as follows:

1. The skin below your ribs is swabbed with antiseptic, and the rest of your body is covered with theatre towels.
2. Air is put into your stomach through the tube in your nose.
3. The skin in your rib area is anaesthetised with local anaesthetic. This may sting a little to start with but rapidly wears off.
4. Using the X-ray equipment as a guide, two special stitches called 'anchor sutures' are placed to secure your stomach to the muscles underneath your skin. These stitches prevent any leakage.
5. The radiologist then passes a thin hollow needle into your stomach; a guide wire is placed through this needle and into your stomach.

6. The needle is removed leaving the wire in place, and then a series of small tubes are placed over the wire, one after another, to enlarge the pathway from the skin into your stomach.
7. Once this pathway is wide enough, a catheter (tube) is put through the skin into your stomach over the guide wire.
8. The guide wire is then removed.
9. The tube is secured in place by inflating a balloon on the end of the tube to prevent it falling out of your stomach.

Will it hurt?

The nurses on the ward will make sure that you have received some painkillers before you go to the X-ray department.

Unfortunately, while the procedure is being done, it may hurt for a very short time, but any pain that you have will be controlled with painkillers. When the local anaesthetic is injected it will sting to start with, but this soon wears off, and the skin and deeper tissues should feel numb. Later you will be aware of the tubes being passed into your stomach, but you should feel pressure rather than pain. There will be a nurse or another member of clinical staff looking after you. You will be awake during the procedure and able to tell staff if you are uncomfortable in any way.

How long will it take?

This will depend on your individual situation, so it is not always easy to predict how long it will take. As a guide, expect to be in the X-ray department for about one hour.

What happens afterwards?

You will be taken back to your ward on your bed. Nurses on the ward will carry out routine observations, such as taking your blood pressure and pulse, at regular intervals to make sure that there are no untoward effects. They will also look at the puncture site to make sure there is no bleeding.

You will not be able to have anything to eat and drink, either normally or down the tube, for twelve hours. After this time you will be able to have water down your new feeding tube for the following twelve hours, and then you will be able to either eat and drink normally or start having the specially prepared liquid feed down the tube.

It is important to look after your feeding tube. Try not to make any sudden movements, for example getting up out of a chair or out of bed without remembering the tube. However, you will be able to lead a perfectly normal life with the tube in place.

We will also let the Community Gastrostomy Service know that you have had the gastrostomy, so you can contact them as well as us if you have any problems.

Are there any risks or complications?

There is a small but definite risk of the tube becoming dislodged, leaving a hole in your stomach. If this happens within the first few days this may be serious and require an emergency operation.

Very occasionally due to the anatomy, we are unable to insert a tube. If this happens, we will discuss this with you before you leave the department.

Very rarely, a blood vessel may be punctured accidentally when passing the needle into the stomach. This can result in bleeding. This may stop by itself, or if not, you may need a blood transfusion. Very rarely, you may need an operation to stop the bleeding.

There is a small risk of infection and you will be given antibiotics before the procedure to minimise this risk.

Sometimes there may be a leak around the tube. Your skin may become red and sore under the disc that holds the sutures and tube in place. You need to keep the area around the tube very clean and dry. You will be given some information about this before you leave the hospital.

You will probably need painkillers for a few days afterwards, as you are likely to have some pain at the site.

All X-ray procedures involve exposure to radiation in varying amounts, which may add very slightly to the risk of developing cancer. The length and level of exposure to radiation from X-rays in medical procedures is strictly controlled and kept to the minimum possible.

What happens next?

If you have been admitted to hospital for this procedure we will need to establish your feeding regime before you are discharged home with a view to start using it immediately. You will also need your feeds to be set up at home. This may take up to seven days and should be discussed with the ward staff, who will liaise with the appropriate staff. Some patients may not need to use this for feed straight away but will be shown how to look after it, ie daily cleaning and flushing. Your sutures will be cut ten days after your gastrostomy by one of the nursing staff, who will arrange a convenient time with you.

How long will I need the tube?

For those patients who have radiotherapy each patient is different and this will be discussed with you before we place the tube. Some patients may need it for either short or long term. For those patients who have radiotherapy, the side effects of radiotherapy differ for all patients, which means that some people need to keep their tube in longer than others. We will discuss with you how often you use your tube and check your weight when you are seen in the follow-up clinic.

How is the tube removed?

The procedure to remove the tube is quite simple and may be done in the outpatient department or by a district nurse. We will discuss and agree a time to do this when it is right for you.

Contact us

If you have any further questions, please do not hesitate to contact us and we will be pleased to answer your queries.

Consultant Radiologist - 01872 253962

Head & Neck Clinical Nurse Specialist - 01872 253475

Nutrition Nurse Specialist - 01872 252301

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

