

# Medical Management of Gastrostomy Leakage

Leakage around gastrostomy device

- Possible Contributing factors<sup>1</sup>**
- 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)

Identify and address contributing factors<sup>1</sup>  
Identify and address issues with device<sup>2</sup>  
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

Leakage from gastrostomy device

Flush device with warm water (via the feeding tube)

- For balloon and non-balloon devices
- Consider changing enteral adaptor of the initial PEG

Identify and address issues with device<sup>2</sup>

- Possible Issues with Device<sup>2</sup>**
- All devices:**
- Ensure appropriate stoma length (consider measuring device)
  - 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.

**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
- Downsize width of gastrostomy device
- Can be used in severe scoliosis compressing lumen

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