Medical Management of Gastrostomy Leakage

Possible Contributing factors[1]

- Intercurrent illness
- Feed intolerance (consider slowing feed rate, changing to continuous)
- Vomiting / GOR
- Constipation (aperients)
- Poorly controlled diabetes
- Malnutrition (check zinc level)
- Immunodeficiency
- Accumulation of gastric air (trial venting before feeds)

Possible Issues with Device[2]

All devices:

- Ensure appropriate device stoma length
- Only upsize in low French sizes (12Fr and 14Fr, not for 20Fr, when possible) and as last resort after trying other measures
- Check for fracture in tube

Balloon G- or GJ- devices:

- Optimise balloon volume for tube type and size
- Change device if unable to sustain balloon volume

Initial PEG:

- Appropriate placement of external retention device at skin level.

Leakage **around** gastrostomy device

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Identify and address contributing factors[1]
Identify and address issues with device[2]
Provide skin care: Frequent barrier cream (Vaseline/Paraffin) and foam dressing, consider role for topical steroids / topical antifungal / antacid
Consider use of hydrocolloid powder to plug the gap

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If ongoing gastrostomy leakage, consider the following:

Gastric acid

- Consider PPI

Persistent feed intolerance?

- Consider changing feed rate to continuous or overnight feeding (liaise with home team Dietitian)

Suspected / presence of gastroparesis?

- Consider prokinetic (domperidone / erythromycin)
  - Baseline ECG

Distal feeding

- Consider jejunal feeds by NJT or GJT and gastric rest
  - Consider downsizing width of gastrostomy device to allow stoma to shrink
  - Can be used in severe scoliosis compressing intestinal lumen

Leakage **from** gastrostomy device

Flush device with warm water (via the feeding tube)

- For balloon and non-balloon devices via the feeding tube extension
- Consider changing enteral adaptor of the initial PEG

Identify and address issues with device[2]

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Change gastrostomy device if indicated

Follow up

- Monitor skin for breakdown, infection and granulation
- 4-6 weeks (earlier if skin concerns)
- Wean off PPI
- Wean off prokinetic. Consider ECG every 6 months if continue
- Review need for jejunal feeds

Updated 8/25