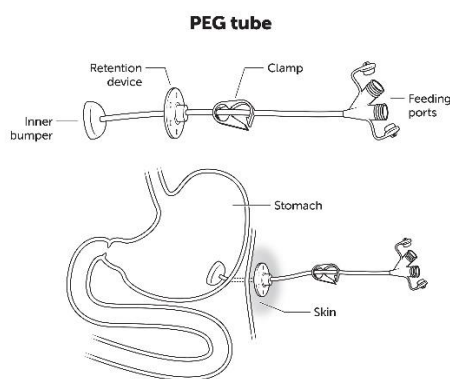


Initial Gastrostomy - Basic Care Guide

Percutaneous Endoscopic Gastrostomy (PEG) Tube with or without the assistance of a laparoscope

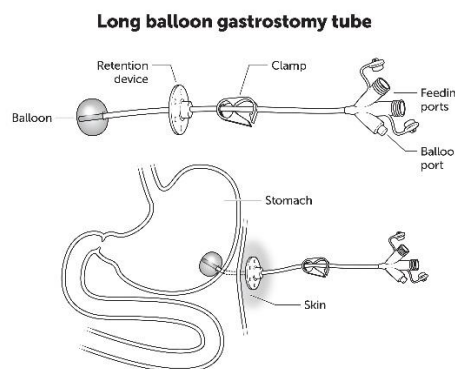
A PEG tube is inserted surgically into the stomach, through the abdominal wall, with the help of a camera (gastroscopy). The tube is kept in position by a disc/bumper in the stomach and another disc, plate or fixator on the skin (retention fixator). This initial gastrostomy will stay in for 3-12 months. An anaesthetic and a gastroscopy will usually be required to change this tube to a low-profile device or 'button'.



Surgically placed gastrostomy tube

A surgical gastrostomy tube is inserted without the assistance of a gastroscopy.

It is held in place by a balloon in the stomach and the stomach is sutured to the abdominal wall. These sutures will dissolve as the stoma forms. This gastrostomy will stay in place for a minimum 6-8 weeks and does not require another anaesthetic to change to a low-profile device or 'button'. Sometimes a button can be placed during this surgery without the need for a long tube.



Care of your gastrostomy tube and skin

- Use a clean cloth and tap water to wash around your gastrostomy tube. Clean the skin under the retention fixator once or twice per day. Start with cleaning as part of your daily bathing routine.
- Bathing/showering may recommence 3-4 days after the initial gastrostomy insertion. Bathing is a good way to keep the stoma and tube clean.
- You **must** rotate (turn) the tube completely, both directions, each day, starting 3-5 days after insertion.
NOTE: For a surgically placed gastrostomy tube, the surgeon will advise the timing of the commencement of tube rotation on discharge. This may not be for a few weeks.
- **NOTE:** Gastro-Jejunal (GJ/PEGJ) tubes should **NOT** be rotated.
- A dressing under the external fixator is not required unless instructed to. Once oozing stops there is no need for a dressing, unless instructed by the PEG team or surgeon. Soft white paraffin can be used as a barrier to protect the skin whilst there is ooze, or at any time with redness or leaking.
- If a dressing is required, a non-adhesive foam is preferred, as it buffers movement and absorbs effectively.
- It is normal for your Gastrostomy tube insertion site to be tender, mildly red, crusty and moist for the first week and sometimes longer. Continue to gently clean and dry the site.
- Please seek a review if the site becomes persistently red or swollen.
- Swimming, either in the sea or pool, can commence 2 weeks post insertion.
- If you are using your gastrostomy tube for all feeds, you will still need to take care of oral hygiene by cleaning your teeth and using a mouth rinse and lip balm.
- The clamp on the tube should be placed in a new position every day to avoid weakening the tube.

- Flush your tube twice a day with 20ml of tap water, when you are not using it for feeding (cooled boiled water if under 6 months old).

Granulation

Granulation tissue is a normal part of healing. It is a red/pink soft, wet tissue that appears around the stoma. It can weep fluid that is sticky and pus-like, and can bleed easily. This is not an infection. While granulation tissue is bothersome, it is not dangerous. While it remains small and stable, apply soft white paraffin and a foam dressing, while ensuring the tube does not hang, pull or get bumped. If you notice granulation tissue growing larger or not healing despite these methods, book a non-urgent appointment in PEG clinic or with your GP.



If your PEG is accidentally removed/dislodged:

Come to the emergency department **IMMEDIATELY**. This is time-critical to preserve the stoma and minimise intervention.

Contact details (for all gastrostomy-related questions and problems):

PEG clinic – Level 2 day medical unit – Motility Room

Clinic days and hours: check website for updated hours

For all bookings: Contact Centre 93456180

The PEG clinic is here to help with all your gastrostomy questions/concerns, and education.

We are an outpatient clinic only and are not able to come to the wards.

If you do not receive a post-op appointment within 2-3 weeks of initial PEG insertion, please book one through the contact centre.

A booking is required to discuss any gastrostomy issue and can be made by the Specialist Clinics Contact Centre (03) 9345 6180, in the My RCH Portal or via the 'Specialist Clinics Change of Appointment Form' found online.

Gastrostomy concerns cannot be addressed by phone or email. A booked time needs to be allocated via the contact centre. This may be a Telehealth if the Doctor/Nurse does not need to observe the stoma. You may require a follow-up in-person appointment.

Pre-discharge Education checklist:

- ☐ How to turn the tube properly
- ☐ How to clean the site
- ☐ How to open/close/clean the caps properly
- ☐ Recognising granulation and what to do
- ☐ How to make dressings
- ☐ What to do if the tube dislodges
- ☐ How to secure the tube
- ☐ The external fixator has been checked and adjusted by the insertion team and can be turned and cleaned under (not too tight)

Gastrostomy Resources:

Education print-outs and instruction videos can be found on the RCH Gastroenterology website

https://www.rch.org.au/gastro/services-and-clinics/PEG_clinic_and_gastrostomy_care/



